

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-3-07</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000177	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-10-07</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/12/07, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

10/02/2007 13:04 FAX 8039330857

SEN. L. GRAHAM COLA

001/005

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

*Log. Jacobs
Dir. Reg.*

UNITED STATES SENATE Fax Transmittal Sheet

TO: Hyman / SC Dept of Health & Human Services

FROM: Scott Trickett

DATE: 10/1/07

RECEIVED

OCT 03 2007

COMMENTS: Re: Amy Casland

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Thank you

4 PAGE(S) TO FOLLOW

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

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

Thank you.

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

401 WEST EVANS STREET
SUITE 328B
FLORENCE, SC 29501
(843) 683-1805

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

530 JOHNNIE DODGE BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 943-9987

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2928

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 688-3330

10/02/2007 02:04PM

10/02/2007 13:04 FAX 8039330957

SEN. L. GRAHAM COLA

002/005

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

October 1, 2007

RECEIVED

OCT 03 2007

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Mrs. Amy Crossland

Dear Ms. Forkner:

Enclosed is a copy of correspondence that I received from the above named constituent. I believe that you will find it self-explanatory.

Your reviewing this material and providing any assistance or information possible under the governing statutes and regulations will be greatly appreciated. Thank you for your attention in this matter, and I look forward to hearing from you soon.

Sincerely,

Lindsey O. Graham
United States Senator

LOG/jsj

Enclosure

Please refer to case (510642) in your response.

Please reply to:

The Honorable Lindsey Graham
United States Senate
508 Hampton Street, Suite 202
Columbia, SC 29201
Phone (803) 933-0112
Fax (803) 933-0957

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

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

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

530 JOHNNIE DODD BOLLIVAN
SUITE 402
MOUNT PLEASANT, SC 29464
(843) 849-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 966-4724

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29576
(864) 889-8330

10/02/2007 02:04PM

09/27/2007 14:35 8436548177

C

PAGE 01

09/28/2007 14:37 FAX 8039330957

SEN. L. GRAHAM COLA

2002

LINDBSEY O. GRAHAM
FORM SENATE
 500 Capitol Square, Room 5140
 Washington, DC 20540
 (202) 512-1007

UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim for request. This authorization is in accordance with the Privacy Act of 1974.

Name: Amy Crosland Phone: 843-667-4892

Address: 1281A Brittany Drive

City: Florence State: SC Zip: 29501

Social Security Number: 251-51-0647 VA Number (If applicable): _____

Spouse's Name: Therop Crosland

Spouse's Social Security Number: 247-75-6700

In the space below, briefly describe the problems that you are experiencing, and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of the form).

If you could please read the email sent to
you concerning the insurance matter and try to
do what you can concerning Tricare and Medicaid,
I would greatly appreciate any help you could
provide.

Signed: Amy M. Crosland Date: 9/28/07

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name: _____

Please return form to:

U.S. Senator Lindsey O. Graham
 908 Hampton Street, Suite 202
 Columbia, South Carolina 29201
 Phone: (803) 933-0112
 Fax: (803) 933-0557

 500 Capitol Square
 Suite 5140
 Washington, DC 20540
 (202) 512-1007

 400 West Capitol Street
 Suite 200
 Columbia, SC 29201
 (803) 933-1185

 501 East Broadway Street
 Suite 200
 Columbia, SC 29201
 (803) 250-1677

 500 Second Street
 Suite 200
 Myrtle Beach, SC 29577
 (843) 661-4007

 1400 Bayview Drive
 Suite 110
 Rock Hill, SC 29730
 (803) 296-4000

 100 Lodgepole Pine Drive
 Suite 8
 Myrtle Beach, SC 29577
 (803) 661-4000

> Good Morning, Scott,

> Please see confidential email below. This is from a Soldier in
> Afghanistan. Our efforts to resolve this through TRICARE have not
> worked, as TRICARE policy just does not allow for this kind of care.
> We received final answer this morning (from TRICARE). The real
> solution should be Medicaid continuingto provide the service, as the
> Soldiers extra dollars from combat pay, etc., should not be considered.

> Hoping not to impose, can you elevate this issue to Senator Graham for
> his kind assistance. We believe he can make the difference needed
> (perhaps with Medicaid).

> Please note serious time suspense: 1 OCT.

> I am so grateful for your help, please. -Michele

> Mrs. Michele A. Canchola

> SCNG FRG POC

> Cell: 864-221-8788

> Email: mrs.canchola@us.army.mil

> <http://www.ngfamilyofone.org>

> -----Original Message-----

> From: throop.crosland@us.army.mil [<mailto:throop.crosland@us.army.mil>]

> Sent: Wednesday, September 12, 2007 11:42 AM

> To: Mike.Krell@us.army.mil

> Cc: Plowden.Dickson@us.army.mil

> Subject: Healthcare Issues

> Maj. Krell,

> I will divide this letter into three parts. The first paragraph will
> state my Wife's medical condition, the second will explain why
> attendant care is necessary, and the third will give a brief
> chronology of events leading up to this point.

> My wife has a form of cancer called Chronic Myeloid Leukemia (CML).

> This is a type of cancer that corrupts her White Blood Cells.

> For this she is going through on-going chemotherapy. It was this
> cancerthat led to her present state of paralysis. This was caused by
> a mass similar in nature to a tumor that "crushed" her spinal cord
> resulting in her being what is known as C-5 Incomplete Quadriplegic.

> This means is that she has neither movement nor sensation from the
> waist down and only sensationwith limited movement from the waist up.
> Attendant Care is necessary due to the fact that my wife requires
> assistance to dress, undress, shower, administer her injections, and do
> small tasks around the house (vacuum, laundry, etc.).

> This costly Attendant Care allows my wife to function on a day-to-day
> basis when I am not there to assist.

> When I received my mobilization order for the Afghanistan Mission we

- > realized that this deployment was going to be impossible without some
- > form of outside help, since I was now going to be absent from the
- > home.
- > We
- > contacted our commercial insurance (BlueCross Blue Shield), and
- > Tri-care.
- > They informed us that attendant care is not covered under either
- > policy but that with our level of income we would qualify for
- > Medicaid. Medicaid originally did pick up the bill and all was well
- > from Oct. 2006- Sept 2007.
- > In late August Medicaid informed us that they will be terminating
- > benefits as of 1 OCT 07, due to a routine audit of my income and slight
- > increase in total income from my Active Duty pay. I informed Medicaid
- > that they could not count any pay I received toward my income except
- > my base pay, to which they responded that they were already aware of
- > such.
- > This setup was already a less-than-desirable solution to our problem
- > since being deployed I have missed Emergency Room visits, Spinal Cord
- > Surgeries, and on-going Chemotherapy. Now though this places an
- > additional financial burden on my Family as we now have to cover the
- > costs of the care.
- > I am willing to remain on active duty for the duration of my
- > deployment in the event that there can be located some form of funds
- > to cover these expenses, if not though I will be required to return
- > home to care for my Wife, since on Oct. 01 2007 there will be no one
- > there to do so.
- > I appreciate your help in advance.
- >
- > Sgt Crosland, Troop H.
- > Classification: UNCLASSIFIED
- > Caveats: NONE
- >
- > Classification: UNCLASSIFIED
- > Caveats: NONE
- >



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 12, 2007

The Honorable Lindsey Graham
United States Senate
508 Hampton Street, Suite 202
Columbia, South Carolina 29201

Dear Senator Graham:

Thank you for your correspondence regarding Medicaid eligibility and the healthcare needs of Ms. Amy Crosland (case # 510642). We appreciate the opportunity to be of assistance.

A member of our staff has been in direct contact with Ms. Crosland to discuss Medicaid eligibility and income policy. We also provided Ms. Crosland with contact information should she need further assistance.

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 a South Carolina Department of Health and Human Services *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 on this or any other matter, please let me know.

Sincerely,

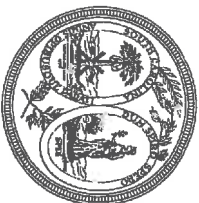
A handwritten signature in cursive script, reading "Emma Forkner", is written over the typed name.

Emma Forkner
Director

EF/jcode

Enclosure

Log 0177



State of South Carolina
Department of Health and Human Services

Log 0177

Mark Sanford
Governor

Emma Forkner
Director

October 12, 2007

Ms. Amy Crosland
1281-A Brittany Drive
Florence, South Carolina 29501

Dear Ms. Crosland:

Senator Lindsey Graham asked our agency to assist with your healthcare needs and questions about Medicaid eligibility.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. A Medicaid beneficiary must undergo an annual review to determine if there are any changes in eligibility status. Your coverage under Medicaid's Working Disabled program will end November 1, 2007, because your countable monthly income is over the allowable limit. You may appeal this decision by writing Ms. Pfannenstiel and requesting a fair hearing by November 1, 2007.

