

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 <p style="text-align: center;">000177</p>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-10-07</i>
2. DATE SIGNED BY DIRECTOR <p style="text-align: center;"><i>Cleaved 10/12/07, letter attached.</i></p>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

10/02/2007 13:04 FAX 8039330857

SEN. L. GRAHAM COLA

001/005

*Log: Jacobs  
Mick King*

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

# UNITED STATES SENATE Fax Transmittal Sheet

TO: Hanna / SC Dept of Health & Human Services

FROM: Scott Trinkle

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 228B  
FLORENCE, SC 29501  
(843) 683-1505

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

530 JOHNNIE DODGE BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29564  
(843) 948-9987

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

138 EAGLES NEST DRIVE  
SUITE B  
SENECA, SC 29728  
(864) 688-3330

10/02/2007 02:04PM

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

UNITED STATES SENATE

October 1, 2007

RECEIVED

OCT 09 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

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/jjs

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 EWING STREET  
SUITE 228B  
FLORENCE, SC 29501  
(843) 669-1505

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

530 JOHNNIE DONNA BOULLEVAARD  
SUITE 402  
MOUNT PLEASANT, SC 29464  
(843) 849-3887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 966-4228

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

10/02/2007 02:04PM

LINDSEY O. GRAHAM  
FORM SENATOR



500 Capitol Square, Senate Building  
Washington, DC 20540  
202-512-1000

# 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 Crossland 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: Therop Crossland

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

In the space below, briefly describe the problem 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. Portland 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 a staff member 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

200 Hampton Street  
Suite 100  
Columbia, SC 29204  
803-933-0112

401 West Broad Street  
Suite 2000  
Riverside, SC 29170  
803-933-1185

501 East Broadway Street  
Suite 200  
Columbia, SC 29202  
803-250-1477

500 Second Street  
Suite 200  
Horry County, SC 29576  
843-684-4047

149 Bayshore Drive  
Suite 110  
Rock Hill, SC 29730  
803-960-4444

100 Lodge Road  
Suite 1  
Myrtle Beach, SC 29577  
803-666-3300

- > 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](mailto:mrs.canchola@us.army.mil)
- > <http://www.ngfamilyofone.org>
- >
- > -----Original Message-----
- > From: [throop.crosland@us.army.mil](mailto:throop.crosland@us.army.mil) [mailto:[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](mailto:Mike.Krell@us.army.mil)
- > Cc: [Plowden.Dickson@us.army.mil](mailto: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
- > assistanceto 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 their 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
- >



Log 0177 ✓

*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 black ink that reads "Emma Forkner".

Emma Forkner  
Director

EF/jcode

Enclosure



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,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs  
Interim Deputy Director

AU/code  
Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

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

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

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>revisit</i>	
2. <i>[Signature]</i>	<i>10/12/07</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

*Logi Jacobs  
Dir. Regs.*

# UNITED STATES SENATE Fax Transmittal Sheet

TO: *Hyman / Sc Dept of Health & Human Services.*

FROM: *Scott Trillick*

DATE: *10/1/07*

**RECEIVED**

OCT 09 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) 353-0112

401 West Evans Street  
Suite 328B  
Florence, SC 29501  
(843) 655-1505

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

530 Johnnie Dopes Boulevard  
Suite 202  
Mauler Puckett, SC 29454  
(843) 545-0587

140 East Main Street  
Suite 110  
Rock Hill, SC 29730  
(803) 365-2928

135 Eagles Nest Drive  
Suite B  
Seneca, SC 29678  
(864) 886-3330

10/02/2007 02:04PM

LINSEY O. GRAHAM  
FROM SENATOR



500 Russell Downs Green Building  
Washington, DC 20540  
202-224-5877

# 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 Brihany Drive

City: Florence State: SC Zip: 29501

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

Spouse's Name: Thoop 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: Randy M. Garland Date: 9/21/07

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) 933-0712  
Fax: (803) 933-0957

MAILING ADDRESS  
LINO 508  
Hampton, SC 29201  
803-933-0712

401 Wagon Wheel Street  
SAFTE 208  
Florence, SC 29501  
803-933-1585

501 ELECTROMANUFACTURING CENTER  
WALTERS  
400 W. 14th St  
Florence, SC 29502

500 JENNIFER DOWNS GREEN BUILDING  
WALTERS  
500 W. 14th St  
Florence, SC 29502

149 BAPTIST HOUSE  
WALTERS  
1000 14th St  
Florence, SC 29502

100 BRIDGE HOUSE DRIVE  
WALTERS  
1000 14th St  
Florence, SC 29502

- > 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 their 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) (343) 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	<p>10/4, LeighAnn, Donna, Carolyn &amp; 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 &amp; Sen. Graham &amp; gave to Bob to edit before giving to Jenny.</p> <p>EPPSDEN 10/9/2007 12:18:41 PM</p>	

EDIT

Constituent ID

Closed?

Date Closed

Source

Log No.  Due Date



Print this Form

SSN

MEDICAID ID

First Name  MI  Last Name

Constituent Phone(s)

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

Staff ID  Staff First Name  Staff Last Name

Point of Contact

Constituent Notes

Authorized Rep

Rep Phone

Relationship

Legislator/ Other

Entry Date

Last Update

Last Update User

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. HCBBS? 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

EDIT

Case Notes ID

Notes

Came back with questions from Alicia:  
 HCBBS? Income Trust?  
 If no, give her appeal rights.

Constituent Data

Constituent ID

SSN

MEDICAID

First Name

Middle Initial

Last Name

Legislator / Other

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

Staff Data

Staff ID

Spell Check

Grammar Check

Print this Form

Entry Date

Last Update

Last Update User

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 current reviews,  
she never indicated she was married

W-D  
earned income too much → both over

SS too much

we need proof this has stopped  
↑

older Don't ask - special needs trust  
since they under 65

ⓧ

EDHMS59 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  
WGK: 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+

→ *Conduct pay does not count toward income?*

*Mrs ABD  
went to W-D. so on JDSN Hasei Waiver.*

*will close Nov. 1 due to income*

*will needs attendants care*

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

*If not working, reapply & adjust income.*

MEMDMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/07  
 MEDSPROD MEMBER PERIOD START: 11/24/06 END: ACTION:  
 RECIPIENT INFORMATION 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 WORKER ID: LEAUL LOCATION: 001  
 1281 A BRITTANY DRIVE SSCN: 251510647A RRN:

FLORENCEE SC 29501-  
 CORRECT RCP NUMBER: \_\_\_\_\_  
 LIV ARRANGEMENT: HOME INCOME TRUST:  
 PROVIDER:

BG	BEG	END	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
64575994	06/01/2002	09/01/2005	32	50	FULL	N	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

EDHMS59 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  
BG: CLOSED WKR: LPPFAN 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: LPPFAN 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+

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/04/07  
 MEDSPROD MEMBER PERIOD START: 11/24/06 END: ACTION: 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 WORKER ID: LFAUL LOCATION: 001  
 1281 A BRITTANY DRIVE SSCN: 251510647A RRN:

FLORENCEE RACE: 01 SEX: F MARITAL STATUS: S  
 CORRECT RCP NUMBER: SC 29501- TPL INSURANCE: N RELATION: SELF  
 DOB: 04/28/1980 DOD:  
 LIV ARRANGEMENT: HOME INCOME TRUST:  
 PROVIDER:

BG	BEG	END	PCAT	QCAT	BENEFITS	OMB	RETRO	% OF	POV	SPONSOR
S NUMBER	ELIG	ELIG			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

EDHMS06 P  
MEDSPROD

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HOUSEHOLD MEMBER DETAIL

DATE: 10/04/07

MEMBER PERIOD START: 11/24/06 END:

ACTION:

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

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 04/28/1980

AGE: 27

DOD:

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

SEX: F FEMALE

RACE: 01 WHITE

MEDICARE COVERAGE(Y/N): Y 251510647A

REL: S F1 SELF

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

SSI APPLICATION DATE:

RAILROAD NUMBER(Y/N): N

MARITAL STATUS: S SINGLE

LIV ARRANGEMENT: HOME HOME

STUDENT STATUS:

GRADE:

PROVIDER NAME:

PREGNANT(Y/N): N EDC:

GRADE:

ADMISSION DATE:

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

#:

DATE OF DISCHARGE:

DISABILITY ONSET: 10/01/2000 VC:

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

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

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

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

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

US ENTRY:

BIRTH CNTRY:

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

UPDATED: USER ID:

DATE:

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

ME900063 RECIPIENT RECORD FOUND

SYSTEM ID: TTR1004

DATE: 09/14/07

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