

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>8-15-06</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000146</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8-22-06</i>
2. DATE SIGNED BY DIRECTOR <i>Cleaved 8/28/06, 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.			

803 734 8947

Word Processing

04:40:56 P.M.

08-14-2006

1 /6

FAX COVER SHEET



RECEIVED

AUG 14 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

**S. C. HOUSE OF REPRESENTATIVES
WORD PROCESSING CENTER
FAX # (803) 734-9947
OFFICE #(803) 734-2938**

*Kos-Ried
"Kobly's Sign"*

DATE: August 14, 2006

TO: Mr. Bryan Kost
SC Health and Human Services

FROM: Rep. Adam Taylor

FAX NUMBER: 803-898-4515

PHONE NUMBER:

PAGES: 6 (including this one)

MESSAGE:

**IF YOU DO NOT RECEIVE ALL OF THE SHEETS INDICATED, PLEASE
CONTACT THE WORD PROCESSING CENTER**

jhm/fax

08/14/2006 04:26PM

803 734 9847

Word Processing

04:41:11 P.M.

08-14-2006

2/6

Adam Taylor

District No. 16 - Laurens-
Greenville Counties
530 West Main Street
Laurens, SC 29360
(864) 682-8112



House of Representatives

Committee:
Ways and Means

State of South Carolina

518-C Blatt Building
Columbia, SC 29211
Tel. (803) 734-2990

Chairman:

Laurens County
Legislative Delegation

Assistant Majority
Leader

August 14, 2006

VIA FAX & U.S. MAIL

803-898-4515

Mr. Bryan Kost

SC Department of Health and Human Services

Post Office Box 8206

Columbia, SC 29202-8206

Re: Mrs. LaVerne Nelson, 1028 West Main Street, Apartment A, Laurens, SC 29360

Dear Bryan:

I have been contacted by my constituent, Mrs. LaVerne Nelson, concerning her medical issues. She has serious problems and has been unable to continue treatment due to the cost of the treatment. Please review her case immediately to see if she qualifies for Medicaid coverage.

A copy of Mrs. Nelson's letter is attached for your review.

Feel free to contact Mrs. Nelson if you need any additional information.

Sincerely,

A handwritten signature in cursive script, appearing to read "Adam Taylor".

J. Adam Taylor

JAT/jhm/August-14-06-3

Enclosure

cc: Mrs. LaVerne Nelson, 1028 West Main Street, Apartment A, Laurens, SC 29360

08/14/2006 04:26PM

803 734 9947

Word Processing

04:41:33 P.M.

08-14-2006

3/6

August 11-2006

Is when it may concern:

I am a 55 year old woman who is seeking some kind of help. I was diagnosed with lung cancer in April of 2005 which led to the removal of 1/2 a lung on the left side. I now have problems with my breathing and coughing which they call chronic COPD. I'm on 3 inhalers for this problem and sleep under a fan at night and have to stay in the air condition apartment where it is extremely hot outside. I don't feel well most of the time and have very little energy.

The doctor thought I had lymphadenitis which they listed as lymph node and it was negative. I was having CT scans every 3 months and it was still showing swollen lymph nodes on X-ray.

I haven't been able to report back to my oncology since Feb-06 on any doctor due to lack of money. I do not have any insurance and can't afford it. I owe so much to the doctor to keep going.

08/14/2006 04:26PM

803 734 9947

Word Processing

04:42:15 p.m.

08-14-2006

4/6

He (husband's) are living off his disability and have no money left after we pay our rent, utilities, food and medicine.

I have tried to get my own disability turned and been denied. I tried to get medical and was also turned down for that.

I am now having problems with my legs I knee + hips and can not go to the doctor to find out what is causing this problem. I can't hardly get up + down and can not get down in the floor to play with my grandchildren because someone would have to help me up and I have so much pain in there.

I had insurance until August 2005 and then was dropped which I was denied from the beginning on that matter. I was told if I paid my premiums (which was paid when due) I would not have anything to worry about. The company dropped it and then offered (extra which was \$19.00 a month just on myself I could not afford that since I had not worked since April.

My husband's findings failed in

08/14/2006 04:26PM

803 734 9947

Word Processing

04:42:55 p.m.

08-14-2006

5 / 8

February and by May of 2006 was placed on dialysis 3 days per wk. 4 hrs each visit. He has had 3 heart attacks, open heart surgery and a dialysis which requires special fresh water is very costly. He does not drive but \$85.00 a month.

Our situation is very bad due to no more income + so many health problems on both of us. I stay depressed and I'm on medication for depression also.

I'm not asking for funds, I'm asking help for someone to help about my disability or means for me to see a doctor about my legs and to be able to see my oncologist.

I have contacted the Cancer Society and other agency in our community with no luck as far as offers or suggestions about being able to see my regular doctor. When I tried to get medical I was not asking any money, all I wanted was just a card to where I could go to see a doctor and I would not have to have \$100.00 in cash for that visit.

If you can help my husband + my self it would be greatly appreciated.

08/14/2006 04:26PM

803 734 9947

Word Processing

04:43:38 p.m.

08-14-2006

6 /6

el knows that if el could get some
bride or help it would help my
husband wear and hold travelling.

Thank-you,

Mrs. Salome Nelson

1028 W. Main St. Apt A

Tammy, S.C. 29340

984-7533

From: SHHSFC.faxapi."-"
To: SHHSFC.DHHS(POLATTYJ)
Date: 8/14/2006 4:26:58 PM
Subject: Incoming Fax Message

-----Reception Fax Report-----

TSI Received: 803 734 9947
Pages Received: 006
Connect Time: 00209
Receive Time: 08/14/06 16:22
DID Received: 8235
Caller ID:
Fax Port: 02
Error Code: 0000
Job ID: 5605
Faxcom: 1 at 10.57.2.82

Adam Taylor

District No. 16 - Laurens-
Greenville Counties
550 West Main Street
Laurens, SC 29360
(864) 682-8112



Log Log # 146

518-C Blatt Building
Columbia, SC 29211
Tel. (803) 734-2990

Chairman:

Laurens County
Legislative Delegation

House of Representatives

Committee:
Ways and Means

State of South Carolina

Assistant Majority
Leader

RECEIVED

AUG 21 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

August 14, 2006

VIA FAX & U.S. MAIL

803-898-4515

Mr. Bryan Kost

SC Department of Health and Human Services
Post Office Box 8206

Columbia, SC 29202-8206

*Brenda
I think we've
logged this one?*

Log 146

Re: Mrs. LaVerne Nelson, 1028 West Main Street, Apartment A, Laurens, SC 29360

Dear Bryan:

I have been contacted by my constituent, Mrs. LaVerne Nelson, concerning her medical issues. She has serious problems and has been unable to continue treatment due to the cost of the treatment. Please review her case immediately to see if she qualifies for Medicaid coverage.

A copy of Mrs. Nelson's letter is attached for your review.

Feel free to contact Mrs. Nelson if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam".

J. Adam Taylor

JAT/jhm/August-14-06-3

Enclosure

cc: Mrs. LaVerne Nelson, 1028 West Main Street, Apartment A, Laurens, SC 29360

RECEIVED

AUG 21 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR August 11-2006

To whom it may concern:

I am a 55 year old woman who is seeking some kind of help. I was diagnosed with lung cancer in April of 2005 which led to the removal of 1/2 a lung on the left side. I now have problems with my breathing and coughing which they call chronic COPD. I'm on 3 inhalers for this problem and sleep under a fan at night and have to stay in the air condition apartment where it is extremely hot outside, I don't feel well most of the time and have very little energy.

The doctors thought I had lymphoma which they diagnosed a lymph node and it was negative. I was having CT scans every 3 months and it was still showing swollen lymph nodes on X-rays.

I haven't been able to report back to my oncology since Feb-06 or any doctor due to lack of money, I do not have any insurance and can't afford it. I owe so much to these doctors to keep going,

We (husband & self) are living off his disability and have no money left after we pay our rent, utilities, food and medicine.

I have tried to get my own disability turned and been denied. I tried to get medical and was also turned down for that.

I am now having problems with my legs + knees + hips and can not go to the doctor to find out what is causing this problem. I can't hardly get up + down and can not get down in the floor to play with my grandchildren because someone would have to help me up and I have so much pain in them.

I had insurance until August 2005 and then was dropped which I was misled from the beginning on that matter. I was told if I paid my premiums (which was paid when due) I would not have anything to worry about. The company dropped it and then offered Cobra which was \$119.00 a month just on myself. I could not afford that since I had not worked since April.

My husband's disability failed in

February and by May of 2006 was placed on dialysis 3 days per wk. 44 hrs each visit. He has had 3 heart attacks, open heart surgery and a dieting which requires special food which is very costly. He does not drive but \$865.00 a month. Our situation is very bad due to no more income + so many health problems on both of us. I stay depressed and I'm on medication for depression also.

I'm not asking for funds, I'm seeking help for someone to help about my disability or means for me to see a doctor about my legs and to be able to see my oncologist.

I have contacted the Cancer Society and other agency in our community with no luck as far as offers or suggestions about being able to see my regular doctors. When I tried to get medical I was not asking any money, all I wanted was just a card to where I could go to see a doctor and I would not have to have \$100.00 in cash for that visit.

If you can help my husband + my self it would be greatly appreciated.

show that it could get done
kinda & help it would help my
husband worried and health troubled.

Thank-you,

Mrs. Salome Nelson

1028 W. Main St. Apt A

Lawrence, S.C. 29360

984-7533

#146



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 28, 2006

Mrs. Laverne Nelson
1028 West Main Street
Apartment A
Laurens, South Carolina 29360

Dear Mrs. Nelson:


Representative Adam Taylor asked our agency to respond to your concerns about your healthcare needs and Medicaid eligibility.

Your most recent application for disability with the Social Security Administration (SSA) was denied and you are appealing their decision. Medicaid uses the same criteria as SSA to determine eligibility for its Aged, Blind or Disabled (ABD) program; therefore, we must adopt their decision. Your Medicaid ABD application was denied on July 28, 2006.

On your behalf, we contacted SSA and were advised that you or your legal representative can request an expedited appeal hearing date by writing them and referencing a "dire need" situation based on your current medical and financial needs. Please call the SSA Hearings and Appeals Office in Columbia at 803-799-7771.

In an effort to be of assistance, we mailed you information on programs that provide assistance with prescription medicines and other healthcare services. I hope this information is helpful while you await the outcome of your SSA disability appeal.

Sincerely,


Gary Ries
Deputy Director

GR/jol



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable J. Adam Taylor
Member, South Carolina House of Representatives
550 West Main Street
Laurens, South Carolina 29360

Dear Representative Taylor:

Thank you for referring ^{Ms.}Ms. LaVerne Nelson to our agency with her concerns about ~~healthcare~~ ^{Ms.}healthcare issues and Medicaid eligibility.

We have ^{been} been in direct contact with ~~Ms.~~Ms. Nelson to assist with any questions she might have about Medicaid eligibility. We also mailed her information on a number of healthcare programs that may be able to assist with her medical and prescription needs.

As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing medical information without the client's written consent. We have enclosed an Authorization to Disclose Health Information form if you would like more information than we are currently able to provide.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

Robert M. Kerr
Director

The Disability application Ms. Nelson references is currently pending with the Social Security Administration (SSA). Medicaid eligibility is the decision of SSA. And we have provided RMK/rjl Ms. Nelson guidance on obtaining a final decision.

Enclosure



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 28, 2006

The Honorable J. Adam Taylor
Member, South Carolina House of Representatives
550 West Main Street
Laurens, South Carolina 29360

Dear Representative Taylor:

Thank you for referring Ms. Laverne Nelson to our agency with her concerns about healthcare issues and Medicaid eligibility.

The disability application Ms. Nelson references is currently pending with the Social Security Administration (SSA). Medicaid eligibility adopts the decision of SSA, and we have provided Ms. Nelson guidance on obtaining a timely decision.

We have also been in direct contact with Ms. Nelson to assist with any questions she might have about Medicaid eligibility. We also mailed her information on a number of healthcare programs that may be able to assist with her medical and prescription needs.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. Kerr".

Robert M. Kerr
Director

RMK/rjoi



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 28, 2006

The Honorable J. Adam Taylor
Member, South Carolina House of Representatives
550 West Main Street
Laurens, South Carolina 29360

Dear Representative Taylor:

Thank you for referring Ms. LaVerne Nelson to our agency with her concerns about healthcare issues and Medicaid eligibility.

The disability application Ms. Nelson references is currently pending with the Social Security Administration (SSA). Medicaid eligibility adopts the decision of SSA, and we have provided Ms. Nelson guidance on obtaining a timely decision.

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Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. Kerr".

Robert M. Kerr
Director

RMK/rjoi
~~Enclosure~~

reprint / lctd.

Medicaid Programs / Other Resources Check List

Log # 0146

Legislator/Inquirer: Rep. Adam Taylor

Constituent: Mrs. LaVerne Nelson

SS#: 250-92-8840

PROBLEM / ISSUE:		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Mrs. Nelson wants Medicaid, has been turned down due to not meeting the disability requirement		2	N/A	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP:			LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>
8/17	Get folder from Valerie take to case worker, last denied 7/27/06, we adopted SSA			MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>
	also was denied 8/1/05 - Husband covered for disability (ABD)			MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
8/21	Spoke at length w/Mrs. Nelson; she has been turned down for SSA twice, now has lawyer on file appealing; we adopted SSA decision and turned her down 7/28/06 for ABD			Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
8/21	Advised her how to file "dire need" and also sent data on CHL, MHP + Free Clinics and prescriptions			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>
8/21	Her husband is fully covered by Medicare + Medicaid			Pregnant Women/Infants	<input type="checkbox"/>		
8/21	Draft letter to Valerie + Denise for review + edits			SILVERxCARD	<input type="checkbox"/>		
				SLMB	<input type="checkbox"/>		
				SSI	<input type="checkbox"/>		
				TEFRA	<input type="checkbox"/>		
				Working Disabled	<input type="checkbox"/>		

4EDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
 MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001
 HH NAME: NELSON ROGER M ACTION TYPE: MAINTENANCE
 HH NUMBER: 100462014 APL STATUS: ACTION DATE: 07/11/06
 RCP/SSN/BG: LAST APL: 06/19/06 HH COUNTY: 30 LAURENS
 RES ADDR HOME PHONE: 864-984-7533 MAIL ADDR WORK PHONE: - -
 1028 W MAIN ST
 APT A

RCP NUMBER	PI NAME	SC	LAURENS	SSN	LATEST ELG PERIOD AGE	SC 29360-
0780105507	LAVERNE M NELSON			250-92-8840	-	55
WRKR ID:	NAME:					
1304974301	* ROGER M NELSON			251-82-7471	08/01/05	58
WRKR ID: STATU	NAME: TATUM STELLA L				BG: 58877269	CNTY: 30

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->ELDD00 PF18->HH MBR BGS PF19->REPL CARD

Appeal retained (twice)

*1028 W. A July 2005, denied
 APT 5 1st denied January
 Feb 2006 appealed
 again*

Medicaid Letter of Action

From: LAURENS COUNTY DHHS

P. O. Box 388

Laurens SC 29360-0000

Date: 07/28/2006

Worker Name:

STELLA TATUM

Telephone: 864 833-6109

BG #: 79291491

HH #: 100462014

To: ROGER M NELSON

1028 W MAIN ST

APT A

LAURENS SC 29360

30 STATU

Recipient Name:

LAVERNE M NELSON

Recipient ID:

0780105507

Your application has been denied for: AGED, BLIND, DISABLED (ABD)

Reason for denial:

You do not meet the disability criteria.

Denied for the month(s) of: 06/2006

Manual/policy reference supporting this action: 102.06.02A

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

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

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

To Get Help with Your Hearing

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

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
MEDSPROD MEMBER INFORMATION ACTION:

MEMBER PERIOD START: 06/19/06 END: PAGE: 0001

NAME: NELSON LAVERNE M HH NAME: NELSON ROGER M
RCP NUMBER: 0780105507 HH NUMBER: 100462014 ACTION TYPE: MAINTENANCE
SSN: 250-92-8840 VC: V APL STATUS: ACTION DATE: 07/11/06
PRIMARY INDIVIDUAL: APL CO: 30 WORKER ID: STATU LOCATION: 001
1028 W MAIN ST
APT A SSCN: RRN:

LAURENS SC 29360-
CORRECT RCP NUMBER: _____ DOB: 05/06/1951 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

UPDATED: USER ID: STATU DATE: 07/11/06 SYSTEM ID: SVE3000 DATE: 11/09/05
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

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
 MEMBER PERIOD START: 06/19/06 END:
 NAME: NELSON LAVERNE M HH NAME: NELSON ROGER M
 RCP NUMBER: 0780105507 HH NUMBER: 100462014 ACTION TYPE: MAINTENANCE
 SSN: 250-92-8840 VC: V APL STATUS: ACTION DATE: 07/11/06
 APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
 DOB: 05/06/1951 AGE: 55 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
 DOD: MEDICARE COVERAGE(Y/N): N
 SEX: F FEMALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y
 REL: S01 SPOUSE RAILROAD NUMBER(Y/N): N
 SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME
 MARITAL STATUS: M MARRIED PROVIDER NAME:
 STUDENT STATUS: GRADE: ADMISSION DATE:
 PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:
 BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N
 DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
 VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): N
 US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: D
 US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
 UPDATED: USER ID: STATU DATE: 07/11/06 SYSTEM ID: DATE:
 ME9000063 RECIPIENT RECORD FOUND
 2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
 15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

1EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
MEMBER PERIOD START: 06/19/06 END:
NAME: NELSON LAVERNE M HH NAME: NELSON ROGER M
RCP NUMBER: 0780105507 HH NUMBER: 100462014 ACTION TYPE: MAINTENANCE
SSN: 250-92-8840 VC: V APL STATUS: ACTION DATE: 07/11/06
APPLYING(A/NA): A
DOB: 05/06/1951 AGE: 55
DOD:
SEX: F FEMALE RACE: 01 WHITE
REL: S01 SPOUSE
SSI APPLICATION DATE:
MARITAL STATUS: M MARRIED
STUDENT STATUS: GRADE: ADMISSION DATE:
PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:
BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N
DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): N
US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: D
US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
UPDATED: USER ID: STATU DATE: 07/11/06 SYSTEM ID: DATE:
ME900063 RECIPIENT RECORD FOUND
2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

admitted

*failure
to meet
disability
criteria*

Trans

closed

*7/18/06
SSN
7/27/06
Nov. 03
disability
Income
Regrd
04*

ACTION:

PAGE: 3 OF 3

HH NUMBER: 100462014

ACTION TYPE: REVIEW

ACTION DATE: 06/05/06

RCP NUMBER: 1304974301

CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: QMB: Y PROT PER DATE:

--MEDICAID+QMB DATES--

BEGIN . END

SERVICE TYPE	REASON CODE 1	REASON CODE 2
-----------------	------------------	------------------

08/01/2005

SERVICE	REASON	REASON
TYPE	CODE 1	CODE 2

SERVICE TYPE	REASON CODE 1	REASON CODE 2
-----------------	------------------	------------------

100

SERVICE TYPE	REASON CODE 1	REASON CODE 2
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERVICE TYPE	REASON CODE 1	REASON CODE 2
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[illegible]

100

[illegible]

SYSTEM ID: COM2000 DATE: 06/05/06

ND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PE11-HH MBRS PE15-MD PE16-BG DET PE18-RCP INFO PE21-HIST- PE22-HIST+ PE24-AOD

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 06/19/06 END: PAGE: 0001

NAME: NELSON ROGER M HH NAME: NELSON ROGER M

RCP NUMBER: 1304974301 HH NUMBER: 100462014 ACTION TYPE: MAINTENANCE

SSN: 251-82-7471 VC: V APL STATUS: ACTION DATE: 07/11/06

PRIMARY INDIVIDUAL: APL CO: 30 WORKER ID: STATU LOCATION: 001

1028 W MAIN ST SSCN: 251827471A RRN:

APT A RACE: 01 SEX: M MARITAL STATUS: M

TPL INSURANCE: N RELATION: SELF

DOB: 06/30/1948 DOD:

