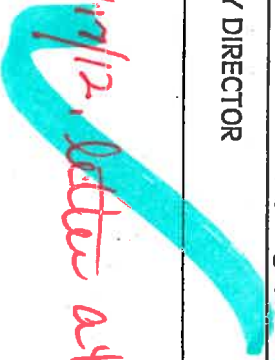


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>2-1-12</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>00300</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Jones</i> <i>Closed 2/17/12, letter attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-10-12</i> 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.			

RECEIVED

January 28, 2012

FEB 01 2012

To: The Department of Health and Human Services

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attn: Deputy Director of Eligibility and Beneficiary Services (803) 898-2502

PO Box 8206 in Columbia, SC 29202

CC: Erica Cleveland, case worker at Oconee County DHHS (864) 638-4420 ext. 227

223-B Kenneth Street in Walhalla, SC 29691

CC: Erica Cleveland's supervisor at Pickens County DHHS (864) 898-5815

212 McDaniel Avenue in Pickens, SC 29671

RE: Budget Group Number (HH#) 101049652; BG#: 71972505

To: Erica Cleveland, the Deputy Director of Eligibility and Beneficiary Services, and Ms. Cleveland's supervisor at the Pickens County DHHS Medicaid Office:

In her letter dated January 26, 2012, Erica Cleveland states, and I quote as the enclosed letter shows, "it has been brought to my attention that you are now working at Western Sizzler. I must have all of your paycheck stubs from when you started working there."

Then, in all capital letters and highlighted in pink highlighter the next line states, "YOU MUST ALWAYS LET US KNOW WHEN YOU START A NEW JOB."

Upon receiving Ms. Cleveland's letter, I thought to myself, "Wow, what an interesting way to begin a letter. This woman is accusing me of going back to work when I have not worked in almost six months."

Her opening statement is far from professional. In fact, her opening statements are accusatory and very unprofessional, especially by being typed in all capital letters screaming at me from behind pink highlighter. This is far from what I would have imagined the state of South Carolina's expectations are when sending someone a document from the state. I have included a copy of this letter to show how, right from the start, I was accused of going back to work, when I have not worked in nearly 6 months, and how things were highlighted in pink – very unprofessional and equally discourteous.

As I have stated to Erica Cleveland on several previous occasions, I do not work at Western Sizzlin'. I have not done so since August 10, 2011, one week before my baby daughter, Abigail Oraharn, was born. I am unsure of who Ms. Cleveland's source is that falsely "brought it to (her) attention" that I was working at Western Sizzlin'. However, I have not done so in months.

Please, Deputy Director, Ms. Cleveland, or Ms. Cleveland's supervisor, feel free to call Western Sizzlin' anytime, if you are so inclined, and check to see if I am, indeed, working there. The owner's name is Simon Elbiati and the restaurant manager is Patricia Martin. It was rude, accusatory, and rather bold of Erica Cleveland to type in all CAPITAL LETTERS that I must always let her know when I start a new job. I have worked at Western Sizzlin for 10 years. I do not work there anymore. Perhaps Ms. Cleveland's confusion is occurring because, as I am no longer working, per DHHS criteria, I had to report to the state's One Stop Unemployment Office on Radio Station Road in Seneca, South Carolina. Much to no one's surprise, I was deemed ineligible for unemployment benefits because I left Western Sizzlin on maternity leave and simply have not returned as I am enjoying raising my infant daughter. So Ms. Cleveland's written demand to have all of my paycheck stubs from when I started working at Western Sizzlin' is rather outlandish. I do not have 10 years worth of paycheck stubs. She is more than welcome to check my previous years' tax returns though if it is necessary. To ask someone for all of their paycheck stubs from when they started a job is a rather bold request when that person has worked there for ten years as I have. However, I am led to believe that Ms. Cleveland probably assumed (much in part due to her undisclosed "sources") that I had gone back to work and had only a few paycheck stubs. What would give a government official the right to question one's integrity and assume that the person she was dealing with was lying to her?

Personally, I feel the rude attitude I have been a recipient of has been radiating from Ms. Cleveland's dislike of me and reeking out of her personality, through both her choice of words and her body language anytime I go to the Oconee County DHHS office. Perhaps it is because I had to go over her head and contact her supervisor in Pickens, at the Medicaid DHHS offices there, in order to get around having to get in touch with my ex-husband, Ronnie Young. As Ms. Cleveland is well aware, Ronnie sexually molested my 8 year old daughter, Andrea Farber, and has just recently been released from prison as a result of this matter. Yet, time after time, including in this latest letter Ms. Cleveland has just sent me, dated January 26, 2012, she states that she needs proof of child support income from Ronnie Young and Raul Farber. She asked again for a print out from the courthouse or to have them sign and complete DHHS Form 1216 ME.

Ronnie Young does not wish to help me out in any way in this matter. He rarely pays me any child support. He mails me a check perhaps once every four or five weeks. Knowing this is a touchy subject for me, considering this man has put his hands on my daughter and molested her, she could have had me sign a voucher as her supervisor from the Pickens office had me do.

Please try to empathize with me for a minute -- put yourself in my shoes. How would you feel if month after month, a lady at the DSS office kept on requesting you get in touch with a man

who molested your daughter and has repeatedly stated he will do nothing in his power to help? Then, on top of that, this woman, who is supposed to help you obtain the state benefits available to you, falsely accuses you, without first even asking, of going back to work, because it has been, "brought to her attention". By whom? She does not reveal. Can you see where I am coming from? I am an honest individual who has always been straight-forward and forthcoming with any of Ms. Cleveland's requests for more paperwork. However, I, for one, think this has gone way too far. I am requesting a new case worker. After signing the affidavit that I am no longer in any sort of contact whatsoever with Ronnie Young, I did receive in the mail a letter dated 12/21/2011 that my application had been approved and everyone in my family would be receiving Medicaid benefits. Yet, on the very same date, December 21, 2011, I received another letter from Oconee County DHHS that my Medicaid coverage would end on 11/01/2011, a full month and 21 days prior to the date when I received the notification.

Can you not see what a roller-coaster ride this has been? On the very same day that I receive a letter stating that my whole family is now covered with Medicaid benefits, the very next piece of mail I open states that my Medicaid benefits, which I did not even know I had and definitely never used, ended over a month and a half ago prior to the receipt of the letter I had just received, dated 12/21/2011.

Furthermore, I have been divorced from Raul Farber for over 6 years now. However, month after month, Ms. Cleveland requests documentation of Raul's child support payments. Month after month, I retrieve them for her by going to the courthouse, bothering the Clerk of Court it seems, and paying 25 cents a copy for the same print-outs, time and time again. We have a final divorce order and decree. His child support payments do not change. Month after month, he pays me. Why, in her letter dated 1/26/2012 does Ms. Cleveland, once again request the child support information that I have given to her on 4 separate occasions?

You will also find enclosed in this letter the financial income information for Rick Oraham, as requested by Ms. Cleveland. Rick is my significant other and the father of Abigail Oraham, my 5 month old daughter born on 8/18/2011. Rick has already provided the Oconee County DHHS office, and Ms. Cleveland, specifically, with his paycheck stubs. Enclosed are three paycheck stubs of Rick's dated 12/27/2011, 1/3/2012, and 1/17/2012 respectively. Please note that Rick Oraham is paid every other week. However, with the fiscal year ending with 5 weeks in the month of December, the company Rick works for did pay him, as well as everyone else who works for the company, for one week, instead of the usual bi-weekly payments, for tax purposes solely.

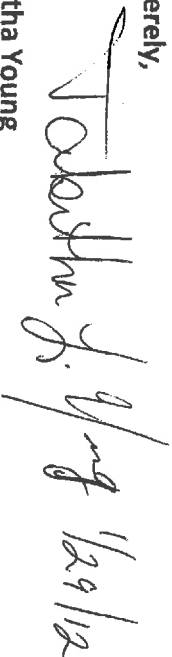
It is not my intention to come across as angry, hateful or spiteful. All I have done is state the facts in this matter. To my credit, I am a God-fearing woman who is the mother of five young children. I, personally, do not understand Ms. Cleveland's persistence that I get a written

document from Ronnie Young, when this obligation has already been previously overridden by her supervisor from Pickens County DHHS. Ronnie Young is a man who has gone to PRISON for molesting my child. It is for this reason, and the fact that Ms. Cleveland falsely accused me of going back to work, without even asking me, when I have not worked in over five months, that I am asking that Ms. Cleveland to no longer be my case worker. Perhaps she needs some time off to reflect on the things she tries putting people under her authority through month after month. Most case workers in college start out in their profession or career as professionals trying to help others. This is not a quality I see in the slightest in the case with Ms. Cleveland.

As I stated once already, I feel Ms. Cleveland has had a chip on her shoulder since her superior from the Pickens office simply had me sign an affidavit that stated I had nothing to do with Ronnie Young, whereas Ms. Cleveland kept repeatedly demanding me to meet up with a man who molested my child and who has stated he will not help me in any way whatsoever.

It is not up to me, however, if it was, I feel Ms. Cleveland needs to be formally reprimanded by the Deputy Director of DHHS Eligibility & Beneficiary Services from the office in Columbia for her non-understanding and non-empathetic attitude toward the Medicaid clients at the Oconee DHHS Medicaid office.

Sincerely,


Tabitha Young

 1/29/12
Rick Oraham, Tabitha Young's common-law husband & father of Abigail Oraham

Enclosures:

- 1). A copy of Erica Cleveland's letter dated 1/26/12 where I am practically accused of being a liar by the false accusations that I had gone back to work without letting her know;
- 2). A copy of my Medicaid Approval Letter Low Income Families dated 12/21/2011
- 3). A copy of my Notice That Medicaid Coverage Will End 11/01/2011, yet dated 12/21/2011
- 4). A copy of Rick Oraham's last paycheck stubs from Mid-South Bells (Taco Bell), as requested per Erica Cleveland

① Enclosure



South Carolina Department of
Health & Human Services



Anthony E. Keel, Director
Nikki R. Haley, Governor

DATE: 01/26/12

HH NAME: YOUNG TABITHA L.

HH NUMBER: 101049652

Dear Ms. Young,

It has been brought to my attention that you are now working at Western Sizzler. I must have all of your paycheck stubs from when you started working there.

YOU MUST ALWAYS LET US KNOW WHEN YOU START A NEW JOB.

I also need all of Richard Oraham's income if he is working.

I will also need proof of child support from Ronnie Young and Raul Farber. I need a print-out from the court house or they must complete DHHS Form 1216 ME.

Please call me if you have any questions

I must have this information by 2/5/12.

Erica C. Cleveland
Human Services II

② Enclosures

MEDICAID APPROVAL LETTER LOW INCOME FAMILIES

OCONEE COUNTY DHHS
223 B Kenneth Street
Walhalla SC 29691-0000

TABITHA LYNN YOUNG
454 AIRPORT RD
SENECA SC 29678

Date: 12/21/2011
Worker:
ERICA CLEVELAND
Telephone: 864 638-4420
BG#: 71972505
HH#: 101049652

Your application has been approved. The persons listed below will get Medicaid benefits:

Beneficiary Name	Beneficiary ID#	Medicaid Card Effective Date	Retro Date(s)
TABITHA LYNN YOUNG	5780451792	11/01/2011	
JULIAN A FARBER	5780451795	11/01/2011	
ANDREA FARBER	5780451796	01/01/2012	
RICK J ORAHAM	5781364058	11/01/2011	
JACOB ALEXANDER YOUNG	6780713431	01/01/2012	
ABIGAIL LYNN ORAHAM	6781338558	11/01/2011	
MICHAEL A YOUNG	9780314082	01/01/2012	

The Medicaid card will be mailed to your current address. If you move, you must tell your worker. You must present this card to the doctor, hospital, and drug store each time you go.

You have a choice about the way you receive health services. You will soon receive a Healthy Connections Choices enrollment package. It is very important that you read the package and choose a plan. If you do not choose a plan, a plan will be chosen for you. If you have questions, call SC Healthy Connections Choices at 1-877-552-4642.

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a fair hearing within 10 days of the date on this letter, you can ask in your request that your coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any benefits you received while your case was being reviewed.

You must tell your Medicaid worker in 10 days if you have a change in the following:

- Where you live
- Income
- Resources
- Family Size (someone moves in or out)
- Any news that would change your case

YOU WILL RECEIVE A REVIEW FORM IN THE
MAIL EVERY 12 MONTHS (SOMETIMES
SOONER). WHEN YOU RECEIVE THE REVIEW
FORM, YOU MUST COMPLETE AND RETURN IT
OR YOUR MEDICAID WILL STOP.

③ Enclosure

Notice That Medicaid Coverage Will End

OCONEE COUNTY DHHS
223 B Kenneth Street
Walhalla SC 29691-0000

Date: 12/21/2011

Worker:

CYNTHIA JAYNES
Worker Phone: 864 638-4420
BG #: 11885295
HH #: 101049652

TABITHA LYNN YOUNG
454 AIRPORT RD
SENECA SC 29678

Medicaid coverage for the people listed below will end on 11/01/2011.

Beneficiary Name:

Beneficiary ID#:

TABITHA L. YOUNG

5780451792

Reason(s): Medicaid coverage will end because:

You may be eligible in another coverage group.

Manual/policy reference supporting this action: 101.04.01
A copy of this reference is available upon request.

You may qualify for Medicaid under other programs if there has been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact your worker.
- Call 1-888-549-0820 or visit www.scdhhs.gov for an application.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form please contact your worker right away.

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a fair hearing within 10 days of the date on this letter, you can ask in your request that your coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any benefits you received while your case was being reviewed.

94 ENCLOSURES

MID-SOUTH BELLS, LLC - PAYROLL ACCOUNT

EMPLOYEE		SOCIAL SEC. NO.	PAY RATE	PERIOD END	CHECK DATE.	CHECK NO.
45-2000077 ORAHAM, R			7.250 HB	1/10/2012	1/17/2012	025465
EARNINGS	HOURS	AMOUNT	YTD	DEDUCTION	AMOUNT	YTD
Regular	16.47	119.41	283.84	FICA Medicare	5.02 1.73	11.93 4.11
GROSS EARNINGS:		119.41	283.84	TOTAL DEDUCT:		6.75
NET EARNINGS:		112.66				16.04

EMPLOYEE		SOCIAL SEC. NO.	PAY RATE	PERIOD END	CHECK DATE.	CHECK NO.
2000077 ORAHAM, R			7.250 HB	12/27/2011	1/3/2012	024535
EARNINGS	HOURS	AMOUNT	YTD	DEDUCTION	AMOUNT	YTD
Regular	22.68	164.43	164.43	FICA Medicare	6.91 2.38	6.91 2.38
GROSS EARNINGS:		164.43	164.43	TOTAL DEDUCT:		9.29
NET EARNINGS:		155.14				

EMPLOYEE		SOCIAL SEC. NO.	PAY RATE	PERIOD END	CHECK DATE.	CHECK NO.
15-2000077 ORAHAM, R			7.250 HB	12/20/2011	12/27/2011	023635
EARNINGS	HOURS	AMOUNT	YTD	DEDUCTION	AMOUNT	YTD
Regular	64.43	467.12	2,274.19	FICA Medicare SC State W/H	19.62 6.77 3.89	95.51 32.98 14.69
GROSS EARNINGS:		467.12	2,274.19	TOTAL DEDUCT:		30.28
NET EARNINGS:		436.84				143.18

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOLUNTARY CHILD SUPPORT/CONTRIBUTIONS FORM

To: _____ Address: _____ _____	Name of Applicant/Beneficiary: <u>Jabitha Young</u> Address of Applicant/Beneficiary: _____ Budget Group Number: <u>1010491652</u>
--------------------------------------	--

THE ABOVE-NAMED APPLICANT/BENEFICIARY HAS REPORTED THAT (S)HE RECEIVED CASH CONTRIBUTIONS OR CHILD SUPPORT FROM YOU. PLEASE COMPLETE THE ITEMS CHECKED BELOW AND RETURN THIS FORM TO:
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADDRESS: 223 B KENNETH ST. WALHALLA, SC 29691

MEDICAID ELIGIBILITY WORKER'S NAME: ERICA C. CLEVELAND DATE: 1/26/12

I. CONTRIBUTIONS

- ☐ 1. Do you give any money directly to _____ ? ☐ Yes ☒ No
- ☐ 2. For what purpose is the money given? CHILD SUPPORT ? ☐ Yes ☒ No
- ☐ 3. How much did you give? Month 600.00 Amount _____ Month _____ Amount _____
- ☐ 4. Is this money a gift? ☐ Yes ☒ No Is this money a loan? ☐ Yes ☒ No
- ☐ 5. If a loan, when do you expect to be repaid? _____

