

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-4-07</i>
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<p align="center">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER 000180</p> <p>2. DATE SIGNED BY DIRECTOR <i>Cleared 10/31/07, letter attached.</i></p>	<p align="center">ACTION REQUESTED</p> <p><input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>10-11-07</u></p> <p><input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____</p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p>
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	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.				

JIM DEMINT
SOUTH CAROLINA

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION

ENERGY AND NATURAL RESOURCES

CHAIRMAN, SENATE STEERING COMMITTEE
340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

FOREIGN RELATIONS

JOINT ECONOMIC

October 2, 2007

RECEIVED

OCT 04 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner

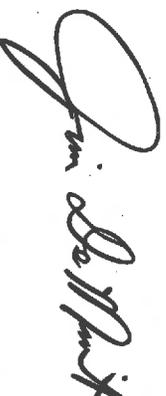
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Ms. Forkner,

I am writing to refer a matter involving my constituent, Mr. Robert J. Daly, IV, and his request for assistance with a Medicaid denial issue. Enclosed is a copy of his letter for your review.

I would greatly appreciate your responding directly to Mr. Daly about this issue. I have informed Mr. Daly that I would refer him to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.
Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 777-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

JIM DEMINT
SOUTH CAROLINA

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United States Senate

PRIVACY ACT RELEASE FORM

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, Robert J. Daly II, do hereby authorize Senator Jim Demint and/or his staff to access the information necessary to assist me.

Signature

Robert J. Daly II

Address

202 Swampfox Drive
Fort Mill, S.C. 29715

Telephone

(803) 547-0322

Social Security Number

001-64-1100

Date of Birth

08-20-1971

Medicare Number

001-64-1100-A (Parts A, B, + D)

Plan Name

Medicare Health Insurance BCBS Net Blue
prescription plan

Date of Incident

on-going
ID: 257124166589
Group # RX 4237

Brief explanation of situation:

Two important issues to me: I am on Federal Disability, and am

medically required to have a Remicade injection every 6-8 week

I only receive disability income and have medicare, so I am
unable to afford the \$560.00 per dose out of pocket which
Medicare doesn't cover. Also, I was turned down by my student loan

Are you currently or have you previously received assistance in this situation from another company for
Senator or Member of Congress? Yes No company for →

If Yes, which Member? Senator Lindsey Graham, Rep. John Spraff

Return to:

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waiver due to being physically disabled, under federal law, I clearly qualify for this student loan waiver, but was given the turn-down by my student loan company, with their reason that I could get a job working from home. This would not solve the issue of my income, and due to my condition, I find this to be wrongly ludicrous as a reason for turning down my application for a waiver of my federal student loans. I am contacting your office to request that this somehow be over-turned and have my application for waiver be overturned and approved by the US. Dept. of Education. My student loan company is Great Lakes Educational Loan Services, Inc.

On the first issue, with my Remicade treatment, I had applied for Medicaid, and was turned down due to my disability income being approximately \$15.00 over the income requirements.

Please, Senator DeMint, assist me with these issues if you can. I would truly and greatly appreciate it. Thank you,

Robert A. DeG

Robert J. Daly IV
202 Swampfox Drive
Fort Mill, S.C. 29715
(803) 547-0322
July 18, 2007

US Senator, Jim Demint
1901 Main Street, Suite 1475
Columbia, S.C. 29201
RE: Medicaid

Dear Senator Demint:

I am writing to you at this time to request your assistance with a government program, and a decision having been made which appears to be very unfair to me.

I am currently on Federal Disability through the Social Security Administration. I've fallen on bad times, as my condition of Chronic Ulcerative Colitis has deteriorated, which is enhanced and agitated by my mental disorders, namely, chronic depression, social and generalized anxiety disorders. As my system has taken a downfall and I am unable to work, in that I am now on permanent disability, I have been ordered by my doctor to enter into hospital infusion medicine called remicade treatments.

I currently receive Medicare through my disability. However, as disability is my only source of income, I have found that I have had to postpone treatments due to the cost of each infusion of remicade costing \$3000.00 per treatment. Medicare will cover all but approximately \$600.00 of the costs for this treatment. With my current SSA Disability income, I cannot afford these treatments, on top of my living expenses, regular lab testing, approximately \$100.00 per month for doctor's visits, and my prescription co-pays of \$6.00 to \$26.00 per prescription per month. I am on five medications due to my condition, which does not include the hospital treatments of remicade.

I have recently applied for Medicaid as a supplemental coverage, and was turned down, due to my disability income being higher than their set standards for income. I had contacted the Dept. of Health and Human Services, requesting an appeal. However, I have been informed that my medical condition, medical expenses and living expenses are not considered in an appeal for Medicaid. They will only consider the bottom line with regards to my gross income and their financial requirements. My gross monthly payment from SSA Disability is \$916.70. The department of Health and Human Services will allow for a \$50.00 adjustment in coming to a decision, which gives me a gross income being considered of \$866.70. The income requirement, as I have been informed from the Rock Hill Office, is \$851.00. Therefore, I receive an income of \$15.70 too much per month to qualify for Medicaid.

This leaves me in a great dilemma, as I must pay several hundred dollars per month on medical bills alone, and being disabled to work, I just cannot afford my healthcare treatments.

Further, the office of Health and Human Services had given me a list of organizations to contact in order to receive possible assistance. I contacted every organization on the list for South Carolina, including the drug company programs directly, and I've been disqualified in every case, due to my being on Medicare, which I can't possibly give up on receiving.

Please, Mr. Demint, can you assist me with this situation? I am very close to meeting the requirements for Medicaid as a supplemental form of insurance, as I just cannot afford my medical expenses on my current income. Is it possible for the Commissioner to get involved, or for your office to somehow find me a way to get approved for Medicaid? I just don't know what else I can do.

Mr. Demint, I very much appreciate your efforts, and I am enclosing some information below which may be helpful to your office. Thank you so very much for considering my request. Thank you for all you do for the people of your district.

Sincerely,



Robert J. Daly IV

Social Security # 001-64-1100
Case #19668244



Log 0180 ✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 31, 2007

The Honorable Jim DeMint
Member, United States Senate
1901 Main Street, Suite 1475
Columbia, South Carolina 29201

Dear Senator DeMint:

Thank you for referring Mr. Robert J. Daly, IV, to our agency with his concerns regarding Medicaid eligibility.

A member of our staff has been in direct contact with Mr. Daly regarding Medicaid eligibility and the rules and regulations governing the program. We also provided Mr. Daly with information on other programs and organizations that can assist residents in South Carolina with their prescription medications.

Generally, individuals receiving Social Security benefits receive a Cost of Living Adjustment (COLA) each January. If the COLA adversely affects Medicaid eligibility, the adjustment can be disregarded.

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 do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner
Director

EF/jcodc



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 31, 2007

Mr. Robert J. Daly IV
202 Swampfox Drive
Fort Mill, South Carolina 29715

Dear Mr. Daly:

Senator Jim DeMint asked our agency to assist with your questions and concerns about Medicaid eligibility.

We have reassessed your eligibility determination and are pleased to inform you that your application for Aged, Blind or Disabled (ABD) Medicaid has been approved with an effective date of April 1, 2007. You should be receiving the approval letter within the next two weeks.

Generally, individuals receiving Social Security benefits receive a Cost of Living Adjustment (COLA) each January. If the COLA adversely affects Medicaid eligibility, the adjustment can be disregarded.

Also you currently have Medicaid coverage under the Specified Low Income Beneficiaries (SLMB) program. Under SLMB, Medicaid pays your Medicare Part B premium of \$93.50 monthly.

We apologize for the inconvenience this process has caused you. If you have additional questions about the Medicaid program, please contact Sheila Chavis at (803) 898-2707 or (toll free) 1-888-549-0820, Ext. 2707.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/code

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-4-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000180</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-11-07</i>
2. DATE SIGNED BY DIRECTOR <i>10/30/07</i> <i>[Signature]</i>	<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. <i>[Signature]</i>	<i>10/26/07</i> <i>10/11/07</i>		
2. <i>[Signature]</i>	<i>10/30/07</i>		
3.			
4.			

JIM DEMINT
SOUTH CAROLINA

CHAIRMAN, SENATE STEERING COMMITTEE

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United States Senate

October 2, 2007

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COMMERCE, SCIENCE AND
TRANSPORTATION

ENERGY AND NATURAL RESOURCES

FOREIGN RELATIONS

JOINT ECONOMIC

Logi Jacobs
Mr. W

RECEIVED

OCT 04 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Dear Ms. Forkner,

I am writing to refer a matter involving my constituent, Mr. Robert J. Daly, IV, and his request for assistance with a Medicaid denial issue. Enclosed is a copy of his letter for your review.

I would greatly appreciate your responding directly to Mr. Daly about this issue. I have informed Mr. Daly that I would refer him to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.

Sincerely,



Jim DeMint
United States Senator

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PRIVACY ACT RELEASE FORM

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Signature Robert T. Daly II

Address 202 Swampfox Drive
Fort Mill, S.C. 29715

Telephone (803) 547-0322

Social Security Number 001-64-1100

Date of Birth 08-30-1971

Medicare Number 001-64-1100-A (Parts A, B, + D)

Plan Name Medicare Health Insurance / BC/BS Met Blue
on-going / prescription plan
ID: 257124166589
Group # RX 4237

Brief explanation of situation:
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medically required to have a Remicade injection every 6-8 weeks
I only receive disability income and have medicare, so I am
unable to afford the \$560.00 per dose out of pocket which
Medicare doesn't cover. Also, I was turned down by my student loan
company for
Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes No

If Yes, which Member? Senator Lindsey Graham, Rep. John Spraff

Return to

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112 CUSTOM HOUSE
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COLUMBIA, SC 292
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waiver due to being physically disabled under Federal law, I clearly qualify for this student loan waiver, but was given the turn-down by my Student Loan Company, with their reason that I could get a job working from home. This would not solve the issue of my income, and due to my condition, I find this to be wrongly ludicrous as a reason for turning down my application for a waiver of my federal student loans. I am contacting your office to request that this somehow be over-turned and have my application for waiver be over-turned and approved by the US Dept of Education. My student loan company is Great Lakes Educational Loan Services, Inc.

On the first issue, with my Remicade treatment, I had applied for Medicaid, and was turned down due to my disability income being approximately \$15.00 over the income requirements.

Please, Senator DeMint, assist me with these issues if you can. I would truly and greatly appreciate it. Thank you,

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Fort Mill, S.C. 29715
(803) 547-0322
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I have recently applied for Medicaid as a supplemental coverage, and was turned down, due to my disability income being higher than their set standards for income. I had contacted the Dept. of Health and Human Services, requesting an appeal. However, I have been informed that my medical condition, medical expenses and living expenses are not considered in an appeal for Medicaid. They will only consider the bottom line with regards to my gross income and their financial requirements. My gross monthly payment from SSA Disability is \$916.70. The department of Health and Human Services will allow for a \$50.00 adjustment in coming to a decision, which gives me a gross income being considered of \$866.70. The income requirement, as I have been informed from the Rock Hill Office, is \$851.00. Therefore, I receive an income of \$15.70 too much per month to qualify for Medicaid.

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Mr. Demint, I very much appreciate your efforts, and I am enclosing some information below which may be helpful to your office. Thank you so very much for considering my request. Thank you for all you do for the people of your district.

Sincerely,



Robert J. Daly IV

Social Security # 001-64-1100
Case #19668244

From: Sheila Chavis
To: Beth Dills
Date: 10/12/2007 2:13 PM
Subject: Robert J Daly IV RCP#4780745737
CC: Jill Bryant

This office received a referral from Senator Jim DeMint asking this agency to help Mr. Daly. Apparently he was denied ABD because he was \$15,70 over the income limit. Could you check this case and see if Mr. Daly's COLA was disregarded when this determination was made? According to Carolyn Roach and Alicia Jacobs the COLA can be disregarded upon initial application. Please respond as soon as possible. Thanks for your assistance in this matter.

Sheila Chavis
Div. of Constituent Services
(803) 898-2707

Division of Constituent Services
Case Tracking Information

Chronology:

Client Name: Robert J. Daly IV **Constituent ID#:** 1042

10/5/07—Given Blue Log Letter from Bob Liming to handle this case.

10/5/07—T/C to Mr. Robert J. Daly at (803) 547-0322—this line was busy, called at 4:36 PM.

10/10/07—Sent email to Janet Giles to see if Medicaid would cover Remicade treatments.

10/10/07—T/C to Robert Daly at (803) 547-0322—I explained to him that he did not qualify for ABD because he was over the income limits. Mr. Daly stated that he was not able to get his Remicade injection this month because he could not afford it. I asked him if he received any information on prescription resources and he said no. The resources he received were from the Department of Social Services. Mr. Daly stated that he tried to apply for the Remicade program but he did not qualify because of his income. I asked Mr. Daly if he received a cost of living increase in his Medicare check and he said no that he has been receiving \$916.70 for a while. Mr. Daly stated that his drug plan is currently with Blue Cross Blue Shield and they will not cover the Remicade injection because they don't cover IV medications. I explained to Mr. Daly that he could contact the Lt. Governor's Office on Aging and see if there is another Part D prescription Drug plan that will cover this medication. I gave him Pamela Grant's name, toll free number and local number to this office. I also explained to him that he is currently receiving SLMB, which means that Medicaid is paying his Medicare Part B premium; he stated that this was also explained to him. I told Mr. Daly that he would receive a letter explaining all of the above. I also told him to check back with me around March when the income guidelines change for ABD to see if he would qualify. Mr. Daly has my name, direct line and toll free number if he has any further questions or concerns.

10/10/07—Received email from Janet Giles asking if this drug is administered in the doctor's office.

10/10/07—T/C to Mr. Robert Daly—he stated that he currently gets the Remicade injection at Palmetto Infusions Clinic in Rock Hill, SC. His doctor prescribed this treatment. Mr. Daly was told by his doctor that he could go to the hospital for treatments or the clinic, but that treatments were cheaper at the clinic.

10/10/07—Sent email to Janet Giles explaining that his doctor prescribes treatment and he received the injection at the Palmetto Infusions Clinic in Rock Hill, SC.

10/10/07—Received email from Janet Giles stating that this would be a Pharmacy issue, whichever department handles infusion centers (probably either Physician's Services or Hospital Services) would have to answer the coverage question in this case. She stated they don't pay for drugs administered in Clinics.

10/10/07—Staffed this case with Jennifer Dabbs to see if letter needs to be sent to Senator DeMint and if information about Mr. Daly's student loan needs to be addressed in the letter. Please note that student loan information was crossed out of the first letter.

10/10/07—Jennifer stated to send letter to Senator DeMint and NOT to include student loan information because it appears that Mr. Daly has already spoken with someone at the US Dept. of Education in regards to this issue.

10/10/07-- Letters given to Denise Epps to proof read

10/10/07—Letters returned and corrections made

10/10/07—Blue Log letters given to Jennifer Dabbs for review

10/11/07—Meeting with Jennifer Dabbs and Mark Orf—Mark had some questions about who was paying the \$600.00 of the Remicade treatment. I explained that Mr. Daly is only receiving Medicare and has a Part D drug plan with BCBS. Mark does not want certain

verbiage in log letter about referring Mr. Daly to Pamela Grant of the Lt. Governor's office on Aging. Mark made suggestions for the letter.

10/11/07—T/C to Robert Daly—I asked him if Medicare was the only insurance he had and he said yes. I also asked who provided him with the list of organizations. He stated that he received resources, over the phone, from someone at DSS and DHHS. I went over some of the prescription medication resources to ensure that we were not duplicating services. Mr. Daly stated that he did not receive these resources. I explained that this information would be mailed along with a letter.

10/11/07—T/C to Pamela Grant—She stated that Medicare Part B pays for Remicade Injections. Medicare pays 80% and the recipient is responsible for 20%. Pam stated that the only way he could get the 20% paid is thru a Supplemental program but since Mr. Daly is under age of 65 the premiums will be \$200.00 and up. Pam stated there are only six companies that offer a supplemental plan to individuals under the age of 65. I told her that I would call her back if this information is needed.

10/11/07—Made corrections to letter and gave it to Jennifer for review.

10/11/07—Jennifer gave letter back with edits.

10/11/07—Corrections made to letter and given Mark Of for review.

10/12/07—Sent email to Beth Dills and Jill Bryant asking if the COLA was disregarded for Mr. Daly at time of application. I told them according to Carolyn Roach and Alicia Jacobs the COLA can be disregarded upon initial application.

10/15/07—Received email from Beth Dills stating that according to regional trainer, Kit Frazer, the policy is addressed in MPPM 303.01.03A if at the annual COLA re-budget a Medicaid beneficiary loses eligibility due to the SS increase, this increase can be disregarded. Mr. Daly applied for ABD on June 7, 2007. This was after the COLA re-budgets had been done. She stated Mr. Daly was eligible for SLMB and was referred to CLTC for possible services.

10/15/07—Sent email to Beth Dills and Kit Frazer reaffirming that the COLA was not taken into consideration when Mr. Daly applied for ABD June 7, 2007.

10/15/07—Received email from Beth Dills stating that the COLA was not considered because policy states re-budgets, not applications.

10/15/07—Sent email to Beth Dills and Kit Frazer—stating that according to Carolyn Roach and Alicia Jacobs per (MPPM 303.01.03-Income) the COLA can be disregarded at initial application. I told them this was a blue log letter that was returned by Alicia Jacobs asking if the COLA had been disregarded along with the printed manual section above and asked that I check on this.

10/15/07—Received email from Beth Dills stating that they are checking with the regional trainer.

10/15/07—Received email from Kit Frazer—she stated to please read the section 303.01.03. It says that if the client loses their eligibility because of a COLA increase we disregard the increase. If the client was never eligible, the policy does not apply. Even if the client loses the Medicaid coverage for 3 consecutive months they are not eligible for the disregard. She doesn't think that Carolyn and Alicia realized that this client was not losing eligibility because he was not originally eligible. If this client was eligible and lost his eligibility due to the increase then he would be eligible.

10/15/07—Staffed this case with Carolyn Roach—she read the last email from Kit Frazer and asked that this be forwarded to her and she would contact Ms. Frazer. Carolyn stated that COLA could be disregarded at the time of application.

10/15/07—Email from Kit Frazer forwarded to Carolyn Roach.

10/15/07—Received email from Carolyn Roach to Kit Frazer—Carolyn stated, "We were aware the client was never eligible. MPPM 303.01.03 states you can use the old amounts at application". Carolyn stated that she has a meeting until 4 today and told Kit to let her know if she has any questions and she will call her back.

10/15/07—Received email from Kit Frazer—she apologized for the confusion. She said her understanding is the COLA increase cannot be disregarded until the FPL changes and that is usually in March. The other COLA policy 301.01.03A is used after the eligibility has been established and an increase in SSA or RRR causes ineligibility. She stated she has emailed Carolyn to get an answer.

10/19/07—Jennifer asked me what the status of this case was. I told her that I have not heard anything from Kit Frazer or Beth Dills. The last email was from Kit Frazer who stated that she was emailing Carolyn to ask about this case.

10/19/07—Sent email to Kit Frazer asking for the status of this case.

10/19/07—Sent email to Beth Dills asking her the status of this case because I did not get a response from Kit Frazer.

10/19/07—Checked MEDS and noticed that ABD is still denied; no change on MEDS.

10/19/07—went and asked Carolyn Roach if she had received a question about this case from Kit Frazer. Carolyn stated that she just pulled an email from her dated 10/15/07. Carolyn tried to call Kit but she did not get her so she emailed her about this case.

10/19/07—Received email from Carolyn Roach that was sent to Kit Frazer—Carolyn told Kit that the client applied in June 2007. Carolyn stated if he was over the income limit, they could look at his SSA income as of December 2006 and count that amount to determine eligibility for June 2007. Carolyn stated that she hopes this answers her question and if not to let her know.

10/22/07—Received email from Kit Frazer—she stated she has requested that the worker approve the case using the income from 2006. Again she apologized for the confusion, but the staff as well as the trainers understood policy to be that the income for the current year would be used after the FPL changes in March and the COLA increase was only disregarded when the case was ongoing not a new application.

10/22/07—Checked MEDS and ABD case is still showing as being denied. Will monitor throughout today to see if Mr. Daly is approved for ABD.

10/22/07—Sent email to Kit Frazer asking her to let me know the eligibility status on this case once the budge has been re-calculated.

10/22/07—Received email from Kit Frazer stating she would notify me when this is completed.

10/23/07—Sent email to Kit Frazer asking how long it will take for Mr. Daly's case to be re-budgeted.

10/25/07—Sent email to Kit Frazer, CC'd Jennifer Dabbs and Beth Dills asking if she could give me the status of this case. I explained that this is a Blue Log letter that needs to go back to Alicia Jacobs and I reiterated that I needed to know how long it would take to re-budget Mr. Daly's case.

10/25/07—Received email from Kit Frazer—She stated she requested that the worker change the status of the case, but she was on leave for a couple of days so she didn't get my email until she returned. She sent it to Columbia for a correction on Monday. She eligibility for ABD could not be done at the local level since the case was approved for SLMB. It usually takes a couple of days for the folks in MEDS to do the correction.

10/25/07—Received the following email from Jennifer Dabbs that was sent to Avis in MEDS asking if she could check the status on the request from Kit Frazer and Beth Dills.

10/25/07—Went to talk with Jennifer about another case and she mentioned the email sent to Avis in MEDS. She checked MEDS and noticed that Mr. Daly's case has been approved for ABD.

10/25/07—Made correction to letter and gave to Jennifer Dabbs for review.

10/25/07—Received email sent to Jennifer Dabbs from Avis in MEDS—Avis stated that in conjunction with Beth Dills from the county, the problem has been resolved.

10/25/07—Jennifer returned Blue Log Letter with correction.

10/26/07—Correction made to letter and returned to Jennifer for Review.

*Sheila will call Mr. Dair & let
him know of approval.*

EDIT



Constituent ID

Closed?

Date Closed

Source

Log No. Due Date

Print this Form

Constituent Notes

SSN

MEDICAID ID

First Name MI Last Name

HIPAA Authorization

Reason for Referral

Constituent Phone(s)

Staff ID Staff First Name Staff Last Name

Constituent Phone Extension

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/Other

Entry Date

Last Update

Last Update User

Apply Cancel Close

Constituent# 1042				
Notes ID	Entry Date	Last Update	Notes	
1750	10/10/2007	10/10/2007	To Mark for review. LYNCHJEN 10/10/2007 4:17:46 PM	
1745	10/10/2007	10/10/2007	10/10/07-- Jennifer stated to sent letter to Senator DeMint and not to include information about his student loan because it appears that Mr. Daly has already spoken with someone at the US Dept. of Education. CHAVISS 10/10/2007 2:54:00 PM	
1744	10/10/2007	10/10/2007	10/10/07--Staffed this case with Jennifer Dabbs to see if letter needs to be sent to Senator DeMint and if information about Mr. Daly's student loan needs to be addressed in the letter. Please note that Student Loan information was crossed out of first letter. CHAVISS 10/10/2007 2:53:14 PM	

From: Beth Dills
To: Sheila Chavis
Date: 10/15/2007 9:27 AM
Subject: Re: Robert J Daly IV RCP#4780745737

Ms. Chavis,
According to our Regional Trainer, Kit Frazer, the policy is addressed in MPPM 303.01.03A. If at the annual COLA rebudget a Medicaid beneficiary loses eligibility/ due to the SS increase, this increase can be disregarded. Mr. Daly applied for ABD on June 7,2007. This was after the Cola rebudgets had been done. Mr. Daly was eligible for SLMB and was referred to Community Long Term Care for possible services.

Beth Dills

>>> Sheila Chavis 10/12/07 2:13 PM >>>

Beth,
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Sheila Chavis
Div. of Constituent Services
(803) 898-2707

From: Sheila Chavis
To: Beth Dills
Date: 10/15/2007 9:36 AM
Subject: Re: Robert J Daly IV RCP#4780745737

CC: Kit Frazer
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From: Beth Dills
To: Sheila Chavis
Date: 10/15/2007 9:57 AM
Subject: Re: Robert J Daly IV RCP#4780745737

We are checking with the regional trainer.

>>> Sheila Chavis 10/15/07 9:49 AM >>>
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Div. of Constituent Services
(803) 898-2707

From: Kit Frazer
To: Sheila Chavis
Date: 10/15/2007 10:16 AM
Subject: Re: Robert J Daly IV RCP#4780745737

Please read the section 303.01.03 . If says that if the client loses their eligibility because of a COLA increase we disregard the increase. If the client was never eligible, the policy does not apply. Even if the client loses the Medicaid coverage for 3 consecutive months they are not eligible for the disregard. I don't think that Carolyn and Alicia realized that this client was not losing eligibility because he was not originally eligible.

If this client was eligible and lost his eligibility due to the increase then he would be eligible.
Thanks , kit

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Div. of Constituent Services
(803) 898-2707

From: Carolyn Roach
To: Kit Frazer
Date: 10/15/2007 2:29 PM
Subject: Fwd: Re: Robert J Daly IV RCP#4780745737

We were aware the client was never eligible. MPPM 303.01.03 states you can use the old amounts at application. I have a meeting until 4 today so let me know if you have other questions and I will call you later.

>>> Kit Frazer 10/15/2007 10:38 AM >>>
Hey Carolyn , I answered this question, but there is still confusion. This client made application in June for ABD. His Income was over the ABD limit. The worker put him on SLMB. He was never eligible for ABD Medicaid, so the policy for disregarding the COLA increase does not apply unless I am real confused. I sent another response this morning to Ms Chavis, but wanted you to be aware of the situation. She said that she got an answer from you and Alicia and that the worker should disregard the COLA increase. I don't think you were aware that the client was never eligible to begin with. Thanks so much, kit

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Div. of Constituent Services
(803) 898-2707

From: Kit Frazer
To: Sheila Chavis
Date: 10/15/2007 3:34 PM
Subject: Re: Robert J Daly IV RCP#4780745737

I am so sorry for this confusion. My understanding is the COLA increase can be disregarded until the Federal Poverty Level changes and that is in March usually. The other COLA policy 301.01.03A is used after the eligibility has been established and an increase in SSA or RRR causes ineligibility. I have emailed Carolyn to get a an answer.

Thanks , kit

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From: Sheila Chavis
To: Kit Frazer
Date: 10/19/2007 10:00 AM
Subject: Re: Robert J Daly IV RCP#4780745737

CC: Jennifer Dabbs

Kit,
Can you tell me what the status is on this case? Thanks

Sheila Chavis

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Div. of Constituent Services
(803) 898-2707

From: Sheila Chavis
To: Beth Dills
Date: 10/19/2007 10:46 AM
Subject: Robert J Daly IV RCP#4780745737

CC: Beth Dills

Beth,
I just e-mailed Kit Frazer to get the status of this case, but have not heard from her. I just wanted to check with you and see if you knew what the status was on this case? The last e-mail I received from Kit was that she was going to ask Carolyn Roach about this case. Thanks

Sheila Chavis
Div. of Constituent Services
(803) 898-2707

From: Carolyn Roach
To: Jennifer Dabbs; Sheila Chavis
Date: 10/19/2007 2:46 PM
Subject: Fwd: Re: ABD case
Attachments: Re: ABD case

this is the email that I sent to Kit.

From: Carolyn Roach
To: Kit Frazer
Date: 10/19/2007 2:45 PM
Subject: Re: ABD case

CC: Betty Moses; Carolyn Roach
Kit: The client applied in June 2007. If he was over the income limit, you can look at his SSA income as of December 2006 and count that amount to determine eligibility for June 2007. I hope this helps to answer your question. If not, let me know. I left you a message on your cell phone.

Carolyn B. Roach, Director
Division of Medicaid Policy and Planning
Post Office Box 8206
1801 Main Street/J327
Columbia, SC 29202
roachca@scdnhhs.gov
Phone # 803-898-3967
Fax # 803-255-8350

>>> Kit Frazer 10/15/2007 5:00 PM >>>
Hey Carolyn, if you can't get me on my phone email me please and copy to Linda Roberts the supervisor in York. My phone doesn't always work. I want to be sure about this because it could have an impact on lots of cases. I thought the only time we used last years income to budget at application was until the FPL changed in March. Since I emailed you I questioned the worker about retro and she said that the client did request April and May. If we used the FPL as it changed in April and the income for 2007 the client would not be eligible. There was not a request for March retro. Anyway , just let me know what to do please.
Thanks ,kit

From: Kit Frazer
To: CHAVISS@scdhs.gov
Date: 10/22/2007 7:31 AM
Subject: Re: Robert J Daly IV RCP#4780745737

I have requested that the worker approve the case using the income form 2006. I do apologise for the confusion, but the staff as well as the trainers understood policy to be that the income for the current year would be used after the FPL changes in March and the COLA increase was only disregarded when the case was ongoing not a new application. Thanks so much , kit

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From: Sheila Chavis
To: Kit Frazer
Date: 10/22/2007 10:50 AM
Subject: Re: Robert J Daly IV RCP#4780745737

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Sheila Chavis

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From: Kit Frazer
To: CHAVIS@scdhs.gov
Date: 10/22/2007 11:45 AM
Subject: Re: Robert J Daly IV RCP#4780745737

ok will do.

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Subject: Re: Robert J Daly IV RCP#4780745737

Kit,
Can you tell me how long it will take for Mr. Daly's case to be rebudgeted? Thanks-- Sheila Chavis

>>> Kit Frazer 10/22/2007 11:45 AM >>>
ok will do.

>>> Sheila Chavis 10/22/07 10:50 AM >>>

Kit,
Please let me know the eligibility status on this case once the budget has been re-calculated. Thanks
Sheila Chavis

> Kit Frazer 10/22/2007 7:31 AM >>>

I have requested that the worker approve the case using the income form 2006. I do apologise for the confusion, but the staff as well as the trainers understood policy to be that the income for the current year would be used after the FPL changes in March and the COLA increase was only disregarded when the case was ongoing not a new application. Thanks so much , kit

>>> Sheila Chavis 10/19/07 10:00 AM >>>

Kit,
Can you tell me what the status is on this case? Thanks

Sheila Chavis

>>> Kit Frazer 10/15/2007 3:34 PM >>>

I am so sorry for this confusion. My understanding is the COLA increase can be disregarded until the Federal Poverty Level changes and that is in March usually. The other COLA policy 301.01.03A is used after the eligibility has been established and an increase in SSA or RRR causes Ineligibility. I have emailed Carolyn to get a an answer.

Thanks , kit

>>> Sheila Chavis 10/15/07 9:49 AM >>>

According to Carolyn Roach and Alicia Jacobs per (MPPM 303.01.03-income) the COLA can be disregarded at initial application. This was a Blue log letter that was returned from Alicia Jacobs asking if the COLA had been disregarded along with the printed Manual section above and asked that I check on this.

>>> Beth Dills 10/15/2007 9:43 AM >>>

It was not considered. The policy states rebudgets, not applications.

>>> Sheila Chavis 10/15/07 9:36 AM >>>

Are you saying that the COLA was NOT taken into consideration when Mr. Daly applied for ABD June 7, 2007?

>>> Beth Dills 10/15/2007 9:27 AM >>>

Ms. Chavis,

According to our Regional Trainer, Kit Frazer, the policy is addressed in MPPM 303.01.03A.If at the annual COLA rebudget a Medicaid beneficiary loses eligibility due to the SS increase, this increase can be disregarded. Mr. Daly applied for ABD on June 7,2007. This was after the Cola rebudgets had been done. Mr. Daly was eligible for SLMB and was referred to Community Long Term Care for possible services.

Beth Dills

>>> Sheila Chavis 10/12/07 2:13 PM >>>

Beth,

This office received a referral from Senator Jim DeMint asking this agency to help Mr. Daly. Apparently he was denied ABD because he was \$15.70 over the income limit. Could you check this case and see if Mr. Daly's COLA was disregarded when this determination was made? According to Carolyn Roach and Alicia Jacobs the COLA can be disregarded upon initial application. Please respond as soon as possible. Thanks for your assistance in this matter.

Sheila Chavis

Div. of Constituent Services
(803) 898-2707

From: Sheila Chavis
To: Kit Frazer
Date: 10/25/2007 9:16 AM
Subject: Robert J Daly IV RCP#4780745737

CC: Beth Dills; Jennifer Dabbs

Kit,
Could you please tell me what the status is on this case? This is a blue log letter that needs to go back to Alicia Jacobs so I need to know how long it will take to re-budget Mr. Daly's case. Thanks for your assistance in this matter.

Sheila Chavis
Div. of Constituent Services
(803) 898-2707

From: Kit Frazer
To: CHAVISS@scdhhs.gov
Date: 10/25/2007 12:03 PM
Subject: Re: Robert J Daly IV RCP#4780745737

I requested that the worker change the status of the case, but she was on leave for a couple of days so she didn't get my email until she returned. She sent in to Columbia for a correction on Monday. The eligibility for ABD could not be done at the local level since the case was approved for SLMB. It usually takes a couple of days for the folks in MEDS to do the correction.
Thanks , Kit

>>> Sheila Chavis 10/25/07 9:16 AM >>>

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Sheila Chavis
Div. of Constituent Services
(803) 898-2707

From: Jennifer Dabbs
To: Avis Newton
Date: 10/25/2007 2:25 PM
Subject: Fwd: Re: Robert J Daly IV RCP#4780745737

CC: Sheila Chavis
Hey Avis! It's me again. I'm so sorry. Could you check this out? They said they sent a MEDS correction on Monday and it's not showing in the system. It's an overdue log letter that we need to get back upstairs. We're waiting on the correction so we can add it to the letter before sending back. The worker is EDILL (Beth Dills) from York county. Thanks a lot!!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhs.gov

>>> Sheila Chavis 10/25/2007 12:05 PM >>>
Here's the latest email from Kit about Mr. Daly's case-- Sheila

>>> Kit Frazer 10/25/2007 12:03 PM >>>
I requested that the worker change the status of the case, but she was on leave for a couple of days so she didn't get my email until she returned. She sent in to Columbia for a correction on Monday. The eligibility for ABD could not be done at the local level since the case was approved for SLMB. It usually takes a couple of days for the folks in MEDS to do the correction.
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Sheila Chavis
Div. of Constituent Services
(803) 898-2707

From: Avis Newton
To: Jennifer Dabbs
Date: 10/25/2007 3:38 PM
Subject: Fwd: Re: Robert J Daly IV RCP#4780745737

CC: Sheila Chavis
Jennifer,

In conjunction with Beth Dills from the county, the problem has been resolved.

>>> Jennifer Dabbs 10/25/2007 2:25 PM >>>
Hey Avis! It's me again. I'm so sorry. Could you check this out? They said they sent a MEDS correction on Monday and it's not showing in the system. It's an overdue log letter that we need to get back upstairs. We're waiting on the correction so we can add it to the letter before sending back. The worker is EDILL (Beth Dills) from York county. Thanks a lot!!!

Jennifer Dabbs
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(803) 898-3965
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lynchjen@scdhhs.gov

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Sheila Chavis
Div. of Constituent Services
(803) 898-2707

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/25/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 06/07/07 END: PAGE: 0001

NAME: DALY IV ROBERT J HH NAME: DALY IV ROBERT J
RCP NUMBER: 4780745737 HH NUMBER: 101196421 ACTION TYPE: MAINTENANC
SSN: 001-64-1100 VC: V APL STATUS: ACTION DATE: 06/12/07
PRIMARY INDIVIDUAL: APL CO: 46 WORKER ID: EDILL LOCATION: 001
202 SWAMPFOX DRIVE SSCN: 001641100A RRN:

FORT MILL SC 29715-
CORRECT RCP NUMBER: _____ DOB: 08/20/1971 DOD:
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
49834199	04/01/2007	32	50	FULL	N	N	N	.98
19668244	04/01/2007	52	50	LIMITED	N	N	N	1.05

UPDATED: USER ID: EDILL DATE: 06/12/07 SYSTEM ID: BUY1000 DATE: 06/20/07
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

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/10/07
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: DALY IV ROBERT J ACTION TYPE: MAINTENANCE
HH NUMBER: 101196421 APL STATUS: ACTION DATE: 06/12/07
APL EFF DATE: 06/07/2007 WKR: EDILL BETH DILLS WKR'S CNY: 46 YORK
MAIL IN(Y/N): Y APL SITE: _____ SPNSR: _____

APPLICANT'S CNY: 46 YORK PRIMARY LANGUAGE: E ENGLISH
COURTESY APPLICATION(Y/N): N REASON FOR APPLICATION:
MAILING ADDRESS: ADULT WITH CHILDREN(Y/N): N
202 SWAMPFOX DRIVE CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N

FORT MILL SC 29715- PREGNANT(Y/N): N
RESIDENCE ADDRESS: BLIND/DISABLED(Y/N): Y
202 SWAMPFOX DRIVE AGED(Y/N): N
INMATE(Y/N):

FORT MILL SC 29715- LIMITED DATA COLLECTION: 00 NONE
PHONE: H: 803-547-0322 W: - FIRST SIGNATURE OBTAINED(Y/N): Y
UPDATED: USER ID: EDILL DATE: 06/12/07 SYSTEM ID: HMS5000 DATE: 06/12/07
WITHDRAW APPLICATION(W/C/N): N
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+

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

MEMBER PERIOD START: 06/07/07 END:

NAME: DALY IV ROBERT J HH NAME: DALY IV ROBERT J
RCP NUMBER: 4780745737 HH NUMBER: 101196421 ACTION TYPE: MAINTENANCE
SSN: 001-64-1100 VC: V APL STATUS: ACTION DATE: 06/12/07

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
DOB: 08/20/1971 AGE: 36 SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: SEX: M MALE RACE: 01 WHITE MEDICARE COVERAGE(Y/N): Y 001641100A

REL: SFL SELF SSI APPLICATION DATE: RAILROAD NUMBER(Y/N): N

LIV ARRANGEMENT: HOME HOME

MARRITAL STATUS: S SINGLE PROVIDER NAME:

STUDENT STATUS: GRADE: ADMISSION DATE:

PREGNANT(Y/N): N_EDC: # DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): Y RSP(Y/N): CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N):

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

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: EDILL DATE: 06/12/07 SYSTEM ID: TTR1004 DATE: 09/02/07

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

EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/10/07
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: DALY IV ROBERT J ACTION TYPE: MAINTENANCE
HH NUMBER: 101196421 APL STATUS: _____ ACTION DATE: 06/12/07

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	SPNSR	REVIEW	NEXT	LAST	BG	STATUS
-	19668244	SLMB	EDILL	46	001		06/18/2008				ACTIVE
-	19660847	ABD	EDILL	46	001		06/18/2008				DENIED

UPDATED: USER ID: EDILL DATE: 06/12/07 SYSTEM ID: HMS5000 DATE: 06/12/07
ME904675 HOUSEHOLD BUDGET GROUPS FOUND PF5->BG DETERMINATION
PF1->HELP PF3->HH MEMBERS PF10->PREV MENU PF17->ELD00
PF6->RETURN PF7->PREV PF8->NEXT

EDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/10/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

DATES-FROM: 06 / 2007 THRU: /

HH NAME: ROBERT J DALY IV

HH NUMBER: 101196421

BGN: 19668244 PCAT: SLMB SPN:

ACT TYPE: MAINTENANC

BG: A BGP: A

WKR: EDILL

BETH DILLS

ACT DATE: 06/18/07

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 896.00

COUNTABLE RESOURCES: 894.10

INCOME LIMIT: 1021.00

RESOURCE LIMIT: 4000.00

POV-LVL: +1.05 %

HLTH INS PREM: 0.00

RECURRING INC: 0.00

TOTAL ALLOC: 0.00

MEETS NON-FINANCIAL?

(Y/N) : Y

ACT ON DECISION COMPLETE?

(Y/N) : Y

MEETS INCOME?

(Y/N) : Y

DECISION ACCEPTED DATE:

06/18/07

MEETS RESOURCES?

(Y/N) : Y

NEXT REVIEW DATE:

06/18/08

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: EDILL DATE: 06/18/07 SYSTEM ID: ELD3000 DATE: 06/18/07

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

EDELDD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/10/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 06 / 2007 THRU: ___ / ___ PAGE: 2 OF 3

HH NAME: ROBERT J DALY IV SPN: _____ HH NUMBER: 101196421

BGN: 19660847 PCAT: ABD WKR: EDILL BETH DILLS ACT TYPE: MAINTENANCE
BG: D BGP: D WKR: EDILL BETH DILLS ACT DATE: 06/18/07

COUNTABLE BG MEMBERS: 1 COUNTABLE RESOURCES: 894.10

COUNTABLE INCOME: 866.00 RESOURCE LIMIT: 4000.00

INCOME LIMIT: 851.00 HLTH INS PREM: 0.00

POV-LVL: +1.01 % TOTAL ALLOC: 0.00 OSS AWARD: 0.00

RECURRING INC: 0.00 REASON(S) FOR DENIAL/CLOSURE/CHANGE:

MEETS NON-FINANCIAL? (Y/N) : Y ACT ON DECISION COMPLETE? (Y/N) : Y

MEETS INCOME? (Y/N) : N DECISION ACCEPTED DATE: 06/18/07

MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 06/18/08

MEETS OTHER CONDITIONS? (Y/N) : Y ANTICIPATED CLOSURE DATE: _____

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

099 You will continue to be eligible in another coverage group.

ELIGIBILITY DECISION APPEALED? (Y/N) _ COUNTY DECISION UPHELD? (Y/N) : -

APPEAL REQUEST DATE: _____ SYSTEM ID: ELD3000 DATE: 06/18/07

UPDATED: USER ID: EDILL DATE: 06/18/07

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

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/05/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 06/07/07 END: PAGE: 0001

NAME: DALY IV ROBERT J HH NAME: DALY IV ROBERT J
RCP NUMBER: 4780745737 HH NUMBER: 101196421 ACTION TYPE: MAINTENANCE
SSN: 001-64-1100 VC: V APL STATUS:
PRIMARY INDIVIDUAL: APL CO: 46 ACTION DATE: 06/12/07
202 SWAMPFOX DRIVE WORKER ID: EDILL LOCATION: 001
SSCN: 001641100A RRN:

FORT MILL RACE: 01 SEX: M MARITAL STATUS: S
CORRECT RCP NUMBER: SC 29715- DOB: 08/20/1971 RELATION: SELF
DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	LEVEL	SPONSOR
a	19668244	04/01/2007	52	50	LIMITED	N	N	1.05	

UPDATED: USER ID: EDILL DATE: 06/12/07 SYSTEM ID: BUY1000 DATE: 06/20/07
ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELDD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELDD00 PF18->HH MBR BGS



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 31, 2007

The Honorable Jim DeMint
Member, United States Senate
1901 Main Street, Suite 1475
Columbia, South Carolina 29201

Dear Senator DeMint:

Thank you for referring Mr. Robert J. Daly, IV, to our agency with his concerns regarding Medicaid eligibility.

A member of our staff has been in direct contact with Mr. Daly regarding Medicaid eligibility and the rules and regulations governing the program. We also provided Mr. Daly with information on other programs and organizations that can assist residents in South Carolina with their prescription medications.

Generally, individuals receiving Social Security benefits receive a Cost of Living Adjustment (COLA) each January. If the COLA adversely affects Medicaid eligibility, the adjustment can be disregarded.

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 do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner
Director

EF/fjcodc