LAURENS SC 29360- 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
-	58877269	08/01/2005	32	50	FULL	Y	Y		.69	
-	58877269	07/01/2005	08/01/2005	32	50	FULL	N	Y	.69	
-	13049743	09/01/2001	02/01/2004	32	50	FULL			1.32	

UPDATED: USER ID: BROOD DATE: 07/06/05 SYSTEM ID: BUY1000 DATE: 08/20/05
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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 06 / 2006 THRU: ____ / ____ PAGE: 2 OF 3
 HH NAME: ROGER M NELSON HH NUMBER: 100462014
 BG NUMBER: 58877269 CATEGORY: ABD ACTION TYPE: REVIEW
 BG: A BGP: P WKR: STATU STELLA TATUM ACTION DATE: 06/05/06
 COUNTABLE BG MEMBERS: 2
 COUNTABLE INCOME: COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 1100.00 RESOURCE LIMIT: 6000.00
 POV-LVL: +.69 % 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:
 MEETS RESOURCES? (Y/N) : _ NEXT REVIEW DATE: 08/01/06
 MEETS OTHER CONDITIONS? (Y/N) : Y ANTICIPATED CLOSURE DATE:
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N) : _
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N) : _
 UPDATED: USER ID: DATE: SYSTEM ID: COM2000 DATE: 06/05/06
 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

MEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: NELSON ROGER M HH NAME: NELSON ROGER M
RCP NUMBER: 1304974301 HH NUMBER: 100462014 ACTION TYPE: MAINTENANCE
SSN: 251-82-7471 APL STATUS: ACTION DATE: 07/11/2006
MCN: 251827471A VALIDATED BY: BUY IN ON: 08/05/2006

PART A - BEGINNING DATE: 11/01/1993 ENDING DATE: BY: MMA
PART B - BEGINNING DATE: 11/01/1993 ENDING DATE: BY: MMA
PART C - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA
PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA
LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2006 BY: MMA
SUBSIDY

UPDATED: USER ID: DATE: SYSTEM ID: TTR1004 DATE: 08/07/06
ME900063 RECIPIENT RECORD FOUND
PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

AEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
 MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: NELSON ROGER M ACTION TYPE: MAINTENANCE
 HH NUMBER: 100462014 APL STATUS: ACTION DATE: 07/11/06

APPL EFFECTIVE DATE: 06/19/2006 WORKER: STATU STELLA L TATUM

MAIL IN(Y/N): N

APPLICANT'S COUNTY: 30 LAURENS WORKER'S COUNTY: 30 LAURENS

COURTESY APPLICATION(Y/N): N

MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH

1028 W MAIN ST

APT A

REASON FOR APPLICATION:

ADULT WITH CHILDREN(Y/N): N

CHILDREN 1 AND OVER(Y/N): N

INFANTS UNDER AGE 1(Y/N): N

RESIDENCE ADDRESS: SC 29360- PREGNANT(Y/N): N

BLIND/DISABLED(Y/N): Y

AGED(Y/N): N

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

WITHDRAW APPLICATION(W/C/N): N

PHONE: H: 864-984-7533 W: - - DATE: 07/11/06 SYSTEM ID: HMS5000 DATE: 07/11/06

UPDATED: USER ID: STATU

ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES

PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

AEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/17/06
 MEDSPROD BUDGET GROUP DETERMINATION ACTION:
 BUDGET GROUP PERIOD START: 06/19/06 END: PAGE: 1
 HH NAME: NELSON ROGER M HH NUMBER: 100462014
 BG NUMBER: 79291491 CATEGORY: ABD ACTION TYPE: MAINTENANCE
 BG STAT: DENIED WKR: STATU STELLA TATUM ACTION DATE: 07/27/06

BUDGET GROUP COUNT: 2

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
-	NELSON LAVERNE M	A	SPOUSE	55	I	020		
-	NELSON ROGER M	NA	SELF	58	I	020		

RETRO MONTHS REQUESTED(Y/N): Y

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: STATU DATE: 07/27/06 SYSTEM ID: ELD3000 DATE: 07/27/06
 ME904660 BUDGET GROUP INFORMATION FOUND
 PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
 PF11->HH MBR PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST+