DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs	9-14-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000151	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 9/24/07, letter attached.	[X] Prepare reply for appropriate signature DATE DUE 9-25-07 [ ] FOIA DATE DUE _____ [ ] 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.			

Fax

Centers for Medicare & Medicaid Services
Division of Medicare Financial Management
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Suite 4T20
Atlanta, GA 30303
Phone (404) 562-7300
Fax (404) 562-7350

May Contain Private Information

Date: 9/13/07

To: Sam Waldrep/Nicole Threatt

Fax #: 803-255-8209

From: Elaine Elmore

Pages: 13 including cover

Subject: Congressional Inquiry Regarding SC Medicaid Client

After you've checked into this, please let me know what happened. I may want to do a 3-way conversation with the Congressman's office and you.

Sincerely,

Elaine Elmore
CMS – Region IV
(404) 562-7408

Fax

Centers for Medicare & Medicaid Services
State Programs Branch, Region VIII
1600 Broadway, Suite 700
Denver, CO 80202
Phone (303) 844-2111
Fax (303) 844-6374

To: Elaine Elmore **Fax:** 404-562-7481

From: Sophia Hinojosa **Date:** 9/12/2007

Re: Congressional Inquiry regarding South Carolina Medicaid Client **Pages:** 12

CC:

☐ **Urgent** ☑ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Sophia Hinojosa

Centers for Medicare and Medicaid Services

SHinojosa@cms.hhs.gov

(303) 844-7129

MARILYN N. MUSGRAVE
MEMBER OF CONGRESS
4TH DISTRICT, COLORADO

1507 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-4676
FAX: 202-225-5870
http://www.house.gov/musgrave

COMMITTEES:
AGRICULTURE
RANKING MEMBER
SUBCOMMITTEE ON SPECIALTY CROPS, RURAL DEVELOPMENT AND FOREIGN AGRICULTURE
SMALL BUSINESS

Congress of the United States
House of Representatives
Washington, DC 20515–0604

September 5, 2007

Mrs. Charlene Finney
Centers for Medicare and Medicaid
1800 Broadway, Suite 700
Denver, Colorado 80202

Dear Mrs. Finney:

I am writing you on behalf of my constituent, Ramona Kirkland regarding difficulties with Medicare and Medicaid for her mother Annabelle Hammond. Ramona's mother became eligible for Medicaid in March 2007. Ramona thinks the eligibility should be retroactive to February 2007. I believe you will find the included letter self-explanatory.

I would appreciate it if you would review the enclosed letter and provide me with any information that may be helpful to my constituent. Please direct your response to my office at 3553 Clydesdale Parkway, Suite 110 Loveland Colorado 80538.

I am grateful for any assistance you may be able to provide in this matter.

Sincerely,

Marilyn Musgrave

Marilyn Musgrave

Member of Congress

enclosure

3553 CLYDESDALE PARKWAY, SUITE 110
LOVELAND, CO 80538
970-663-4536
FAX: 970-663-6270

218 STATE STREET, SUITE C
FORT MORGAN, CO 80701
970-867-4614
FAX: 970-867-4420

1001 SOUTH 3RD
STERLING, CO 80751
970-522-1789
FAX: 970-521-0185

636 COFFMAN STREET, #105
LONGMONT, CO 80501
720-494-4326
FAX: 720-494-1766

822 7TH STREET, SUITE 8
GREELEY, CO 80631
970-352-6037
FAX: 970-352-1915

200W SIXTH STREET
LAS ANIMAS, CO 81054
719-456-0825
FAX: 719-456-0811

Nancy B. Hunter
3553 Clydesdale Parkway, Suite #110
Loveland, CO. 80538

August 27, 2007

Dear Nancy Hunter,

As per our conversation on Friday, August 24, 2007, I have enclosed the requested information concerning my Mother: Annabelle Hammond's application to Medicaid and Heartland of Lexington Nursing Home. Also enclosed are the bills incurred during the month of February 2007 which were not paid by Medicaid.

I appreciate you looking into this matter for Don and I. I have unsuccessfully been able to get Medicaid to cover these charges.

Below is a review of what I explained to you concerning the situation I encountered with Heartland of Lexington Nursing Home and Medicaid of South Carolina:

I had previously sent my Mother's Medicaid application/financial info to Amanda Green at Heartland on Jan. 18th for her to review and forward to Medicaid by February 1st. I did not have any information on who was the caseworker at Medicaid and was unable to do it myself at that time. Amanda Green advised me of what I needed to send and forwarded to me a Medicaid application. Therefore, she was my liaison with Medicaid. Amanda Green stated twice during phone conversations on February 4th and 23rd that she had mailed the Medicaid application packet, which I found out later...she ***NEVER*** did. I had asked Amanda if she had heard anything concerning the application from Medicaid and if it had been approved, she said "No, not as yet". Therefore, I could only assume that Medicaid had not processed it yet. Amanda Green left the employment of Heartland by the end of February.

On March 1, 2007 I called Heartland once again to check on the application status at Medicaid and was transferred to 'Vicki' in the billing department, since Amanda Green was no longer working there. Vicki promised me that she would check into the status of Mother's application with Medicaid and get back to me by the next day. Vicki never called me back with any information. After waiting for the return call, I decided I had to find out myself who the caseworker was at Medicaid who was handling Mother's case. I searched the internet and finally found the correct phone number at Medicaid of SC and was forwarded to Shanille Sheils. Shanille was the caseworker assigned to Heartland. Shanille looked through her records and told me that she had ***NEVER*** received any application for Mother from Heartland! I asked her to double check, which she did and still she did not find the application/info packet. I then asked for her fax number, so I could immediately that day send the application and required financial info to her at Medicaid. I went to Kinko's and faxed the entire packet to Shanille on March 3rd. *Please see the attached letter I sent with the application/info.*

I then called Heartland and talked to Nancy Porter (Heartland's supervisor) who did a search for the packet and found out that Mother's Medicaid application/forms packet was ***STILL*** in my Mother's files at Heartland, which Amanda Green never mailed to Medicaid. Nancy personally sent Vicki over to hand deliver this packet to Shanille at Medicaid that very afternoon. However, as mentioned above I had previously faxed to Shanille ***ANOTHER*** completed Medicaid applications/forms packet. Therefore, both Medicaid and Heartland knew that Amanda Green did not follow through with sending this info to the proper department at Medicaid for approval by February 1, 2007.

To help clarify my situation that I encountered with Amanda Green, I have attached the letter I wrote when I sent Amanda Mother's Medicaid application/forms packet for her to send to Medicaid. Amanda told me on Jan. 24th, Feb. 4th, & Feb. 23rd that she had received and had sent the application/forms packet to Medicaid, which as stated before,..she did not do.

I have also attached copies of the statement from Heartland, which they say we still owe for Mother's care during the month of February: the amount of $2,782.59. The total on the bill is: $4,091.43, which does not reflect the payment I sent of $1,308.84 (Medicaid payment I am required to make.)

Shanille at Medicaid stated that Mother's account was over the required $2,000.00 allowance in February. This was due to the fact that I never received any bill from Heartland during February because they had Mother's account as 'Medicaid Pending'. Also, I had been told by Heartland that after Medicaid approves Mother's application, I would receive a statement telling me how much I was required to pay. During the entire month of February, I never received a bill from Heartland and since Medicaid never received Mother's application packet...her application had not been approved, I had no idea what I was supposed to pay during February. Therefore, Mother's checking account was still automatically receiving her social securities check deposits for the month of February and March. Making the checking account over the $2,000.00 limit

I decided I had better mail a check for the amount of $2,520.84 on March 7, 2007 to Heartland to particle pay for Feb. & March bill, because I was worried about so much money being automatically deposited into her checking account. No bills still had not been sent to me from Heartland, but I felt I needed to get some of this social security money out of Mother's checking account to get it below the Medicaid required $2,000.00. No one from Heartland or Medicaid advised me what I was to do during this time. I had no idea that after an application (which I thought) had been sent into Medicaid for approval, that any change of the amount in Mother's checking account could affect the status for approval by Medicaid. Other bills were also paid for the total amount of $632.00 for medications and medical testing, making the amount in Mother's checking account down to: $1,898.95 when Shanille received Mother's application.

Shanille Sheils at Medicaid stated over the phone on April 3, 2007 that Medicaid would only approve Mother for the month of March and thereafter, making Mother eligible for the month of February Enclosed is the 'Approval for Medicaid' that Shanille mailed to me.

Also, enclosed is a copy of Mother's medications bill from NC Florence for the month of February, which Medicaid refuses to pay. My Power of Attorney is enclosed also.

Nancy, thank you for helping me with this problem. I have been dealing with this situation since well before January and it still has not resolved. I have been told and promised things from various people at Heartland and at Medicaid, still with no resolution.

If you need any other information to help my case, you can reach me at my home address and phone number below:

Ramona Kirkland
724 McGraw Drive
Fort Collins, CO 80526
(970)223-4506

I am looking forward to hearing from you when you have been able to review this information.

Sincerely,
Ramona Kirkland
Guardian/Power of Attorney for Annabelle E. Hammond

See Attachments

Department of Health & Human Services
605 West Main Street
Lexington, SC 29072

March 3, 2007

Ms. Shanille Shells.

Please find enclosed the Medicaid application filled out for my mother: **Annabelle E. Hammond**. Also enclosed are the required financial statements, social security, retirement, IRA, insurance policy, pre-paid burial arrangements, and my Power of Attorney.

I was unable to send a copy of the March bank statement because I have not received one yet. However I did include statements for Dec-Jan & Jan-Feb 2007, March for the years of 2006, 2005, & 2004, as you requested. If you need a bank statement copy for March, just let me know and I will be happy to forward it to you when I have received it later this month.

As per our phone conversation yesterday, as I informed you that I had previously mailed the Medicaid application filled out with all the above before mentioned required information to Amanda Green at Heartland of Lexington Nursing Home on Jan. 18, 2007. It was agreed that she would look over this information and then mail it to your office. Ms. Green told me that she had mailed the packet to your office for you to review and process. This, of course, I have come to find out that she did not do and it has all somehow been 'lost'! I have not been able to track down the original packet, which should've been sent to your office in January. Therefore, as far as Heartland of Lexington is concerned, they have my mother on 'Medicaid Pending' status for all her bills since the first of Feb. 2007.

I know that Medicaid requires up to 30-45 days to process an application, but I would *GREATLY* appreciate your help in reviewing this application as soon as possible, due to Medicaid will only pay for 3 months back on any expenses if approved.

Your help and understanding the terrible position Amanda Green at Heartland has put me in, with her not following through in sending to you this application in a timely manner,will be appreciated.

If there is any other information that is needed, please let me know as soon as possible, so I can help you in any way to review my mother's application. You may contact me at my home address and phone number listed below:

Ramona Kirkland
724 McGraw Drive
Fort Collins, CO 80526
(970) 223-4508

Again, thank you for helping me in this matter. I am so glad you returned my call in a timely matter, so I was alerted to this situation and was able to mail the information for your office to review.

Sincerely,

Ramona Kirkland
Guardian/Power of Attorney for Annabelle E. Hammond
Cc: LLH/RHK

Heartland
2416 Sunset Blvd.
W. Columbia, SC 29169

January 18, 2006

Dear Amanda Green,

Please find enclosed all the required Medicaid forms filled out for my mother: ***Annabelle E. Hammond***. Also, enclosed are the required financial bank statements for 3 years, Power of Attorney authorization, IRA, retirement benefits, stocks (which have all been sold & money used for her care), social security benefits, and prepaid funeral/cremation contracts/receipts. Mother does not have any life insurance, therefore no insurance policies are included.

As per our phone conversation, you suggested that I mail this information to you so you would be able to review and forward it to Medicaid for them to exam before approval.

I have also enclosed copies of Mother's Blue Cross/Blue Shield and Medicare insurance cards/policy numbers, as you suggested, whereas you would be able to notify BC/BS to see if her account needed to be closed or not.

If you need to notify me or need any further information from me, please e-mail or contact me by regular mail or phone. Below is my contact information:

Ramona Kirkland
724 McGraw Drive
Fort Collins, CO 80526
(970-223-4506
monakayk@hotmail.com

Please notify me when Medicaid has approved Mother's application.

Once again, thank you for all your help with reviewing and forwarding the Medicaid application packet through to the proper channels for approval by February 1, 2007.

Sincerely,

Ramona Kirkland
Guardian/Power of Attorney for Annabelle E. Hammond

Cc: LLH/RHK

South Carolina Department of Health and Human Services

NOTICE OF COST OF CARE

From: DHHS
LEXINGTON COUNTY MEDICAID
605 WEST MAIN STREET
LEXINGTON, SC 29072

Date: 4/3/07
Case Number: 10117950
If you have any questions about this notice, please contact: Shanille Shells
Telephone: 785-2996

To: Ramona Kirkland
724 McGraw Drive
Ft. Collins, CO 80526

Recipient Name: Annabelle Hammond

You were previously notified that your application for the following assistance has been approved:

☑ Nursing Home Assistance ☐ Home and Community Based Services ☐ General Hospital

Please note the following IMPORTANT information:

Your eligibility for ☐ Vendor Payment ☐ Home and Community Based Services (or other waivered services) is based on having established an Income Trust. Your income, as listed on Schedule A of the trust, must be deposited into your trust account. Your cost of care is determined by subtracting allowable deductions from your gross income (regardless if listed on the Schedule A or not). The allowable deductions are listed on the attached DHHS Form 1729 ME, Income Trust Budget Sheet.

☒ You have been approved for a vendor payment to a medical facility effective March 1, 2007 and will be required to pay the medical facility $ 1308.84 per month toward the cost of your care beginning 3/1/07.

☐ Your Home and Community Based Services (or other waiver services) are effective _____. The Division of Accounting Operations will bill you $_____ per month toward the cost of your care. You will be notified if this amount changes.

☐ Your cost of care will change from $_____ to $_____ effective _____ due to:

You ☐ must pay this amount to the facility.
You ☐ will be billed by the Division of Accounting Operations.

☐ Spousal Impoverishment Resource Provisions were used to determine your eligibility. To remain eligible, you must transfer all resources except $2000 to _____ within 90 days from the date on this notice. You must provide verification of this transfer to your eligibility worker within 90 days.

Heartland

H/L of Lexington Rehab & Nursing Center
2416 Sunset Blvd
West Columbia, SC 29169
(803) 796-8024

STATEMENT

Patient: Hammond, Annabelle (6973)
Location: 2-216 - 1
Statement Date: 8/1/2007

Ramona Kirkland
724 McGraw Dr
Ft Collins, CO 80526

Amount Due $4,091.43

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

Amount Enclosed $ _____

H/L of Lexington Rehab & Nursing Center
2416 Sunset Blvd
West Columbia, SC 29169
(803) 796-8024

Patient: Hammond, Annabelle (6973)
Location: 2 216 - 1
Statement Date: 8/1/2007

Date	Description	Units	Unit Amount	Amount
	BALANCE FORWARD			$4,091.43
7/17/2007	Payment - #372			($1,308.84)
8/1/2007	Private Portion Aug 1-31 2007			$1,308.84 → paid on 8-10-0
	BALANCE DUE			$4,091.43

owed: $2,782.59 Now

If you have any questions, please contact Lavette or Kathleen in the Business Office.

Total	Current 7/07	30 6/07	60 5/07	90 4/07	120 3/07	150 2/07	180 1/07	210 + 12/06
$4,091.43	$1,308.84	$0.00	$0.00	$231.68	$0.00	$2,550.91	$0.00	$0.00

STATEMENT OF ACCOUNT

NC-FLORENCE
NEIGHBORCARE "AN OMNICARE COMPANY"
3203 WEST PALMETTO ST. SUITE S
FLORENCE, SC 29501

RETURN SERVICE REQUESTED

34164

PHONE: 800-521-4648

ACCOUNT NO: 16604
INVOICE NO: STATEMENT
DX NO: FLRDX
INVOICE DATE: 07/25/07
FACILITY: 65 HEARTLAND OF LEXINGTON
PATIENT NO: 1869
PATIENT NAME: HAMMOND, ANNABELLE
AMOUNT DUE: 389.15
TAX: 0.00

DUE DATE: 08/19/2007
AMOUNT DUE: 389.15

ANNABEL HAMMOND
C/O RAMONA KIRKLAND
724 MCGRAW DR
FORT COLLINS, CO 80526-3976

34164*T5#09SD5F000007
2590&UALB:1.1

KEEP TOP PORTION FOR YOUR RECORDS - RETURN BOTTOM STUB WITH PAYMENT

HAMMOND, ANNABELLE	65 HEARTLAND OF LEXINGTON
16604	07/25/07

DATE	RC NO.	TRANS	DESCRIPTION	PHYSICIAN	NDC NO.	QUANT	AMOUNT	TYPE
			Medicare b Part: BNC/AHM/EVERCARE/SECURE HORIZON					

Messages

FINANCE CHARGES are calculated at a MONTHLY PERIODIC RATE OF 1.50% (ANNUAL RATE OF 18.00%) based upon an unpaid balance outstanding 30 days or more.

PREVIOUS BALANCE	CHARGES	FINANCE CHARGE	TOTAL CHARGES	PAYMENTS & CREDITS	AMOUNT DUE
389.15	0.00	0.00	389.15	0.00	389.15

34164*T5#09SD5F000007

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE.

☐ Please check if above address is incorrect and indicate change on reverse side.

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER

SIGNATURE

EXP DATE

ACCOUNT NO: 16604
INVOICE NO: STATEMENT
DX NO: FLRDX
INVOICE DATE: 07/25/07
FACILITY: 65 HEARTLAND OF LEXINGTON
PATIENT NO: 1869
PATIENT NAME: HAMMOND, ANNABELLE
AMOUNT DUE: 389.15

AMOUNT ENCLOSED $ _____

MAKE CHECK PAYABLE & REMIT TO

NC-FLORENCE
PO BOX 740391
CINCINNATI, OH 45274-0391

0000000016604 20STATEMENT3000FLRDX80000389157

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **ANNABELLE E. HAMMOND**, the undersigned, of Atria Forest Lake, 4551 Forest Drive, City of Columbia, County of Richland, State of South Carolina, have constituted, made and appointed and by these presents do constitute, make and appoint **RAMONA H. KIRKLAND**, of 724 McGraw Drive, Ft. Collins, Colorado 80526, my true and lawful Attorney for me and in my name and stead, and to use, to ask, demand, sue for, levy, recover and receive all such sum and sums of money, debts, rents, goods, wares, dues, accounts and other demands whatsoever, which are or should be due, owing or payable to me, the said **ANNABELLE E. HAMMOND**, or detained from me in any manner or ways or means whatsoever; including, without limiting the generality of the foregoing or of the subsequent provisions of this instrument, the power to accept and endorse any and all checks, bills of exchange, drafts, postal money orders, and any and all other evidences of payment, that may be made payable to me or to my order or to my said Attorney in my behalf, and to deposit the same in any depository (bank or savings and loan institution), or otherwise, and to use the same for my benefit, in his discretion; with power in my said Attorney to use receipts and proxies (covering stocks) in my behalf, to purchase, sell or transfer or otherwise invest in stocks, bonds, and any other financial securities in my behalf, and to do all other things, in his discretion, in my behalf, as I

Annabelle E. Hammond P.E.

might or could do, if I were personally present; with the specific power in my said Attorney to sign checks in my behalf, withdrawal slips covering building and loan deposits, and any other institution employing this method for the release of funds, and sell stocks, bonds and any other kinds of securities owned by me, which may deem necessary to provide for my benefit.

This Power of Attorney includes the power in said Attorney in my behalf, and in my name, to offer for sale, bargain, sell and convey all my right, title and interest in any real estate that I may own or in which I may have an interest wheresoever the same may be situate, at such price and on such terms as in the sole discretion of my said Attorney may be just and proper, and for me and in my name to execute all necessary papers, to convey to the purchaser or purchasers, whoever he, she or they may be, such premises, with good and sufficient warranty title in fee simple to the same; and to receive for me and in my stead all money and notes and mortgages (if any) that may be given for said real estate, and to execute and deliver to such purchaser or purchasers all receipts and acquittances necessary for the completion of the transaction herein referred to; all of which the said **RAMONA H. KIRKLAND**, my Attorney-in-fact, is authorized to do as completely as I might or could do were I personally present.

This Power of Attorney also includes the power in said Attorney in my behalf, and in my name, to make health care decisions. Health care decisions include, but are not limited to, the right to contract with health care providers in my name; the

SLM

right to select health care facilities in my name; the right to make health care financial commitments in my name; the right to place me in appropriate health care facilities; and the right to do any act in my name my Attorney deems necessary to provide for my mental or physical health.

This Power of Attorney shall not be affected by any physical or mental incompetence to which I may be subjected in the future and the authority of my Attorney-in-fact conferred herein shall be exercisable, without bond, notwithstanding any such physical and/or mental incompetence.

Giving and granting unto my said Attorney by these presents full and whole power, strength and authority, in and about the premises; and said Attorney is to have, use, and take all lawful means and ways in my name for the recovery of such sum and sums of money, debts, rents, goods, wares, dues, accounts and other demands whatsoever, which are or should be due, owing or payable to me, or detained from me in any manner or ways or means whatsoever; and upon the receipt of any such debts, dues or sums of money aforesaid, acquittances or other sufficient discharges, for me and in my name to make, seal and deliver, and generally all and every other act and acts, thing and things, device and devices in law whatsoever needful and necessary to be done in and about the premises, for me and in my name to do, execute and perform, as fully, largely and amply, to all intents and purposes, as I might or could do, if I were personally present, or if the matter required more special authority than is herein given, and my said

151

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 24, 2007

Ms. Ramona Kirkland
724 McGraw Drive
Fort Collins, Colorado 80526

Dear Ms. Kirkland:

Your correspondence to Congresswoman Marilyn Musgrave regarding your mother, Annabelle E. Hammond's Medicaid application, was forwarded to our agency for assistance.

As you are aware, your request for retroactive Medicaid on behalf of your mother for the month of February 2007 was denied due to Ms. Hammond's countable resources. The resource limit for an individual through our Nursing Home Program is $2000.

Medicaid policy allows an individual to pay towards an outstanding medical bill prior to the effective date of Medicaid eligibility in an effort to fall below the resource limit. Our office contacted Heartland of Lexington to determine if you have an outstanding bill for services received in January 2007 and we were told you owe $180.42 for the month of January 2007. Unfortunately, the outstanding bill does not bring Ms. Hammond's countable resources below $2000 and therefore she is not eligible for Medicaid services during the month of February 2007. If you have any questions about this policy, please contact Ms. Carolyn Roach, Director of Policy and Planning, at (803) 898-3967.

We apologize for any confusion or inconvenience our eligibility determination process may have caused you and your family.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Interim Deputy Director

AJ/od
c: Ms. Marilyn Roberts, Lexington County Supervisor
c: Ms. Elaine Elmore, Centers for Medicare and Medicaid Services, Region IV

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 26, 2007

The Honorable Marilyn Musgrave
3553 Clydesdale Parkway
Suite 110
Loveland, Colorado 80538

Dear Congresswoman Musgrave:

Your letter to Centers for Medicare and Medicaid on behalf of Ms. Ramona Kirkland's mother, Ms. Annabelle Hammond's Medicaid application, was forwarded to our agency for assistance.

A member of our staff has been in direct contact with Ms. Kirkland to assist with her questions and concerns regarding Medicaid eligibility. We have explained to her what information she can provide in order to have Ms. Hammond's eligibility for February 2007 reassessed.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Emma Forkner

Emma Forkner
Director

EF/jcd

Office of the Director
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2504• Fax (803) 255-8235

From: Donna Day
To: Carolyn Roach; Jennifer Dabbs
Date: 9/24/2007 2:52 PM
Subject: Re: Ms. Hammond

Per Vickie Miles @ Hearland. In February, the amount outstanding for January was $180.42. She still owes $2307.57 for Feb., and $115.94 per month for April & May.

>>> Jennifer Dabbs 9/24/2007 2:27 pm >>>
Thanks!!!

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

>>> Donna Day 9/24/2007 2:26 PM >>>
I cann't interpret what Heartland sent me. I called back to ask questions. The young lady I spoke with has now referred me to a 3rd person. Vickie is clear on what we need and will call back shortly.

fact changed -

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Ms. Ramona Kirkland
724 McGraw Drive
Fort Collins, Colorado 80526

September 24, 2007

Dear Ms. Kirkland:

Your correspondence to Congresswoman Marilyn Musgrave regarding your mother, Annabelle E. Hammond's Medicaid application, was forwarded to our agency for assistance.

As you are aware, your request for retroactive Medicaid on behalf of your mother for the month of February 2007 was denied due to Ms. Hammond's countable resources. The resource limit for an individual through our Nursing Home Program is $2000.

Medicaid policy allows an individual to pay towards an outstanding medical bill prior to the effective date of Medicaid eligibility in an effort to fall below the resource limit. Therefore, if you are able to provide documentation showing Ms. Hammond paid for medical services rendered in the month of January 2007, we will deduct the amount paid from her total resources, which may bring her below the $2000 resource limit. When you have this documentation, please contact Ms. Carolyn Roach, Director of Policy and Planning, at (803) 898-3967. You will then be notified of an eligibility decision for the month of February 2007.

We hope this information proves helpful in meeting your mother's healthcare needs.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Interim Deputy Director

AJ/cd
c: Ms. Marilyn Roberts, Lexington County Supervisor
c: Ms. Elaine Elmore, Centers for Medicare and Medicaid Services, Region IV

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Ms. Ramona Kirkland
724 McGraw Drive
Fort Collins, Colorado 80526

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As you are aware, your request for retroactive Medicaid on behalf of your mother for the month of February 2007 was denied due to Ms. Hammond's countable resources. The resource limit for an individual through our Nursing Home Program is $2000.

Medicaid policy allows an individual to pay towards an outstanding medical bill prior to the effective date of Medicaid eligibility in an effort to fall below the resource limit. Therefore, if you are able to provide documentation showing Ms. Hammond paid for medical services rendered in the month of January 2007, we will deduct the amount paid from her total resources, which may bring her below the $2000 resource limit.

Ms. Marilyn Roberts, Lexington County Medicaid Supervisor, has contacted you regarding this policy and advised you to provide documentation once you have made a payment towards the January bill using Ms. Hammond's funds. She also mailed you a letter explaining this process on September 19, 2007. Please return documentation to Ms. Roberts at the Lexington County Medicaid Office, 605 West Main Street, Lexington, SC 29072 or fax it to (803) 785-8564. Once Ms. Roberts receives documentation you will be notified of an eligibility decision for the month of February 2007.

If you have any questions about this process, please contact Ms. Carolyn Roach, Director, Division of Policy and Planning, at (803) 898-3967. We hope this information proves helpful in meeting your mother's healthcare needs.

Sincerely,

Alicia Jacobs
Interim Deputy Director

AJ/cd
c: Ms. Marilyn Roberts, Lexington County Supervisor
c: Ms. Elaine Elmore, Centers for Medicare and Medicaid Services, Region IV

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
1462	9/24/2007	9/24/2007	LYNCHJEN	I noticed that Garnell will not be in today so I'm gonna as
1453	9/21/2007	9/21/2007	LYNCHJEN	To Garnell.LYNCHJEN 9/21/2007 3:09:25 PM
1422	9/20/2007	9/20/2007	LYNCHJEN	I received the letter from Marilyn and prepared a draft lett
1401	9/19/2007	9/19/2007	LYNCHJEN	Elaine called Carolyn back telling her that Ms. Hunter cal

EDIT

Case Notes ID: 1462

Constituent Data

Constituent ID: 981

SSN: 545403064

MEDICAID: 178071283800

First Name: Annabelle

Middle Initial: E

Last Name: Hammond

Legislator / Other: Cong. Marilyn Musgrave Of

Notes:

I noticed that Garnell will not be in today so I'm gonna ask Mark to reivew because it originally bypassed Mark since he was out of the office.

Also, Elaine with CMS would like a copy of the letter faxed to her as soon as Alicia signs it. She asked for it to be signed ASAP. I told her I would let Alicia know of her request. She wants to know when she can expect her faxed copy of the letter. I told her I would let her know as soon as I hear back from Alicia.
LYNCHJEN 9/24/2007 11:02:41 AM

Staff Data

Staff ID: 2

Jennifer | Dabbs

Spell Check

Grammar Check

Print this Form

Entry Date: 9/24/2007

Last Update: 9/24/2007

Last Update User: LYNCHJEN

Record : 1 / 13

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 19, 2007

Dear Ms. Kirkland,

Per our telephone conversation we had today, I would just like to remind you of the information we are requesting. Again if you could provide us with a receipt from Heartland showing where you paid them for the care of your mother Ms. Annabelle Hammond in the month of January 2007. The receipt can have a later date on it where it was paid, however, it has to show that it was for her care for January 2007. That information can be faxed or mailed. The fax number here is (803) 785-8564 and our mailing address is stamped below. If I can be of further assistance to you please contact me at (803) 785-2930.

Marilyn R. Roberts

Office of the Director
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2504 • Fax (803) 898-4515

Rev. 05/11/2007

DHHS
LEXINGTON COUNTY MEDICAID
605 WEST MAIN STREET
LEXINGTON, SC 29072

Ms. Ramona Kirkland
724 McGraw Drive
Ft. Collins, CO
80526

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Fax Cover Sheet

"Confidential Information Enclosed"

Date: 9 / 20 / 07

To: Jennifer Dabbs

Fax number: (803) 255 8350

From: Marilyn R Roberts

Total number of pages: (including cover) 3 pgs

Comments: Jennifer, I forgot to put the Address on the letter for her here. But I did give it to her when we we on the phone

~~LMC - Medicaid Representative~~
~~Central Admitting~~
~~2720 Sunset Blvd • West Columbia, South Carolina 29169~~
~~(803) 791-2654 or (803) 936-8123 • Fax (803) 936-3175~~

From: Pat McWhite
To: Carolyn Roach; Jennifer Dabbs; Marilyn Roberts
Date: 9/21/2007 2:38 PM
Subject: Re: Fwd: Incoming Fax Message HH# 101179550

CC: Ronica McCray

Jennifer, I agree with copying CMS on your log letter and not sending a second letter from the county. Thanks

Pat McWhite, Regional Administrator
Local Eligibility Processing, Region IV
(Fairfield, Kershaw, Lexington & Richland Counties)
7499 Parklane Road, Suite 164
Columbia, SC 29223
Office: (803) 741-1165
Fax: (803) 741-9475
E-mail: mcwhitep@scdhhs.gov

>>> Jennifer Dabbs 09/21/07 1:48 PM >>>
We're required to prepare a written response because this was a logged letter, which I've already done. It will be approved by the Director's office before being mailed. I wouldn't send a second letter from the local level to the client since she will already be getting another one from us signed by Alicia Jacobs. However, I don't feel comfortable faxing the other letter to CMS.

Possibly, we could just copy the lady from CMS on our response to Ms. Kirkland. Originally I planned on sending CMS a form letter letting them know we've been in contact with Mr. Kirkland to assist.

What are your thoughts? Thanks!!

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

>>> Carolyn Roach 9/21/2007 1:27 PM >>>
I believe Jennifer's letter may do it. What do you think, Jennifer?

>>> Pat McWhite 9/21/2007 1:22 PM >>>
Thanks Marilyn. Carolyn, do you think it would be wise to send a second letter at this point? It may very well confuse the client. Marilyn, in the future submit these type correspondence via the Region, first, either to me or Ronica for review prior to mailing. Thanks, again.

Pat McWhite, Regional Administrator
Local Eligibility Processing, Region IV
(Fairfield, Kershaw, Lexington & Richland Counties)
7499 Parklane Road, Suite 164
Columbia, SC 29223
Office: (803) 741-1165
Fax: (803) 741-9475
E-mail: mcwhitep@scdhhs.gov

>>> Marilyn Roberts 09/21/07 1:16 PM >>>
If you would like for me to send something more formal, just let me and I would love it if you would get with me so it can be done. thanks

>>> Carolyn Roach 09/21/07 1:11 PM >>>
Marilyn: Has this letter gone out of your office mail? If not, let's format it in a business style letter form. Ms. Kirkland plans to share the letter with the Senator and it would be good if we can change the format. If it has not already gone out in the mail, I will be happy to help you with it. Just let me know. Thanks.

>>> Pat McWhite 9/21/2007 11:55 AM >>>
Hi Jennifer. I know that this has been discussed with Policy. Its my understanding the letter has already been sent to Ms. Kirkland. I understand the decision was made at the county level, however, I am not sure if my office is in a position to authorize a response

to CMS. Please check with Policy on this request. Thanks

Pat McWhite, Regional Administrator
Local Eligibility Processing, Region IV
(Fairfield, Kershaw, Lexington & Richland Counties)
7499 Parklane Road, Suite 164
Columbia, SC 29223
Office: (803) 741-1165
Fax: (803) 741-9475
E-mail: mcwhitep@scdhhs.gov

From: Jennifer Dabbs
To: Jimmy Hampton; Pat McWhite
Date: 9/21/2007 9:18 AM
Subject: Fwd: Incoming Fax Message HH# 101179550
Attachments: 87620920.TIF

Good morning,

Please review the attached fax. CMS is involved in this case and wants a copy of the letter that was sent to Ms. Kirkland regarding her mother, Ms. Hammond. Marilyn said this letter has already been mailed to Ms. Kirkland, but I wanted to get your approval prior to faxing to Ms. Elmore at CMS.

Thanks so much!!

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

>>> Carrie B Jackson 9/20/2007 12:36 PM >>>

Carrie Jackson
Department of Health and Human Services
Bureau of Eligibility Policy and Oversight
803-898-2635

>>> SHHSFC.faxapi."-" 9/20/2007 12:25 PM >>>

-------Reception Fax Report-------
TSI Received: 18037858564
Pages Received: 003
Connect Time: 00062
Receive Time: 09/20/07 12:24
DID Received: 8350
Caller ID:
Fax Port: 01
Error Code: 0000
Job ID: 8762
Faxcom: 1 at 10.57.2.82

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
1401	9/19/2007	9/19/2007	LYNCHJEN	Elaine called Carolyn back telling her that Ms. Hunter cal
1400	9/19/2007	9/19/2007	LYNCHJEN	Carolyn and I had a conference call with Elaine Elmore a
1392	9/19/2007	9/19/2007	LYNCHJEN	I spoke with Marilyn and she said she spoke with Ms. Kir

EDIT

Case Notes ID: 1401

Constituent Data

Constituent ID: 981

SSN: 545403064

MEDICAID: 178071283800

First Name: Annabelle

Middle Initial: E

Last Name: Hammond

Legislator / Other: Cong. Marilyn Musgrave Of

Notes

Elaine called Carolyn back telling her that Ms. Hunter called Ms. Kirkland and she said she did not have an outstanding bill. We are getting conflicting information, so Carolyn asked Donna to call Heartland and ask them.