Your eligibility worker, Leighann Pfannenstiel, and Medicaid policy staff carefully reviewed the income deductions allowable under the "Uninformed Services – Pay and Allowances" policy (*copy enclosed*). The Social Security income you indicated would be ending shortly was also deducted; unfortunately, your income still exceeds the allowable limit for the Working Disabled program at this time. As you are aware, eligibility could be established through an Income Trust. If you choose this option, please complete the enclosed *Income Trust Agreement* form and return to Ms. Pfannenstiel by November 1, 2007 (return envelope enclosed).

Please call Ms. Pfannenstiel at (803) 898-2635 if you have additional questions regarding our eligibility determination process. We sincerely sympathize with the medical hardship your family is facing and wish your husband a safe and speedy return home.

Sincerely,


Alicia Jacobs
Interim Deputy Director

AJ/code
Enclosures

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-3-07</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000177	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-10-07</i>
2. DATE SIGNED BY DIRECTOR <i>10/12/07</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. <i>[Signature]</i>	<i>10/10/07</i>	<i>revised</i>	
2. <i>[Signature]</i>	<i>10/10/07</i>		
3.			
4.			

10/02/2007 13:04 FAX 80393330957

SEN. L. GRAHAM COLA

001/005

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

*Log. Jacobs
dir. reg.*

UNITED STATES SENATE Fax Transmittal Sheet

TO: Human / SC Dept of Health & Human Services.

FROM: Scott Smith

DATE: 10/1/07

RECEIVED

OCT 03 2007

COMMENTS: Re: Amy Casland
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Thank you

4 PAGE(S) TO FOLLOW

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

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

Thank you.

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 353-0112

401 WEST EVANS STREET
SUITE 228B
FLORENCE, SC 29501
(843) 655-1505

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

530 JOHNNIE DOPPE BOUTRY
SUITE 202
MAURY PARKWAY, SC 29464
(843) 648-0887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 365-2828

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 880-3330

10/02/2007 02:04PM

10/02/2007 13:04 FAX 8039330957
09/27/2007 14:35 8436548177

SEN. L. GRAHAM COLA

003/005
PAGE 01

09/25/2007 18:37 FAX 8039330957

SEN. L. GRAHAM COLA

002

LINDSEY O. GRAHAM
FROM SENATOR



500 Russell Brown Drive
Washington, DC 20540
(202) 224-5577

UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: Amy Cressland Phone: 843-667-4899
Address: 1281A Brittany Drive
City: Florence State: SC Zip: 29501
Social Security Number: 251-51-0647 VA Number (if applicable):
Spouse's Name: Thorp Cressland
Spouse's Social Security Number: 247-75-6700

In the space below, briefly describe the problems that you are experiencing, and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of the form).

If you could please read the email sent to
you concerning the insurance matter and try to
do what you can concerning Tricare and Medicaid,
I would greatly appreciate any help you could
provide.

Signed: Barry M. Cressland Date: 9/25/07

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name:

Please return form to:

U.S. Senator Lindsey O. Graham
508 Hampton Street, Suite 202
Columbia, South Carolina 29201
Phone: (803) 933-0112
Fax: (803) 933-0557

