

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Res</i>	DATE <i>10-10-06</i>
------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER 600298	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-17-06</i>	
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/18/06, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	

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

10/10/2006 10:46 FAX 8039330957

SEN. L. GRAHAM COLA

→ SC DHHS

2001

LINDSEY O. GRAHAM
SOUTH CAROLINA



200 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5572

UNITED STATES SENATE Fax Transmittal Sheet

RECEIVED

TO: Mr. Robert Kerr

OCT 10 2006

FROM: Sara Snell

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DATE: 10-10-06

COMMENTS: Please see the (2) attached

Carol. Thanks you!

5 PAGE(S) TO FOLLOW

Doc. Rices
"Rice's Sign"

IF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE
CALL (803) 933-0112.

Confidentiality: This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service. Thank you.

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 833-0112

401 West Evans Street
Suite 226B
Florence, SC 29501
(843) 688-1606

101 East Washington Street
Suite 220
Greenville, SC 29601
(864) 250-1417

830 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29461
(843) 949-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 962-7878

138 EAGLE NEAR DRIVE
SUITE B
SPARTANBURG, SC 29576
(803) 588-1111
10/10/2006 10:49AM

10/10/2006 10:47 FAX 8039330957

SEN. L. GRAHAM COLA

→ SC DHHS

002

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

October 6, 2006

RECEIVED

OCT 10 2006

Mr. Robert Kerr
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Charlotte McDonald, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to Ms. McDonald.

Sincerely,

Lindsey O. Graham
United States Senator

LOG/ss

Enclosure

608 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANG STREET
SUITE 225B
FLORENCE, SC 29501
(843) 669-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD,
SUITE 202
MOUNT PLEASANT, SC 29484
(843) 849-3987

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 586-2826

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 888-5530

10/10/2006 10:49AM

10/10/2006 10:47 FAX 8038330857

SEN. L. GRAHAM COLA

+ SC DHHS

003

OCT 02 2006

Ms. Charlotte McDonald
407 Oakview Drive

Lugoff, South Carolina 29078
SSN: 248-37-9360 MCD ID# 3361982701
803-438-1952

Friday, September 28, 2006

Mr. Lindsay Graham
United States Senator
508 Hampton Street
Columbia, South Carolina 29201

Dear Senator Graham:

My name is Charlotte McDonald. I am a constituent from your home state of South Carolina. My husband and myself were divorced for approximately six (6) years prior to his death. My daughter receives a government check from her deceased father for \$545.00 a month. This is the only income being received in our household. Back in 1999 I was working until severe back problems forced me to discontinue. A neurologist suggested that I file for disability due to disc problems in my back. I was denied. My daughter and myself have been on Medicaid. The state will allow my daughter to continue her coverage, however, due to minimal increases in the check she receives, coverage for me gets terminated then possibly reinstated when a serious health issue arises. This has happened several times. Recently I have been diagnosed with Syncope, which is passing out at any time without any indication. At this time I am presently on Medicaid, however, as of September 30, 2006 it will no longer be effective. And as I stated above, this is due to a small increase in our household monthly check has been given. Because of the severity of the Syncope, I must continuously take very expensive medication. Without the coverage of my Medicaid, I will not be able to purchase my medication that I really need.

Senator Graham, we've been told that you have taken over since the death of Senator Thurmond. I have been told that he was a champion with helping individuals like myself who are caught in the middle. The household receives \$5.00 too much from the government check we receive to continue getting Medicaid, but it is not enough to pay for household expenses and medicine. Senator Graham, I am requesting your help. I need to continue to receive my Medicaid. I can't work due to the passing out, yet Medicare does not consider this to be a disability. I am caught in a catch 22. Please intercede on my behalf with my Medicaid. I really need to continue to receive it. It may be a matter of life or death. Your prompt attention to this matter would be greatly appreciated.

Sincerely,

Charlotte McDonald

Charlotte McDonald

10/10/2006 10:49AM



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 18, 2006

Ms. Charlotte McDonald
407 Oakview Drive
Lugoff, South Carolina 29078

Dear Ms. McDonald:

United States Senator Lindsey Graham and South Carolina Senator Joel Louie asked our agency to respond to your questions about Medicaid eligibility and healthcare concerns.

Your prior coverage under Medicaid's Low Income Families (LIF) program ended because your income exceeded allowable limits. However, new income limits for the LIF program became effective October 1, 2006.

I am happy to inform you that you and your daughter Shawna are now eligible for LIF coverage retroactive to October 1, 2006. Hopefully, with your Medicaid eligibility review date taking place after the annual income limit adjustment for LIF, your eligibility can continue without a break in coverage provided the eligibility requirements are met.

If you have any questions about your Medicaid eligibility or what services are covered under the LIF program, please contact Ms. Terry Robinson, Kershaw County Supervisor, at (803) 432-7676, Ext. 106.

We hope this information proves helpful in dealing with your healthcare issues.

Sincerely,


Gary Ries
Deputy Director

GR/joe

298 ✓

LEGISLATIVE LOG #	0298
LEGISLATOR/INQUIRER	US Senator Lindsey O. Graham & SC Senator Joel Lourie
CONSTITUENT	Charlotte McDonald
SSN	248-37-9380
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	10/10/2006
DATE DRAFT DUE GR	10/16/2006
LOG LETTER DUE DATE	10/17/2006
DATE REFERRED TO BC	10/11/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
US Senator Graham asked that we respond directly to Ms. Charlotte McDonald about her LIF coverage ending due to excess income. Her daughter's LIF coverage is still open. Mother says only income SSA check of \$545/mo to the daughter (parents divorced & father died) but due to minimal increases in check she receives, mother's Medicaid ends. Said this happens regularly -- they go from LIF to PHC to LIF to PHC. Mother's LIF coverage ended 10/1/06 but new LIF income limits shows \$550 for a family of 2. Rec'd 2nd inquiry on Ms. McDonald's behalf from SC Senator Lourie. No response requested from US Senator Graham's ofc but Bryan will update Sen. Lourie's ofc.	10/11/2006	Jill	8-3936	Gave folder to Mark to distribute (3:30pm)
	10/12/2006	Denise	8-2505	Sent email to Emily Catoe (EW) asking if Shawna (daughter) would be exp'ated to PHC since mother's LIF coverage ended 10/1 due to excess income, which is usually what happens.
	10/13/2006	Denise	8-2505	Carolyn spoke with Terry Robinson, Supervisor in Kershaw Cty, because Ms. McDonald is always caught in this situation where her annual review date is right before the new income limits for LIF, so she & her daughter get dropped. Carolyn told Terry about a new 3-mo. exp'arte policy that can help individuals in this situation, however, since the new income limits are already in place for LIF, we mailed a new app. to Ms. McDonald. Hopefully, with her later eligibility date & an annual review date after the new income limits are in place for LIF, their coverage under LIF will not lapse.
	10/16/2006	Denise	8-2505	Gave letter to Bob for review before giving to Jenny.
	10/16/2006	Jenny	8-3965	Folder given to Mark.
	10/16/2006	Mark		folder given to Alicia (I did not review)
	10/17/2006	Denise	8-2505	Alicia wanted Kershaw Cty Supvr to give them eligibility right away since Ms. Robinson said they are eligible - eff 10/1/06 & revise letter. Also, inquiry rec'd from Sen. Lourie as well so will ask Bryan to communicate LIF eligibility on that end. No written response necessary for either Graham or Lourie. Ran revised draft response to McDonald by Jenny then gave to Alicia for approval before taking to 11.

CHECKLIST

Family Size	2
Income/Resources	545/month

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

Personally talked with Ms. Robinson as she was attending Supervisor's training downstairs.

*Denise
10/17/06*

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

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/17/06
MEDSPROD MEMBER PERIOD START: 10/04/06 END: ACTION: PAGE: 0001

NAME: MCDONALD SHAWNA D HH NAME: MCDONALD CHARLOTTE L
RCP NUMBER: 7216390801 HH NUMBER: 100667380 ACTION TYPE: MAINTENANCE
SSN: 248-87-0567 VC: V APL STATUS: ACTION DATE: 09/28/05
PRIMARY INDIVIDUAL: APL CO: 28 WORKER ID: SODON LOCATION: 001
P.O. BOX 824 SSCN: 249330422C1 RRN:

LUGOFF SC 29078- RACE: 01 SEX: F MARITAL STATUS: U
DOB: 07/25/1991 RELATION: CHILD
DOD:

CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	BENEFITS TYPE	OMB IND	RETRO IND	% OF POV LEVEL	CHIP NUMBER
S NUMBER	ELIG	ELIG				IND	IND		
38974165	11/01/2005		59	30	FULL	N	N	.49	
58961740	10/01/2005	11/01/2005	88	30	FULL	N	Y	.48	
78588505	11/01/2004	10/01/2005	59	30	FULL	N	N	.48	
78471703	09/01/2004	11/01/2004	88	30	FULL	N	N	.50	
67990213	04/01/2003	09/01/2004	59	30	FULL	N	Y	.50	
UPDATED: USER ID: SHUGH		DATE: 04/02/03		SYSTEM ID: TTR1001		DATE: 03/09/03			

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

Why is the child born
LIF and MEM is not
for life to know the before
eligibility decision.
We did the HMDs
of
803-432-76-16
Mr. Robinson (supv.)
Mr. Robinson (supv.)

LEGISLATIVE LOG #	0298
LEGISLATOR/INQUIRER	Lindsey O. Graham
CONSTITUENT	Charlotte McDonald
SSN	248-37-9360
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	10/10/2006
DATE DRAFT DUE GR	10/16/2006
LOG LETTER DUE DATE	10/17/2006
DATE REFERRED TO BC	10/11/2006

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HCBS	(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)	

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Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

FAX COVER SHEET

“CONFIDENTIAL INFORMATION ENCLOSED”

Date: 10/12/06

To:	Jenni Robinson
Telephone #:	Kearns DHHs etc.
Fax #:	803-432-2946

From:	Denise Epps
Telephone #:	803-898-2505
Fax #:	803-255-8350

Total Number of Pages Transmitted (Including Cover Sheet)	3
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COMMENTS

Jenni, Here's her letter & a copy of an email I sent Emily Carter late aft. seeing my info I could get re: their eligibility. I did not yet talk with her. Many thanks to you for your help.

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.

Denise

TRANSACTION REPORT

Transmission

Transaction(s) completed

TX DATE/TIME	DESTINATION	DURATION	PGS.	RESULT	MODE
OCT. 12 15:36	18034322946	0' 00' 34"	002	OK	N ECM



State of South Carolina
Department of Health and Human Services

Robert M. Kent
Director

FAX COVER SHEET

"CONFIDENTIAL INFORMATION ENCLOSED"

Date: 10/12/06

To:	Teru Rabinson
Telephone #:	Kochans D.H.H.S. etc.
Fax #:	803-432-2946

From:	Dennis Fox
Telephone #:	803-898-2505
Fax #:	803-255-8350

Total Number of Pages Transmitted (Including Cover Sheet)

2

OCT 02 2006

Mr. Charlotte McDonald

407 Oakview Drive

Lugoff, South Carolina 29078

SSN: 248-37-9360

MTD ID# 3361982701

803-438-1952

Friday, September 28, 2006

Mr. Lindsay Graham
United States Senator
508 Hampton Street
Columbia, South Carolina 29201

Dear Senator Graham:

My name is Charlotte McDonald. I am a constituent from your home state of South Carolina. My husband and myself were divorced for approximately six (6) years prior to his death. My daughter receives a government check from her deceased father for \$545.00 a month. This is the only income being received in our household. Back in 1999 I was working until severe back problems forced me to discontinue. A neurologist suggested that I file for disability due to disc problems in my back. I was denied. My daughter and myself have been on Medicaid. The state will allow my daughter to continue her coverage, however, due to minimal increases in the check she receives, coverage for me gets terminated then possibly reinstated when a serious health issue arises. This has happened several times. Recently I have been diagnosed with Syncope, which is passing out at any time without any indication. At this time I am presently on Medicaid, however, as of September 30, 2006 it will no longer be effective. And as I stated above, this is due to a small increase our household monthly check has been given. Because of the severity of the Syncope, I must continuously take very expensive medication. Without the coverage of my Medicaid, I will not be able to purchase my medication that I really need.

Senator Graham, we've been told that you have taken over since the death of Senator Thurmond. I have been told that he was a champion with helping individuals like myself who are caught in the middle. The household receives \$5.00 too much from the government check we receive to continue getting Medicaid, but it is not enough to pay for household expenses and medicine. Senator Graham, I am requesting your help. I need to continue to receive my Medicaid. I can't work due to the passing out, yet Medicare does not consider this to be a disability. I am caught in a catch 22. Please intercede on my behalf with my Medicaid. I really need to continue to receive it. It may be a matter of life or death. Your prompt attention to this matter would be greatly appreciated.

Sincerely,

Charlotte McDonald

Charlotte McDonald

From: Denise Epps
To: Terry Robinson
Date: 10/13/2006 10:17 AM
Subject: Fwd: Log Letter

thanks for your assistance with ms. mcdonald. i know you plan to get back in touch with me today -- anytime is fine. what i really need is language i can put in the written responses to this logged letter. thanks again, denise 898-2505 or email.

>>> Carolyn Roach 10/12/2006 4:32 PM >>>
Terry just called back and said she was going to ask the client to come in and do another application because the new LIF limits can be used for October. She will call you tomorrow.

From: Carolyn Roach
To: Denise Epps
Date: 10/12/2006 4:32 PM
Subject: Log Letter

Terry just called back and said she was going to ask the client to come in and do another application because the new LIF limits can be used for October. She will call you tomorrow.

From: Denise Epps
To: Emily A Catoe
Date: 10/12/2006 4:00 PM
Subject: charlotte mcdonald - legislator's Inquiry

SS# 248-37-9360.

Ms. McDonald wrote Senator Graham asking for assistance with her Medicaid eligibility. I am handling the response to both the Senator's office & Ms. McDonald.

Ms. McDonald wrote the Senator that her family's sole income is a govt check of \$545/mo that her daughter receives from her father's death. I checked the new LIF income limits for a family of 2 & it's now \$550/mo as of Oct 1. Ms. McDonald said that every time there's a small increase in that govt check, her coverage in LIF ends. LIF coverage for her daughter (Shawna) is still open - do you plan to exparte her into PHC again?

I asked Carolyn Roach about Ms. McDonald's inquiry a few minutes ago & she left a question on Terri Robinson's VM, but has not heard back from her. In the meantime, I thought I would ask if you can shed any light on the McDonalds' Medicaid eligibility. I have not yet talked with Ms. McDonald to confirm her income claim of \$545/mo.

many thanks!
denise

Denise M. Epps
Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-2505 direct; (803) 255-8350 fax
eppsden@scdhhs.gov

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/17/06

MEDSPROD MEMBER PERIOD START: 10/04/06 END: PAGE: 0001

NAME: MCDONALD CHARLOTTE L HH NAME: MCDONALD CHARLOTTE L

RCP NUMBER: 3361982701 HH NUMBER: 100667380 ACTION TYPE: MAINTENANCE

SSN: 248-37-9360 VC: V APL STATUS: ACTION DATE: 09/28/05

PRIMARY INDIVIDUAL: APL CO: 28 WORKER ID: SODON LOCATION: 001

P.O.BOX 824 SSCN: 248379360A RRN:

RACE: 01 SEX: F MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

DOB: 01/24/1961 DOD:

LUGOFF SC 29078- LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS			QMB	RETRO	% OF POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	38974165	10/01/2005	10/01/2006	59	30	FULL	N	N	.49	
-	78588505	10/01/2004	10/01/2005	59	30	FULL	N	N	.48	
-	67990213	01/01/2003	09/01/2004	59	30	FULL	N	Y	.50	
-	61649001	07/01/2000	06/01/2002	11	30				.39	
-		10/01/1998	07/01/2000	59					.39	

UPDATED: USER ID: SHUGH DATE: 04/02/03 SYSTEM ID: IEV7115 DATE: 03/07/05


PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
 PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

MEDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001
HH NAME: MCDONALD CHARLOTTE L ACTION TYPE: MAINTENANCE
HH NUMBER: 100667380 APL STATUS: ACTION DATE: 09/28/05
RCP/SSN/BG: 3361982701 LAST APL: 09/28/05 HH COUNTY: 28 KERSHAW
RES ADDR HOME PHONE: 803-438-1952 MAIL ADDR WORK PHONE: - -
424 OAK VIEW DR P.O.BOX 824

LUGOFF	SC 29078-	LUGOFF	SC 29078-
S RCP NUMBER PI NAME	SSN	LATEST ELG PERIOD	AGE
3361982701 * CHARLOTTE L MCDONALD	248-37-9360	10/01/05 - 10/01/06	45
WRKR ID: ECATO NAME: CATOE EMILY A	BG: 38974165	CNTY: 28	
7216390801 SHAWNA D MCDONALD	248-87-0567	11/01/05 -	15
WRKR ID: ECATO NAME: CATOE EMILY A	BG: 38974165	CNTY: 28	

ME900049 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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: CHARLOTTE L MCDONALD HH NUMBER: 100667380
 BG NUMBER: 38974165 CATEGORY: LIF ACTION TYPE: MAINTENANCE
 BG: A BGP: A WKR: ECATO EMILY CATOE ACTION DATE: 10/04/06
 COUNTABLE BG MEMBERS: 2
 COUNTABLE INCOME: 542.00 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 534.00 RESOURCE LIMIT: 30000.00
 POV-LVL: +.49 % 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) : _
 MEETS INCOME? (Y/N) : _ DECISION ACCEPTED DATE: 09/19/07
 MEETS RESOURCES? (Y/N) : _ NEXT REVIEW DATE: 10/04/06
 MEETS OTHER CONDITIONS? (Y/N) : Y ANTICIPATED CLOSURE DATE: 10/04/06
 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: _ DATE: _ SYSTEM ID: ELD2000 DATE: 10/04/06
 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

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
 MEDSPROD MEMBER PERIOD START: 10/04/06 END: ACTION: 0001

NAME: MCDONALD CHARLOTTE L HH NAME: MCDONALD CHARLOTTE L
 RCP NUMBER: 3361982701 HH NUMBER: 100667380 ACTION TYPE: MAINTENANCE
 SSN: 248-37-9360 VC: V APL STATUS: ACTION DATE: 09/28/05
 PRIMARY INDIVIDUAL: APL CO: 28 WORKER ID: SODON LOCATION: 001
 P.O.BOX 824 SSCN: 248379360A RRN:

LUGOFF SC 29078- RACE: 01 SEX: F MARITAL STATUS: S
 TPL INSURANCE: N RELATION: SELF
 DOB: 01/24/1961 DOD:

CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
 PROVIDER:

BG	BEG	END	BENEFITS				% OF POV		CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	QMB	RETRO	NUMBER
-	38974165	10/01/2005	10/01/2006	59	30	FULL	N	N	.49
-	78588505	10/01/2004	10/01/2005	59	30	FULL	N	N	.48
-	67990213	01/01/2003	09/01/2004	59	30	FULL	N	Y	.50
-	61649001	07/01/2000	06/01/2002	11	30				.39
-		10/01/1998	07/01/2000	59					.39

UPDATED: USER ID: SHUGH DATE: 04/02/03 SYSTEM ID: IEV7115 DATE: 03/07/05

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
 PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

MEDHMS90 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
MEDSPROD HH MBRS CITIZENSHIP/IDENTITY SUMMARY

PAGE: 1

HH NAME: MCDONALD CHARLOTTE L ACTION TYPE: MAINTENANCE
HH NUMBER: 100667380 APL STATUS: ACTION DATE: 09/28/2005

S	RCP NUMBER	PI NAME	AGE	PARENTS (Y/N) ?	CTZNSHIP/ID VRF COMP(Y/N) ?
—	3361982701	* CHARLOTTE L MCDONALD	045	N	Y
—	7216390801	SHAWNA D MCDONALD	015	N	Y

ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF7->PREV PF8->NEXT
PF9->NOTES PF10->PREV MENU PF13->FIELD HELP

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
MEDSPROD MEMBER PERIOD START: 10/04/06 END: ACTION: PAGE: 0001

NAME: MCDONALD SHAWNA D HH NAME: MCDONALD CHARLOTTE L
RCP NUMBER: 7216390801 HH NUMBER: 100667380 ACTION TYPE: MAINTENANCE
SSN: 248-87-0567 VC: V APL STATUS:
PRIMARY INDIVIDUAL: APL CO: 28 WORKER ID: SODON LOCATION: 001
P.O.BOX 824 SSCN: 249330422C1 RRN:

LUGOFF SC 29078-
CORRECT RCP NUMBER: _____
DOB: 07/25/1991 DOD:
TPL INSURANCE: N RELATION: CHILD
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	BENEFITS	QMB	RETRO	% OF	POV	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	38974165	11/01/2005	59	30	FULL	N	N		.49	
-	58961740	10/01/2005	11/01/2005	88	30	FULL	N	Y	.48	
-	78588505	11/01/2004	10/01/2005	59	30	FULL	N	N	.48	
-	78471703	09/01/2004	11/01/2004	88	30	FULL	N	N	.50	
-	67990213	04/01/2003	09/01/2004	59	30	FULL	N	Y	.50	

UPDATED: USER ID: SHUGH DATE: 04/02/03 SYSTEM ID: TTR1001 DATE: 03/09/03

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

DATE: 10/12/06

ACTION:

PAGE: 3 OF 3

BER: 100667380

TYPE: MAINTENANCE

ATE: 10/04/06

3ER: 336198270

BER:

NOTE:

REASON REASON

CODE 1 CODE 2

051

1

1

1

100

1

DATE: 10/04/

PF10-MENU

HIST+ PF24-AO

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

HH NAME: CHARLOTTE L MCDONALD HH NUMBER: 100667380
 BG NUMBER: 88582503 CATEGORY: ABD ACTION TYPE: MAINTENANCE
 DATES-FROM: 10 / 2004 THRU: _ / _ ACTION DATE: 10/19/04

BG: D BGP: D WKR: CCRIM CAROL CRIMINGER ACTION DATE: 10/19/04

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME:		COUNTABLE RESOURCES:	0.00
INCOME LIMIT:	0.00	RESOURCE LIMIT:	0.00
POV-LVL:	+0.00 %	HLTH INS PREM:	0.00

RECURRING INC:	0.00	TOTAL ALLOC:	0.00	OSS AWARD:	0.00
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MEETS NON-FINANCIAL?	(Y/N): _	ACT ON DECISION COMPLETE?	(Y/N): Y
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MEETS INCOME?	(Y/N): _	DECISION ACCEPTED DATE:	10/19/04
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MEETS RESOURCES?	(Y/N): _	NEXT REVIEW DATE:	10/07/05
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MEETS OTHER CONDITIONS?	(Y/N): Y	ANTICIPATED CLOSURE DATE:	
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REASON(S) FOR DENIAL/CLOSURE/CHANGE:

099 You will continue to be eligible in another coverage group.

ELIGIBILITY DECISION APPEALED?	(Y/N) _	CONTINUE BENEFITS?	(Y/N): _
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APPEAL REQUEST DATE:		COUNTY DECISION UPHELD?	(Y/N): _
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UPDATED: USER ID: CCRIM	DATE: 10/19/04	SYSTEM ID: ELD3000	DATE: 10/19/04
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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

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
MEDSPROD MEMBER PERIOD START: 10/04/06 END: ACTION: PAGE: 0002

NAME: MCDONALD CHARLOTTE L HH NAME: MCDONALD CHARLOTTE L
RCP NUMBER: 3361982701 HH NUMBER: 100667380 ACTION TYPE: MAINTENANCE
SSN: 248-37-9360 VC: V APL STATUS: ACTION DATE: 09/28/05
PRIMARY INDIVIDUAL: APL CO: 28
P.O.BOX 824

LUGOFF SC 29078-
CORRECT RCP NUMBER: _____
DOB: 01/24/1961 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-		03/01/1996	12/01/1996	30					.39	
-		12/01/1995	03/01/1996	30					.39	
-		09/01/1995	12/01/1995	30					.39	
-		07/01/1994	09/01/1995	30					.39	
-		09/01/1992	05/01/1993	30					.39	

UPDATED: USER ID: SHUGH DATE: 04/02/03 SYSTEM ID: IEV7115 DATE: 03/07/05
ME900041 PRESS PF8 TO DISPLAY MORE RECORDS
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

MEDEL00 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 10 / 2006 THRU: / PAGE: 1 OF 3

HH NAME: CHARLOTTE L MCDONALD HH NUMBER: 100667380
 BG NUMBER: 38974165 CATEGORY: LIF QCAT: 30 ACTION TYPE: MAINTENANCE
 BG: A BGP: A WKR: ECATO EMILY CATOE ACTION DATE: 10/04/06

REQUIREMENTS	CHARL M	SHAWN M
APPLYING:	A	A
CITIZENSHIP:	P	P
RESIDENCY:	P	P
SSN:	P	P
PREGNANCY:	N/A	N/A
AGE:	P	P
RELATIONSHIP:	P	P
IDENTITY:	P	P
DISABLED/BLIND:	N/A	N/A
ASSIGNMENT OF RIGHTS:	P	P
REFERRAL TO OTHER BENEFITS:	P	P
LIVING ARRANGEMENTS:	N/A	N/A
UPDATED: USER ID:	DATE:	SYSTEM ID: ELD2000 DATE: 10/04/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF5->HH MBR DTL PF6->RETURN PF10->MENU PF13->FIELD HELP
 PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST+

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

NAME: MCDONALD SHAWNA D PERIOD START: 10/04/2006 END: HH NAME: MCDONALD CHARLOTTE L
NUMBER: 7216390801 HH NUMBER: 100667380 ACTION TYPE: MAINTENANCE
SSN: 248-87-0567 STATUS: ACTION DATE: 09/28/2005

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: 10/24/2002
END DATE:

PHONE: - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
542.00	09/03/2006	MONTHLY
507.00	09/03/2004	MONTHLY
507.00	01/03/2004	MONTHLY
497.00	03/03/2003	MONTHLY

UPDATED: USER ID: KCLEA DATE: 09/18/2006 SYSTEM ID: CNV1010 DATE: 10/24/02
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

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/12/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 10/04/2006 END:

NAME: MCDONALD SHAWNA D HH NAME: MCDONALD CHARLOTTE L
NUMBER: 7216390801 HH NUMBER: 100667380 ACTION TYPE: MAINTENANCE
SSN: 248-87-0567 STATUS: ACTION DATE: 09/28/2005

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: 10/24/2002

END DATE:

PHONE: - - - - - PAGE: 0003

GROSS AMT DTE RECD FREQUENCY
490.00 10/24/2002 MONTHLY

UPDATED: USER ID: KCLEA DATE: 09/18/2006 SYSTEM ID: CNV1010 DATE: 10/24/02
IE900058 CHANGES MADE - ENTER MOD TO SAVE ANY CHANGED DATA OR DATA WILL BE LOST
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