Donna said Levette with Heartland said she does have an outstanding bill, but they will have to break it down to determine what is owed for January alone. She will do this and contact Donna by Friday.

Also, Elaine wants a copy of the letter that Marilyn sends Ms. Kirkland, so I called Marilyn and left her a message asking her to fax it to me asap, including the return address.

Elaine left the office at 3:00 today.

Staff Data

Staff ID: 2

Jennifer | Dabbs

Spell Check

Grammar Check

Print this Form

Entry Date: [illegible]

Last Update: [illegible]

Last Update User: LYNCHJEN

Record : 1 / 10

Nancy Hunter from
Cong. Musgrave's
office.

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
1389	9/19/2007	9/19/2007	LYNCHJEN	Carolyn had a conference call with Marilyn Roberts and I
1383	9/19/2007	9/19/2007	LYNCHJEN	From Carolyn: Marilyn: There is Medicaid policy based
1368	9/18/2007	9/18/2007	LYNCHJEN	>>> Marilyn Roberts 09/18/07 3:57 PM >>> We receive

EDIT

Case Notes ID: 1389

Constituent Data

Constituent ID: 981
SSN: 545403064
MEDICAID: 178071283800
First Name: Annabelle
Middle Initial: E
Last Name: Hammond
Legislator / Other: Cong. Marilyn Musgrave Of

Notes

Carolyn had a conference call with Marilyn Roberts and Ronica McCray regarding incumbrance of a resource. If the client is willing to pay for some of the balance for the nursing home bill for January 2007 to make the resources fall below $2000 then she should be eligible for the month of February 2007.

Marilyn is to call the NH and AR and then give us a call back.

Once we hear back from her, Carolyn and I will call Elaine Elmore with CMS to update her.
LYNCHJEN 9/19/2007 11:51:27 AM

Staff Data

Staff ID: 2
Jennifer Dabbs

Spell Check
Grammar Check
Print this Form

Entry Date
Last Update
Last Update User: LYNCHJEN

Record : 1 / 7

Elaine's
Fax
404-562-7481

From: Carolyn Roach
To: Jennifer Dabbs; Marilyn Roberts; Pat McWhite; Ronica McCray
Date: 9/18/2007 5:42 PM
Subject: Re: Fwd: Annabelle E. Hammond HH# 101179550

CC: Nicole Mitchell Threatt; Sam waldrep

Marilyn: There is Medicaid policy based on encumbrance of a liquid resource. Have you applied this policy to this case? The letter she wrote implies this may be an option for her. Rather than sending more emails, I would like to talk to you about this tomorrow (Wednesday). What is a good # for me to call you and Ronica after 10:30 am?

>>> Marilyn Roberts 9/18/2007 3:57 PM >>>
We received an application in our office on March 12, 2007 for Ms. Hammond. We reviewed all the information supplied to us. In making the eligibility determination, we looked at all of the clients's income and resources. The POA submitted several bank statments. The bank statement dated January13, 2007 through February 13, 2007 had an ending balance of 3921.66. We subtracted from that balance 1259.00 which was the amount of social security that was deposited and 107.99 which is a pension that was deposited, that left us with a total of 2554.67. This balance put her over the resource limit, which is 2000.00 for the category 10. We researched MppM 302.29 to see if we could allow other disregards. We then notify Heartland of Lexington and requested information to see what other disregards we could give this client if she was private pay. Heartland sent us a copy of a cancel check, where the POA paid for her care. The check is dated for January 16, 2007 and it states it is for December care. Lavette at Hearland, states that is all the recepts she could provide. If we can help in any please let me know. Please let me know if you want the bank statements fax to you and I will.

>>> Jennifer Dabbs 09/18/07 9:32 AM >>>
Have you been able to take a look at this? It's now been logged into the Director's office and I need to prepare a response ASAP. Also, the contact at CMS wants a conference call so we're gonna need all the documentation used in this determination prior to speaking with her. Thanks so much!!!

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

>>> Jennifer Dabbs 9/14/2007 2:34 PM >>>
Good afternoon,

We received faxed correspondence from CMS regarding Ms. Hammond's eligibility for the month of February 2007. Her daughter, Ramona Kirkland, is the Power of Attorney and is the individual requesting coverage during this particular month. Her letter states she was ineligible due to her resources during this month. Could you please provide us with as much information as possible regarding the documentation and determination for her denial for the month of February 2007? Any information you can provide will be helpful in our response.

The eligibility worker is showing as Shanille Shells, and she is not in my staff listing, so I was unaware of her direct supervisor. If you need to fax any documentation, please feel free to do so and send it to the fax number listed below.

Thanks so much for your help!!

Jennifer Dabbs

From: Nicole Mitchell Threatt
To: Carolyn Roach; Jennifer Dabbs; Sam waldrep
Date: 9/14/2007 1:55 PM
Subject: Re: Ramona Kirkland for Annabelle Hammond HH# 101179550

Hello.

No news on this end. I have called the NF again on today. However, I think the family is interested in the eligibility status.

>>> Jennifer Dabbs 9/14/2007 1:10 PM >>>
I'm not sure what has transpired so far. Thanks!!

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

>>> Carolyn Roach 9/14/2007 12:06 PM >>>
I received a copy. Do you know if contact has been made with the county?

>>> Jennifer Dabbs 9/14/2007 11:10 AM >>>
Good morning,

I received a fax that was referred to me by Mark Orf to look into. You both were faxed this same information on 9/13. Could you please let me know what has taken place so far and keep me updated on the status of this request? They are looking for coverage during the month of February 2007, although she was denied coverage during that month due to her resources being over the $2000 limit. She has coverage effective March 2007.

Carolyn: I'm including you on this since it's a policy issue. I'm not sure if Garnell has given you any information on this. I'll provide you with a copy if not. Please just let me know. Her fax is very detailed.

Thank you all!!

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

```
ME DHMS54 P        S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES   DATE: 09/14/07
 MEDSPROD                     RECIPIENT INFORMATION                ACTION:
                    MEMBER PERIOD START: 03/12/07  END:            PAGE: 0001
 NAME: HAMMOND ANNABELLE E                        HH NAME: HAMMOND ANNABELLE E
 RCP NUMBER: 1780712838     HH NUMBER: 101179550        ACTION TYPE: MAINTENANC
 SSN: 545-40-3064  VC: V   APL STATUS:                  ACTION DATE: 03/12/07
 PRIMARY INDIVIDUAL:       APL CO: 32     WORKER ID: SHANS    LOCATION: 001
 2416 SUNSET BLVD                         SSCN: 247487681D    RRN:
                                          RACE: 01   SEX: F   MARITAL STATUS: W
                                          TPL INSURANCE: N    RELATION: SELF
 WEST COLUMBIA             SC 29169-      DOB: 04/18/1923     DOD:
 CORRECT RCP NUMBER: __________           LIV ARRANGEMENT: NFCL INCOME TRUST:
                                          PROVIDER: HEARTLAND OF LEXINGTON
     BG       BEG        END                BENEFITS QMB RETRO  % OF POV
 S  NUMBER    ELIG       ELIG    PCAT QCAT  TYPE    IND  IND    LEVEL   SPONSOR
 _ 69544205 03/01/2007            10  10   FULL     N    Y       1.57


 UPDATED: USER ID: SHANS     DATE: 03/12/07  SYSTEM ID: BUY1000  DATE: 04/04/07
ME900063 RECIPIENT RECORD FOUND
 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
```

EDIT

Constituent ID: 981

Closed? ☐

Date Closed

Source: Blue Log

Log No.: 0151 Due Date: 9/25/2007

Print this Form

Constituent Notes

SSN: 545-40-3064

MEDICAID ID: 1780712838

First Name: Annabelle MI: E Last Name: Hammond

Constituent Phone(s): (__) ___-____ (__) ___-____

Constituent Phone Extension: ____

HIPAA Authorization:

Reason for Referral: Other

Staff ID: 2 Staff First Name: Jennifer Staff Last Name: Dabbs

Point of Contact: Elaine Elmore, Cms

Authorized Rep: Ramona Kirkland

Rep Phone: (970) 223-4506

Relationship: Daughter, Poa

Legislator/ Other: Cong. Marilyn Musgrave Of Colorado

Entry Date: 9/14/2007

Last Update: 9/17/2007

Last Update User: EPPSDEN

Apply Cancel Close

Constituent# 981

Notes ID	Entry Date	Last Update	Notes
1345	9/17/2007	9/17/2007	As Jenny is already working on this, gave her the blue log. Seems Ms. Elmore at CMS would like to do a 3-way conversation with Cong. Marilyn Musgrave's ofc in Colorado, SCDHHS & her. Ms. Elmore's fax was addressed to Sam Waldrep & Nicole Threatt. EPPSDEN 9/17/2007 2:06:13 PM
1324	9/14/2007	9/14/2007	Email to County Office: Good afternoon, We received faxed correspondence from CMS regarding Ms. Hammond's eligibility for the month of February 2007. Her daughter, Ramona Kirkland, is the Power of Attorney and is the individual requesting coverage during this particular month. Her letter states she was ineligible due to her resources during this month. Could you please provide us with as much information as possible regarding the documentation and determination for her

From: Jennifer Dabbs
To: Marilyn Roberts; Pat McWhite
Subject: Fwd: Annabelle E. Hammond HH# 101179550

Have you been able to take a look at this? It's now been logged into the Director's office and I need to prepare a response ASAP. Also, the contact at CMS wants a conference call so we're gonna need all the documentation used in this determination prior to speaking with her. Thanks so much!!!

>>> Jennifer Dabbs 9/14/2007 2:34 PM >>>
Good afternoon,

We received faxed correspondence from CMS regarding Ms. Hammond's eligibility for the month of February 2007. Her daughter, Ramona Kirkland, is the Power of Attorney and is the individual requesting coverage during this particular month. Her letter states she was ineligible due to her resources during this month. Could you please provide us with as much information as possible regarding the documentation and determination for her denial for the month of February 2007? Any information you can provide will be helpful in our response.

The eligibility worker is showing as Shanille Shells, and she is not in my staff listing, so I was unaware of her direct supervisor. If you need to fax any documentation, please feel free to do so and send it to the fax number listed below.

Thanks so much for your help!!

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

CC: Carolyn Roach; Nicole Mitchell Threatt; Sam waldrep

From: Jennifer Dabbs
To: Jimmy Hampton; Pat McWhite
Subject: Fwd: Incoming Fax Message HH# 101179550

Good morning,

Please review the attached fax. CMS is involved in this case and wants a copy of the letter that was sent to Ms. Kirkland regarding her mother, Ms. Hammond. Marilyn said this letter has already been mailed to Ms. Kirkland, but I wanted to get your approval prior to faxing to Ms. Elmore at CMS.

Thanks so much!!

>>> Carrie B Jackson 9/20/2007 12:36 PM >>>

Carrie Jackson
Department of Health and Human Services
Bureau of Eligibility Policy and Oversight
803-898-2635

>>> SHHSFC.faxapi."-" 9/20/2007 12:25 PM >>>

-------Reception Fax Report-------
TSI Received: 18037858564
Pages Received: 003
Connect Time: 00062
Receive Time: 09/20/07 12:24
DID Received: 8350
Caller ID:
Fax Port: 01
Error Code: 0000
Job ID: 8762
Faxcom: 1 at 10.57.2.82