II. CHILD SUPPORT

- ☐ 1. Are you the parent of Julien and Andrea TANNER ? ☒ Yes ☐ No
- ☐ 2. Are you giving any money for support of Julien and Andrea TANNER ? ☒ Yes ☐ No
If yes, how much and how often? every month 4600.00 dollars
- ☐ 3. Are you giving support money on a regular basis? ☒ Yes ☐ No
- ☐ 4. How long have you been giving support money? 5 years
- ☐ 5. How do you pay this money? (Check One) ☐ By Cash ☐ By Check ☒ Other paycheck deduction
- ☐ 6. To whom do you pay this money? (Check One) ☐ a. Applicant/Beneficiary ☒ b. Clerk of Court
- ☐ c. Department of Social Services ☐ d. Other Who?
- ☐ 7. How much did you give?
Month 600.00 Amount 600.00 per month
Month _____ Amount _____
Month _____ Amount _____

DO YOU HAVE ANY PROOF OF PAYMENT, SUCH AS
RECEIPTS OR CANCELLED CHECKS?
☐ Yes ☐ No
IF SO, PLEASE ENCLOSE THEM. THEY WILL BE
COPIED AND RETURNED TO YOU PROMPTLY

- ☐ 8. Do you have medical/hospital insurance on _____ are ? ☐ Yes ☒ No
If yes, tell us the company's name _____
- ☐ 9. Do you have a Driver's License? ☒ Yes ☐ No If yes, print your DL number 011491694
- ☐ 10. What is your Social Security Number? 105-60-8171 ; Date of Birth: 5-17-1971
- ☐ 11. Where do you work? Name of Company: C.F. SAUENS

Company's Address: 728 N MAIN ST MAULDIN S.C.
Company's Telephone No.: 864-288-3211

Your Signature: <u>[Signature]</u>	Your Telephone Number: <u>864-498-4242</u>
	Date: <u>1-29-2012</u>

TABITHA Young
454 AIRPORT RD.
SENECA, SC 29678

RECEIVED

FEB 01 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

U11

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTN: DEPUTY DIRECTOR ELIGIBILITY & BENEFICIARY SERVICES
P.O. Box 8206
COLUMBIA, SC 29202



1000

29202

U.S. POSTAGE
PAID
SENECA, SC
29678
JAN 30, 12
AMOUNT

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Log # 300

February 17, 2012

Ms. Tabitha Lynn Young
454 Airport Road
Seneca, South Carolina 29678

Dear Ms. Young:

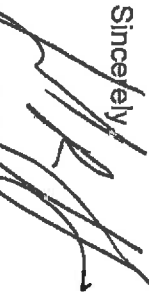
Thank you for your recent correspondence. Good customer service is very important to us and I regret your unpleasant experience during our eligibility determination process. Your comments have given me an opportunity to gain some perspective on our agency's interactions with customers on various levels. We are reviewing the issues you encountered and are working to correct them.

Medicaid Policy and Procedures require us to verify applicant information during our eligibility determination process. Unfortunately, our requests may at times seem invasive, redundant, and sometimes uncaring especially when reviewing complex cases such as yours. However, the verification process is in place to ensure the integrity and accountability of the Medicaid program. Although we are required by state and federal regulations to verify applicant information, it is our goal to remove the "hassle factors" that our customers experience and streamline the process, as much as possible. We are working very hard to evaluate and improve not only our communications, but also our entire eligibility determination process by putting an emphasis on customer service.

Regarding your specific eligibility determination, we went through a process whereby your eligibility was removed from one Medicaid program and added under another. As a result, you received two notices which understandably caused confusion. Your Medicaid eligibility will continue under the Low Income Families program. As you requested, your case will be assigned to another worker who will provide any future correspondence.

Again, thank you for bringing your concerns to my attention. Please contact me at (803) 898-2502 if I can be of any further assistance.

Sincerely,


John R. Supra, Jr.
Deputy Director

JRS:j

cc: Michael Jones, Program Director, Member Eligibility & Enrollment
Pat McWhite, Division Director, Local Eligibility Processing
Stan Brown, Regional Administrator, Local Eligibility Processing, Region 1