SEN. LINDSEY O. GRAHAM
508 HAMPTON STREET
COLUMBIA, SC 29201
(803) 933-0112

401 W. Main Street
SAFTE 2205
Florence, SC 29501
(803) 933-1585

501 E. Washington Street
WATER 700
Florence, SC 29501
(803) 255-1617

500 Arsenal Drive
Flore 200
Florence, SC 29501
(803) 686-0400

1450 Bayside Drive
BAYW 700
North Charleston, SC 29405
(843) 586-6000

1000 Lakeside Drive
SOUTH 8
Myrtle Beach, SC 29577
(843) 666-5500

10/02/2007 02:04PM

> Good Morning, Scott,
>
> Please see confidential email below. This is from a Soldier in
> Afghanistan. Our efforts to resolve this through TRICARE have not
> worked, as TRICARE policy just does not allow for this kind of care.
> We received final answer this morning (from TRICARE). The real
> solution should be Medicaid continuing to provide the service, as the
> Soldiers extra dollars from combat pay, etc., should not be considered.
>
> Hoping not to impose, can you elevate this issue to Senator Graham for
> his kind assistance. We believe he can make the difference needed
> (perhaps with Medicaid).
>
> Please note serious time suspense: 1 OCT.
>
> I am so grateful for your help, please. -Michele
>
> Mrs. Michele A. Canchola
>
> SCNG FRG POC
> Cell: 864-221-8788
> Email: mrs.canchola@us.army.mil
> <http://www.ngfamilyofone.org>
>
> -----Original Message-----
> From: throop.crosland@us.army.mil [mailto:throop.crosland@us.army.mil]
> Sent: Wednesday, September 12, 2007 11:42 AM
> To: Mike.Krell@us.army.mil
> Cc: Plowden.Dickson@us.army.mil
> Subject: Healthcare Issues
>
> Maj. Krell,
>
> I will divide this letter into three parts. The first paragraph will
> state my Wife's medical condition, the second will explain why
> attendant care is necessary, and the third will give a brief
> chronology of events leading up to this point.
> My wife has a form of cancer called Chronic Myeloid Leukemia (CML).
> This is a type of cancer that corrupts her White Blood Cells.
> For this she is going through on-going chemotherapy. It was this
> cancer that led to her present state of paralysis. This was caused by
> a mass similar in nature to a tumor that "crushed" her spinal cord
> resulting in her being what is known as C-5 Incomplete Quadriplegic.
> This means is that she has neither movement nor sensation from the
> waist down and only sensation with limited movement from the waist up.
> Attendant Care is necessary due to the fact that my wife requires
> assistance to dress, undress, shower, administer her injections, and do
> small tasks around the house (vacuum, laundry, etc.).
> This costly Attendant Care allows my wife to function on a day-to-day
> basis when I am not there to assist.
> When I received my mobilization order for the Afghanistan Mission we

- > realized that this deployment was going to be impossible without some
- > form of outside help, since I was now going to be absent from the
- > home.
- > We
- > contacted our commercial insurance (BlueCross Blue Shield), and
- > Tri-care.
- > They informed us that attendant care is not covered under either
- > policy but that with our level of income we would qualify for
- > Medicaid. Medicaid originally did pick up the bill and all was well
- > from Oct. 2006-Sept 2007.
- > In late August Medicaid informed us that they will be terminating
- > benefits as of 1 OCT 07, due to a routine audit of my income and slight
- > increase in total income from my Active Duty pay. I informed Medicaid
- > that they could not count any pay I received toward my income except
- > my base pay, to which they responded that they were already aware of
- > such.
- > This setup was already a less-than-desirable solution to our problem
- > since being deployed I have missed Emergency Room visits, Spinal Cord
- > Surgeries, and on-going Chemotherapy. Now though this places an
- > additional financial burden on my Family as we now have to cover the
- > costs of the care.
- > I am willing to remain on active duty for the duration of my
- > deployment in the event that there can be located some form of funds
- > to cover these expenses, if not though I will be required to return
- > home to care for my Wife, since on Oct. 01 2007 there will be no one
- > there to do so.
- > I appreciate your help in advance.
- >
- > Sgt Crosland, Throop H.
- > Classification: UNCLASSIFIED
- > Caveats: NONE
- >
- > Classification: UNCLASSIFIED
- > Caveats: NONE
- >

EDIT

Constituent ID 1041

Closed? ☐

Date Closed

Source Blue Log

Log No. 0177 Due Date 10/10/2007



Print this Form

Constituent Notes

SSN 251-51-0647

MEDICAID ID 0000000000

First Name MI Last Name
Amy [] Crosland

Constituent Phone(s) (843) 667-4899 []

Constituent Phone Extension []

HIPAA Authorization []

Reason for Referral Billing Issue

Staff ID Staff First Name Staff Last Name
4 Denise Epps

Point of Contact []

Authorized Rep []

Rep Phone []

Relationship []

Legislator/Other []

Entry Date 10/ 4/2007

Last Update 10/ 4/2007

Last Update User EPPSDEN

Apply

Cancel

Close

Constituent# 1041

	Notes ID	Entry Date	Last Update	Notes
▶	1714	10/9/2007	10/9/2007	10/4, LeighAnn, Donna, Carolyn & I discussed this case. It is unfortunate, but, since her (new) husband is stationed in Afghanistan and receiving military pay allowances besides combat pay, their income is over the limit for her to be eligible now for W-D. This ends 11/1/07 and she needs attendant care which Tricare will not cover. Even though she told LeighAnn recently her SS will end, their income will still be over the limit for W-D or any other Medicaid program. Once her husband returns stateside (LeighAnn indicated that could be in 6 mos.), she could reapply for W-D as his income will be reduced. LeighAnn took all the allowable deductions and there was no way to find her eligible at this time. Carolyn suggested I send a letter to Ms. Crosland (even though it was the husband who contacted US Army who, in turn, contacted US Sen. Graham) saying that we are sorry but she can reapply. I drafted response letters to Ms. Crosland & Sen. Graham & gave to Bob to edit before giving to Jenny. EPPSDEN 10/9/2007 12:18:41 PM

EDIT



Constituent ID

1041

Closed? ☐

Date Closed

Source Blue Log

Log No. 0177

Due Date 10/10/2007



Print this Form

Constituent Notes

SSN 251-51-0647

MEDICAID ID 0000000000

First Name

MI

Last Name

Amy

Crosland

Constituent Phone(s) (843) 667-4899

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

Billing Issue

Staff ID

Staff First Name

Staff Last Name

4

Denise

Epps

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/ Other

Entry Date 10/ 4/2007

Last Update 10/ 4/2007

Last Update User EPPSDEN

Apply

Cancel

Close

Constituent# 1041

	Notes ID	Entry Date	Last Update	Notes
▶	1673	10/4/2007	10/4/2007	Jennifer gave me this blue log in Jenny's absence. I will handle. Issue re: Tricare & Medicaid insurance issue. Will research. EPPSDEN 10/4/2007 11:35:25 AM

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
1785	10/11/2007	10/11/2007	LYNCHJEN	Came back with questions from Alicia. HCB5? Income
1748	10/10/2007	10/10/2007	CAULEY	Reviewed information, signed transmittal and forwarded t
1739	10/10/2007	10/10/2007	EPPSDEN	Per Mark, added HIPAA language in Senator's letter & g
1776	10/10/2007	10/10/2007	LYNCHJEN	Per Mark, added HIPAA language in Senator's letter & g

EDIT

Case Notes ID 1785

Notes

Came back with questions from Alicia:

HCB5? Income Trust?

If no, give her appeal rights.

Denise mentioned that LeighAnn had discussed the income trust with her and she didn't seem like she wanted to do it. I called LeighAnn and she said yes, she discussed it and mailed her 2 Income Trust agreements which are due back by 11/2/07 in order for her to reopen.

LYNCHJEN 10/11/2007 3:52:03 PM

Constituent Data

Constituent ID 1041

SSN 251510647

MEDICAID 00000000000000

First Name Army

Middle Initial

Last Name Crosland

Legislator / Other

Staff Data

Staff ID 4

Denise

Epps

Spell Check

Entry Date

Grammar Check

Last Update

Print this Form

Last Update User

Record : 1 / 6

1:30

From: Denise Epps
To: LeighAnn Pfannenstiel
Date: 10/4/2007 12:03 PM
Subject: need assistance, please re: Amy (Mims) Crosland
HH# 100680471

log letter needing response by 10/9 from Ms. Forkner to Sen. Graham and from Alicia to Ms. Crosland.

Ms. Crosland's husband is in Afghanistan (Sgt. Crosland) and has contacted US Army re: her need for attendant care. She has Tricare and Medicaid (was ABD, now W-D - but will end 11/1/07 for income).

Tricare will not pay for attendant care; however, Medicaid may through HCBS.

Can we get together briefly this afternoon? By the way, I can print DDI notices again :-)

before court review,
she never indicated she was married

W-D
earned income too much > both over

SS too much

we need proof this has stopped

older land atty - special needs b's
since she's under 65

✱

4EDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/07
MEDSPROD BUDGET GROUP DETERMINATION ACTION:

BUDGET GROUP PERIOD START: 11/24/06 END: PAGE: 1

HH NAME: MIMS AMY K HH NUMBER: 100680471
BGN: 68965147 PCAT: WD SPN: 9955 Div Central Proc ACT TYPE: MAINTENANCE
BG: CLOSED WKR: LPFAN LEIGHANN PFANNENSTI ACT DATE: 10/02/07

BUDGET GROUP COUNT: 1

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
-	MIMS AMY K	A	SELF	27	I	.014		

RETRO MONTHS REQUESTED(Y/N): N

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: LPFAN DATE: 10/02/07 SYSTEM ID: ELD3000 DATE: 10/02/07
ME904660 BUDGET GROUP INFORMATION FOUND
PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST+

→ Can't pay does not count toward income?

Wks ABD

Went to W-D. ~~so~~ on JDSN H&SCI Waiver.

Will close Nov. 1 due to income

Will needs attendance

Tricare will not pay for it; however, CLTC may
but what about W-D?

If not working, we apply & adjust income.

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/07
MEDSPROD MEMBER PERIOD START: 11/24/06 END: ACTION: PAGE: 0001

NAME: MIMS AMY K HH NAME: MIMS AMY K
RCP NUMBER: 8729978001 HH NUMBER: 100680471 ACTION TYPE: MAINTENANCE
SSN: 251-51-0647 VC: V APL STATUS: ACTION DATE: 09/21/05
PRIMARY INDIVIDUAL: APL CO: 21
1281 A BRITTANY DRIVE WORKER ID: LEAUL LOCATION: 001
SSCN: 251510647A RRN:

FLORENCEE SC 29501-
CORRECT RCP NUMBER: _____
DOB: 04/28/1980 RELATION: SELF
DOD: _____
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	
-	68965147	09/01/2005	11/01/2007	40	50	FULL	N	N	.00	9955
-	64575994	06/01/2002	09/01/2005	32	50	FULL	N		.63	
-		01/01/2001	06/01/2002	80					.63	
-		10/01/2000	01/01/2001	80					.63	

UPDATED: USER ID: BARBS DATE: 09/09/05 SYSTEM ID: BUY1000 DATE: 10/03/07
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

4EDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/07
MEDSPROD BUDGET GROUP DETERMINATION ACTION:

BUDGET GROUP PERIOD START: 11/24/06 END: HH NAME: MIMS AMY K PAGE: 1

BGN: 68965147 PCAT: WD SPN: 9955 Div Central Proc HH NUMBER: 100680471

BG: CLOSED WKR: LPFAN LEIGHANN PFANNENSTI ACT TYPE: MAINTENANCE ACT DATE: 10/02/07

BUDGET GROUP COUNT: 1

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
-	MIMS AMY K	A	SELF	27	I	014		

RETRO MONTHS REQUESTED(Y/N): N WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: LPFAN DATE: 10/02/07 SYSTEM ID: ELD3000 DATE: 10/02/07
ME904660 BUDGET GROUP INFORMATION FOUND

PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST+

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/07
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 11/24/06 END:

NAME: MIMS AMY K

HH NAME: MIMS AMY K

RCP NUMBER: 8729978001

HH NUMBER: 100680471

SSN: 251-51-0647 VC: V APL STATUS: ACTION TYPE: MAINTENANCE

APPLYING(A/NA): A

ACTION DATE: 09/21/05

DOB: 04/28/1980

AGE: 27

ALTERNATE RECIPIENT NUMBER:

DOD:

SEX: F FEMALE

RACE: 01 WHITE

SC RES(Y/N): Y QUESTIONABLE(Y/N): N

REL: SFI SELF

MEDICARE COVERAGE(Y/N): Y 251510647A

SSI APPLICATION DATE:

SS CLAIM NUMBER(Y/N): Y 251510647A

MARITAL STATUS: S SINGLE

RAILROAD NUMBER(Y/N): N

STUDENT STATUS:

LIV ARRANGEMENT: HOME HOME

GRADE:

PROVIDER NAME:

PREGNANT(Y/N): N EDC:

ADMISSION DATE:

#:

DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): Y RSP(Y/N): N

CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: 10/01/2000 VC:

CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): N

EARNED INC(Y/N): Y UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#:

REGISTER TO VOTE(Y/N): Y REASON: B

US ENTRY:

BIRTH CNTRY:

MEDICAL SERVICES LAST 3 MONTHS(Y/N): N

UPDATED: USER ID:

DATE:

SYSTEM ID: TTR1004 DATE: 09/14/07

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 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS