

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

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>10/31/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000332</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11/7/06</i>
2. DATE SIGNED BY DIRECTOR <i>Cleaved on 11/7/06,</i> <i>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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES
INTERNATIONAL RELATIONS
EDUCATION AND THE WORKFORCE
HOUSE POLICY

Congress of the United States
House of Representatives

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGETURB*
RICHLAND*
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

October 26, 2006

RECEIVED

OCT 30 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Ms. Cindy Dyches
SSN 248-21-6687

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding her Medicare. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,



JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
MAILING ADDRESS: P.O. BOX 7381
COLUMBIA, SC 29202
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
E-MAIL: joe.wilson@mail.house.gov
WEBSITE: www.house.gov/joewilson

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2590
FAX: (843) 521-2595

OCT 02 2006

Jackie T. Holman, Mayor
Miles Loadholt
Town Attorney
Kenneth J. Bamberg
Police Chief
Charles Epps
Fire Chief
Harriett P. McKnight
Clerk and Treasurer



Council
Kelvin Isaac
M. Ann Pennell
Billy Johnson
Harry Falder, III
Rubert R. (Rues) Reed, Jr.
Patricia Brown

FAX: (803) 284-3243
PHONE: (803) 284-2444

DATE: Oct 2, 06

NUMBER OF PAGES (including this sheet): 4

FAX NUMBER: 1-803-939-0078

TO: Congressman Joe Wilson

FROM: Cindy Dyckes

COMMENTS:

Please check into this matter
for the my cell # is 803-300-3510
I give permission for you to contact
all my doctors
Thank you
Cindy Dyckes

Sept 22 06

Dear Congressman Wilson

You please asking you to help me with some assistance in getting my medicare reinstated so I can get the medical attention I need

I give my permission for you to contact my doctors and my Name is Cindy Archer

SS# 248-21-6687 Birthday 12-31-64

Address 886 Honeycuckle Rd

Blackville SC 29817, Cell phone #

(803) 380-3510 My letters

from my doctors are included

I filled for my disability due to the fact my other problems are having with Blood Sugar dropping suddenly and other sickness I have.

But yes you have my permission to check into all of this information

See given you

Thank you so much for your help in this matter

Sincerely yours
Cindy Archer



State of South Carolina
Department of Health and Human Services

332



Mark Sanford
Governor

Robert M. Kerr
Director

November 7, 2006

Ms. Cindy Dyches
886 Honeysuckle Road
Blackville, South Carolina 29817

Dear Ms. Dyches:

Congressman Joe Wilson asked our agency to respond to your questions about Medicaid eligibility and healthcare needs.

We attempted to contact you by telephone at 803-300-3510, but were unable to leave a message. Please call Bob Liming at 803-898-2621 and he will be glad to address specific questions you may have about Medicaid eligibility.

Your prior coverage under Medicaid's Low Income Families (LIF) program ended in February 2006 because you no longer have an eligible child in your household. LIF requires recipients to meet certain financial and categorical requirements. You currently receive Family Planning Medicaid, which provides limited family planning service coverage only.

Unfortunately, your application for disability with the Social Security Administration (SSA) was denied. Medicaid uses the same disability requirements to determine eligibility for our Aged, Blind or Disabled (ABD) program; therefore, we must adopt their decision. Please call the Columbia SSA Office of Adjudication and Review at 803-799-7771 with any questions about your disability denial.

We mailed you information on a number of programs that can provide medical and prescription help to people with limited incomes. I hope this information proves helpful in meeting your healthcare needs.

Sincerely,


Gary Ries
Deputy Director



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

November 29, 2006

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

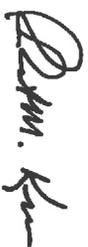
Thank you for referring Ms. Cindy M. Dyches to our agency regarding her Medicaid eligibility and healthcare needs.

We were unable to reach Ms. Dyches by telephone so we responded in writing. As indicated in her letter, Ms. Dyches has applied for disability. Since the Social Security Administration (SSA) administers the disability benefits payment program and denied her application for disability, we advised her how to contact the SSA Office of Adjudication and Review regarding her case. Medicaid uses the same disability requirements to determine eligibility for our Aged, Blind or Disabled (ABD) program; therefore, her application for ABD was also denied.

We 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 on this or any other matter, please let me know.

Sincerely,


Robert M. Kerr
Director

RMK/rjoi



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Ms. Cindy Dyches
886 Honeysuckle Road
Blackville, South Carolina 29817

Dear Ms. Dyches:

Congressman Joe Wilson asked our agency to respond to your questions about Medicaid eligibility and healthcare needs.

We attempted to contact you by telephone at 803-300-3510, but were unable to leave a message. Please call Bob Liming at 803-898-2621 and he will be glad to address specific questions you may have about Medicaid eligibility.

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We mailed you information on a number of programs that can provide medical and prescription help to people with limited incomes. I hope this information proves helpful in meeting your healthcare needs.

DS
Sincerely,

Gary Ries
Deputy Director

GR/jol

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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

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As indicated in her letter, Ms. Dyches has applied for Disability

~~Her previous coverage under Medicaid's Low Income Families (LIF) program ended in February 2006 because she no longer has an eligible child in her household. LIF requires recipients to meet certain financial and categorical requirements. Ms. Dyches does receive Family Planning Medicaid, which provides limited family planning service coverage only.~~

We 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 on this or any other matter, please let me know.

Sincerely,

Robert M. Kerr
Director

RMK/rjoi

Medicaid Programs / Other Resources Check List

Log # 0332

Legislator/Inquirer: Congressman Wilson

Constituent: Cindy Dychas

SS#: 248-21-6687

PROBLEM / ISSUE:		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS	OTHER RESOURCE
Client upset over LIF coverage ended, but they no longer have eligible child		2	LIF ^{LIF} 936/833	ABD	Communicare
		STAFF PERSON		Foster Children	FQHC
		Bob Himing		HCBWS	Free Medical Clinics
DATE	ACTIONS TAKEN TO HELP:			LIF	Medicare
10/31/06	Get file from Jenny, locate in MEDS, e-mail worker re status, can't reach client by phone			MAO	MiAP
11/1/06	Call twice trying to reach client, can't leave a message, e-mail case worker			MBCCP	Prescription Drug Programs
11/2/06	Jenny verifies ABD denied 10/16 when we adopted SSA decision			Optional Supplement	Social Security
11/2/06	Again try to reach by telephone, mail CRC, MiAP, prescription data			PHC	TogetherRX
10/3/06	locate tel #, but this one disconnected, verify in MEDS child now 18, not in school - LIF terminated			Pregnant Women/Infants	
10/3/06	Husband fully covered under Medicare, including Extra help Part D			SILVERxCARD	
10/3/06	Complete letters, did one to Congressman since it was requested			SLMB	
				SSI	
				TEFRA	
				Working Disabled	

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/03/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: DYCHES CINDY ACTION TYPE: APPLICATION
HH NUMBER: 100624201 APL STATUS: LOCKED ACTION DATE: 12/30/05
APPL EFFECTIVE DATE: 12/29/2005 WORKER: LPRIE LINDA PRIESTER
MAIL IN(Y/N): N WORKER'S COUNTY: 06 BARNWELL
APPLICANT'S COUNTY: 06 BARNWELL
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
886 HONEYSUCKLE ROAD REASON FOR APPLICATION:

BLACKVILLE SC 29817- ADULT WITH CHILDREN(Y/N): Y
RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): Y
INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): Y
AGED(Y/N): N

LIMITED DATA COLLECTION: 00 NONE
PHONE: H: 803-284-9502 W: SC - - FIRST SIGNATURE OBTAINED(Y/N): Y
UPDATED: USER ID: LPRIE DATE: 12/30/05 SYSTEM ID: HMS5000 DATE: 12/30/05
WITHDRAW APPLICATION(W/C/N): N
ME904667 APPLICATION RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
PF10->PREV MENU PF13->FIELD LEVEL HELP

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 09/25/06 END: PAGE: 0001

NAME: DYCHES CINDY HH NAME: DYCHES CINDY

RCP NUMBER: 5062322002 HH NUMBER: 100624201 ACTION TYPE: MAINTENANCE

SSN: 248-21-6687 VC: V APL STATUS: ACTION DATE: 09/25/06

PRIMARY INDIVIDUAL: APL CO: 06 WORKER ID: LPRIE LOCATION: 001

886 HONEY SUCKLE RD SSCN: 248331621B2 RRN:

RACE: 01 SEX: F MARITAL STATUS: M

TPL INSURANCE: N RELATION: SELF

DOB: 12/31/1964 DOD:

BLACKVILLE SC 29817- CORRECT RCP NUMBER: LTV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	CHIP			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	29145426	02/01/2006	55	30	LIMITED	N	Y		.95	
-	78926517	09/01/2005	02/01/2006	59	30	FULL	N	N	.30	
-	90627233	11/01/2001	09/01/2005	59	30	FULL	N		1.54	

UPDATED: USER ID: LPRIE DATE: 12/30/05 SYSTEM ID: TTR1001 DATE: 01/04/03
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

248-21-6687

Cindy Dyches

letter to worker on
10/1/06
Adopting disallowance

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
 MEDSPROD RECIPIENT INFORMATION ACTION:
 MEMBER PERIOD START: 09/25/06 END: PAGE: 0001

NAME: DYCHES CINDY HH NAME: DYCHES CINDY

RCP NUMBER: 5062322002 HH NUMBER: 100624201 ACTION TYPE: MAINTENANCE

SSN: 248-21-6687 VC: V APL STATUS: ACTION DATE: 09/25/06

PRIMARY INDIVIDUAL: APL CO: 06 WORKER ID: LPRIE LOCATION: 001

886 HONEY SUCKLE RD SSCN: 248331621B2 RRN:

RACE: 01 SEX: F MARITAL STATUS: M

TPL INSURANCE: N RELATION: SELF

DOB: 12/31/1964 DOD:

BLACKVILLE SC 29817- LTV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	CHIP			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	29145426	02/01/2006	55	30	LIMITED	N	Y		.95	
-	78926517	09/01/2005	02/01/2006	59	30	FULL	N	N	.30	
-	90627233	11/01/2001	09/01/2005	59	30	FULL	N		1.54	

UPDATED: USER ID: LPRIE DATE: 12/30/05 SYSTEM ID: TTR1001 DATE: 01/04/03
 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

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: DYCHES CINDY

ACTION TYPE: MAINTENANCE

HH NUMBER: 100624201 APL STATUS:

ACTION DATE: 09/25/06

APPL EFFECTIVE DATE: 09/25/2006

WORKER: LPRIE LINDA PRIESTER

MAIL IN(Y/N): N

WORKER'S COUNTY: 06 BARNWELL

APPLICANT'S COUNTY: 06 BARNWELL

COURTESY APPLICATION(Y/N): N
MAILING ADDRESS:
886 HONEY SUCKLE RD

PRIMARY LANGUAGE: E ENGLISH

REASON FOR APPLICATION:

ADULT WITH CHILDREN(Y/N): N
CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): Y
AGED(Y/N): N

BLACKVILLE SC 29817-

RESIDENCE ADDRESS:

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

WITHDRAW APPLICATION(W/C/N): N

PHONE: H: - - W: SC - - DATE: 10/17/06 SYSTEM ID: HMS5000 DATE: 09/25/06

UPDATED: USER ID: LJONE

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+

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 09/25/06 END:

NAME: DYCCHES CINDY HH NAME: DYCCHES CINDY

RCP NUMBER: 5062322002 HH NUMBER: 100624201 ACTION TYPE: MAINTENANCE

SSN: 248-21-6687 VC: V APL STATUS: ACTION DATE: 09/25/06

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 12/31/1964 AGE: 41 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 248331621B2

REL: SFI SELF 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: N 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: G

US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: LPRIE BIRTH DATE: 09/25/06 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

AEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 02 / 2006 THRU: ___ / ___ HH NUMBER: 100624201
 PAGE: 3 OF 3

HH NAME: CINDY DYCHES CATEGORY: FP ACTION TYPE: MAINTENANCE
 BG NUMBER: 29145426 WKR: LOWAJ LOWANN JOHNSON ACTION DATE: 03/03/06

BG: A BGP: A RCP NAME: CINDY DYCHES RCP NUMBER: 5062322002
 PREVIOUS BG: NEW BG: CORRECT RCP NUMBER: _____

IT: PING-PONG: RETRO: N EXPARTE: N QMB: N PROT PER DATE: _____
 ACTUAL ELIGIBILITY DATES

LIMITED

---BENEFIT BEGIN	DATES---	--MEDICAID+QMB BEGIN	DATES--	SERVICE TYPE	REASON CODE 1	REASON CODE 2
02/01/2006						

UPDATED: USER ID: LOWAJ DATE: 03/03/06 SYSTEM ID: ELD3000 DATE: 03/03/06
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
 PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

MEDEL000 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
HH NAME: CINDY DYCHES DATES-FROM: 08 / 2005 THRU: ___ / ___ PAGE: 1 OF 3
BG NUMBER: 78926517 CATEGORY: LIF QCAT: 30 HH NUMBER: 100624201
BG: C BGP: C WKR: JULIJ JULIE JONES ACTION TYPE: MAINTENANCE
ACTION DATE: 12/14/05

REQUIREMENTS - CINDY D - - - - -
APPLYING: A
CITIZENSHIP: P
RESIDENCY: P
SSN: P
PREGNANCY: N/A
AGE: P
RELATIONSHIP: P
IDENTITY: P
DISABLED/BLIND: N/A
ASSIGNMENT OF RIGHTS: P
REFERRAL TO OTHER BENEFITS: P
LIVING ARRANGEMENTS: N/A
UPDATED: USER ID: JULIJ DATE: 12/14/05 SYSTEM ID: ELD3000 DATE: 12/14/05
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
PF1->HELP PF3->NEXT SCR PF5->HH MBR DTL PF6->RETURN PF10->MENU PF13->FIELD HELP
PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST+

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 08 / 2005 THRU: / PAGE: 2 OF 3

HH NAME: CINDY DYCHES CATEGORY: LIF HH NUMBER: 100624201
BG NUMBER: 78926517 ACTION TYPE: MAINTENANCE
BG: C BGP: C WKR: JULIJ JULIE JONES ACTION DATE: 12/14/05

COUNTABLE BG MEMBERS: 1
COUNTABLE INCOME: 241.60 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 387.00 RESOURCE LIMIT: 0.00
POV-LVL: +.30 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 12/14/05
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 05/19/06
MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____
REASON(S) FOR DENIAL/CLOSURE/CHANGE:
085 Your child is not a full-time student.

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _
APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _
UPDATED: USER ID: JULIJ DATE: 12/14/05 SYSTEM ID: ELD3000 DATE: 12/14/05
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

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 08 / 2005 THRU: / / PAGE: 3 OF 3

HH NAME: CINDY DYCHES CATEGORY: LIF HH NUMBER: 100624201
BG NUMBER: 78926517 ACTION TYPE: MAINTENANCE

BG: C BGP: C WKR: JULIJ JULIE JONES ACTION DATE: 12/14/05

RCP NAME: CINDY DYCHES RCP NUMBER: 5062322002

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

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

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---	--MEDICAID+QMB DATES--	SERVICE TYPE	REASON CODE 1	REASON CODE 2
BEGIN END	BEGIN END			
09/01/2005 02/01/2006			085	

UPDATED: USER ID: JULIJ DATE: 12/14/05 SYSTEM ID: ELD3000 DATE: 12/14/05
 ME900053 PAGE REQUEST SET TO THE LAST PAGE
 PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
 PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

4EDHMS91 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD HH MBR PARENTAL/CITIZENSHIP/IDENTITY DETAIL ACTION:

NAME: DYCHES CINDY HH NAME: DYCHES CINDY
RCP NUMBER: 5062322002 HH NUMBER: 100624201 ACTION TYPE: MAINTENANCE
SSN: 248-21-6687 APL STATUS: ACTION DATE: 09/25/2006

COUNTY OF BIRTH: (FOR SC BIRTHS ONLY)

MOTHER'S INFORMATION: FATHER'S INFORMATION:
FIRST NAME: FIRST NAME:
MAIDEN NAME: LAST NAME:

CITIZENSHIP INFORMATION: IDENTITY INFORMATION:
PROOF OF CITIZENSHIP VERIFIED(Y/N): Y PROOF OF IDENTITY VERIFIED(Y/N): Y
SRC DOCUMENT: SDX SDX DATA MATCH SRC DOCUMENT: SDX SDX DATA MATCH
OTHER DESC: OTHER DESC:
SRC DOCUMENT#: SRC DOCUMENT#:
STATE OF ORIGIN: STATE OF ORIGIN:

UPDATED: USER ID: DATE: SYSTEM ID: SDX0002 DATE: 07/15/06
ME900063 RECIPIENT RECORD FOUND
PF1->HELP PF2->PREV MBR PF3->NEXT SCR PF4->REFH PF6->RETURN PF9->HH NOTES
PF10->MENU PF13->FIELD HELP PF21->HIST- PF22->HIST+ PF23->SDX01

EDHMS90 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD HH MBRS CITIZENSHIP/IDENTITY SUMMARY

HH NAME: DYCCHES CINDY PAGE: 1
HH NUMBER: 100624201 APL STATUS: ACTION TYPE: MAINTENANCE
ACTION DATE: 09/25/2006

S	RCP NUMBER	PI	NAME	AGE	PARENTS (Y/N)?	CTZNSHIP/ID VRF COMP(Y/N)?
-	5062322001		CALVIN M DYCCHES	041	N	Y
-	5062322002	*	CINDY DYCCHES	041	N	Y

ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF3->NEXT SCR PF6->RETURN PF7->PREV PF8->NEXT
PF9->NOTES PF10->PREV MENU PF13->FIELD HELP

MEDHMS07 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/03/06
MEDSPROD HOUSEHOLD MEMBERS ACTION:

HH NAME: DYCHES CINDY ACTION TYPE: APPLICATION
HH NUMBER: 100624201 APL STATUS: LOCKED ACTION DATE: 12/30/05

PAGE: 0001

COMPLETE FOR ALL HOUSEHOLD MEMBERS

A/	RCP	PRG	B/D						
S NA	NUMBER	NAME	CAT1	CAT2	REL	AGE	Y/N	Y/N	LA
NA	2051335701	CHRISTEL E DYCHES			CHILD	018	N	N	HOME
NA	5062322001	CALVIN M DYCHES			SELF	041	N	Y	HOME
A	5062322002	CINDY DYCHES	ABD		SELF	041	N	N	HOME

UPDATED: USER ID: LPRIE DATE: 12/30/05 SYSTEM ID: HMS5000 DATE: 12/30/05
ME904667 APPLICATION RECORD FOUND

PF1->HELP PF2->HH MEMBER DETAIL PF3->NEXT SCR PF4->REFRESH PF6->RETURN
PF7->PREV PF8->NEXT PF10->MENU PF13->FIELD LEVEL HELP