


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

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>2-21-07</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000529</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleand 3/5/07, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-2-07</i> <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.			

Log: Riv

To DHHS:

app. Surg

2-18-2007

RECEIVED

ATTN: Robert M. Kern,

FEB 21 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

My name is Laureen Reed, mother of Brandon Reed, one of six kids living in Ravenel SC. My husband is Retired from City of Charleston (33 years) since 9-2005. We have no Health insurance to cover us. The Pension check once a month \$1,343.00, we're lucky if we get to the third week. We had to apply for Food stamps. We still have four kids at home and in school. Brandon just turned Nineteen 2-7-2007 a year behind, this is his graduating year but this is the middle of the school year. He's been pulled OFF Medicaid because he just turned 19 years old. Medicaid was all we had that paid for his Medication and Doctor visits. He had to go every 2 months for checkups because he's on Ritalin for ADHD. He also on Medication for High blood Pressure, Asthma, allergies and depression, six different Medications he has to take everyday of the week. My husband Lawrence D Reed Jr. has been looking for a job ever since we retired from the city. Financially we are under the poverty level now. Do you know how hard it's been putting in applications and been turned down because being 54 years old, that's all they see on older age, not a mental but physically strong able bodied man that still has a lot to offer at work for a full-time job. No one wants to give an older Person a chance to show what he can still do and needs to do as well.

②

Do you think it's fair to pull the Medicaid

Coverage rug out from under a older child and his family just because he turned because he turned 19 years old in the middle of school year, I?

Brandon's birthday was n 4 till June or July of this year he'd still be covered until the end of the school year. This is one Rule of Medicaid that needs to be re updated to allow an older child that's turning another year older to be covered at least till the end of the school year and maybe even going to a technical local college depending on the family's income and weather their still covered under a parents Health Care covered

coverage because those are the ones who are truly down and out and in need. No 18 year old on

19 year old has the experience just out of High School to get a full-time job 40 hours with Health Insurance coverage. They don't have the enough knowledge or experience. Their just starting out. Now a days going college is a necessity for getting and qualifying for a good job to support you to be able have money for rent, Telephone, electricity, food,

clothes, payment on a car, ~~Auto~~ Auto insurance, the list goes on. It's not reality to take away from a family who has even less than they had a year and a half ago just because of a change in age. The real Reality year is this Rule (age) should have been changed, re updated years ago to match the changing times of Prices going up on every thing. Ask for families to show proof of the kind of Health Insurance to fall back on if a age related Medicaid was taken away. If the family has zero coverage when this situation develops

and financially really can't afford a non-job related health coverage insurance. This would be a one of those put aside extended situations that would come under and be able to take advantage of this new updated rule to the age (older) turnaround.

Our situation is a prime ~~ex~~ample of needing (past time) to re-update as soon as possible so this won't happen to another child and his or her family. Please read this carefully and seriously consider Re-updated to match at least a little more of medical expenses. Other improvements too like the Parent or Parents can apply if need is there and to give proof why only on a temporary basis. Even the odds a little more to make it a more fair situation favoring the family to have to go this route at this time in their lives.

Please write me back with an answer of re-updating. Waiting to hear.

Sincerely
Mrs. Maureen B. Reed



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 5, 2007

Mrs. Maureen B. Reed
5840 Octavia Avenue
Ravenel, South Carolina 29470

Dear Mrs. Reed:

Thank you for writing our agency to suggest Medicaid policy changes to the eligibility requirements and age restrictions for coverage under the Partners for Healthy Children Program (PHC). We attempted to contact you by telephone at 843-889-2480 to discuss your suggestion to cover children age 19 and older who are still attending school, but were unsuccessful.

Medicaid eligibility is based on financial and categorical requirements determined by federal and State regulations. Unfortunately, under PHC, policy states that coverage for a child ends once he or she turns the age of 19.

In your letter, you indicated your son has several illnesses and must take multiple medications daily. Ms. Kathleen Kavanaugh, Supervisor in our Charleston County Medicaid Office, sent you forms to determine if your son would qualify for coverage under Medicaid's Aged, Blind or Disabled (ABD) program. Please complete and return these forms to Ms. Kavanaugh at the address given. In the meantime, Brandon will continue to be covered under PHC during the ABD application process. If you have questions about your son's Medicaid, please call Ms. Kavanaugh at 843-740-5917.

In an effort to assist with the healthcare needs of your family, enclosed is information on several programs that may help individuals obtain medical and prescription services when they are unable to obtain health insurance. Also enclosed is contact information for organizations that can assist with your daily living needs. We hope this information is helpful to you and your family.

Thank you, again, for taking the time to write us with suggested policy changes. If you wish to discuss Medicaid policy further, please call Denise Epps in Constituent Services at 803-898-2505 or toll-free at 1-888-549-0280.

Sincerely,


Gary Ries
Deputy Director

GR/joe
Enclosures

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

#529

LEGISLATIVE LOG #	0929
LEGISLATOR/INQUIRER	Letter to Mr. Kerr from Maureen Reed, mother of Brandon Reed
CONSTITUENT	
SSN	
BC ASSIGNED LOG	
DATE REC'D BY AGENCY	2/21/2007
DATE DRAFT DUE GR	3/1/2007

LOG LETTER DUE DATE	3/2/2007
DATE REFERRED TO BC	2/21/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Wants response to her letter regarding "re-updating" the PHC rule where a child turning age 19 can be covered at least until the end of the school year.	2/21/2007	Jan	8-2502	to Jacobs
	2/22/2007	Denise	8-2505	Began research.
	2/27/2007	Denise	8-2505	Sent email to Judy Pinckney (EW for PHC) asking about their eligibility for LIF. Drafted letter but awaiting her response.
	2/28/2007	Denise	8-2505	No phone # given but tried calling Mrs. Reed several times unsuccessfully at #s listed in MEDS because I wanted to ck on # of children in HH since she referenced having six children. MEDS shows 3 now in HH but decided to reference LIF since she was asking about coverage for children 19 & older attending school. Gave all healthcare resources & my name & # for contact info as well as name and phone # of their EW in Chas. Cty.
	2/28/2007	Denise	8-2505	Bob said he looked at letter in Word so gave draft letter to Jenny for approval.
	2/29/07	Jenny	8-3965	Printed MEDS notices and to Mark. (5:00)
	3/1/2007	Denise	8-2505	Mark wanted policy checked re: age requirement - whether federal or state. Federally, individuals may be covered up to age 21, but PHC coverage ends when a child turns age 19 -- our state's choice. There are other Medicaid programs covering someone between the ages of 19-21 but the individual must meet specific categorical requirements. Carolyn sent email to Ms. Kavanaugh in Chas. Cty. to reopen her son's Medicaid & send forms to determine disability determination for ABD coverage. Revised letter & gave to Jenny.

CHECKLIST

Family Size
Income/Resources

Other Resources:

Communicare
FQHCs ☒
Free Medical Clinics ☒

Programs:

ABD	(32)	<input type="checkbox"/>
Foster Children	(31,60)	<input type="checkbox"/>
General Hospital	(14)	<input type="checkbox"/>
HCBWS	(15)	<input type="checkbox"/>
LIF	(59)	<input type="checkbox"/>
MBCCP	(71)	<input type="checkbox"/>
Nursing Home	(10)	<input type="checkbox"/>
OSS	(85,86)	<input type="checkbox"/>
PHC	(88)	<input checked="" type="checkbox"/>

Medicare	
MIAP	x
Prescription Drug Programs	x
Social Security	
Together Rx	

Pregnant Women & Infants (12,87)	
QMB (90)	
SILVERxCARD (92)	
SLMB (48,52)	
SSI (80)	
TEFRA (57)	
Transitional (11)	
Working Disabled (40)	

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/01/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 03/01/07 END: PAGE: 0001

NAME: REED BRANDON HH NAME: REED BRANDON

RCP NUMBER: 0881768802 HH NUMBER: 101177698 ACTION TYPE: MAINTENANCE

SSN: 251-73-1323 VC: V APL STATUS: ACTION DATE: 03/01/07

PRIMARY INDIVIDUAL: APL CO: 10 WORKER ID: KKAVA LOCATION: 053

5840 OCTAVIA AVE SSCN: RRN:

RACE: 01 SEX: M MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

DOB: 02/07/1989 DOD:

RAVENEL SC 29470-

CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	99479765	03/01/2007		88	30	FULL	N	Y	.00	
-	08817688	11/01/1997	03/01/2007	88	30	FULL	N		.82	
-		09/01/1997	11/01/1997	88					.82	
-		04/01/1990	11/01/1995	88					.82	

UPDATED: USER ID: KKAVA DATE: 03/01/07 SYSTEM ID: TTR1001 DATE: 10/24/02
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

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/28/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 02/07/07 END: PAGE: 0001

NAME: REED BRANDON HH NAME:
RCP NUMBER: 0881768802 HH NUMBER: ACTION TYPE:
SSN: 251-73-1323 VC: V APL STATUS: ACTION DATE:
PRIMARY INDIVIDUAL: APL CO: WORKER ID: LOCATION:

SSCN: RRN:
RACE: 01 SEX: M MARITAL STATUS: S
TPL INSURANCE: N RELATION: SELF
DOB: 02/07/1988 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS			QMB	RETRO	% OF	POV	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	08817688	11/01/1997	03/01/2007	88	30	FULL	N		.82	
-		09/01/1997	11/01/1997	88					.82	
-		04/01/1990	11/01/1995	88					.82	

UPDATED: USER ID: KKAVA DATE: 02/27/07 SYSTEM ID: TTR1001 DATE: 10/24/02
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

From: Denise Epps
To: Kathleen Kavanaugh
Date: 3/1/2007 1:56 PM
Subject: Re: Fwd: Orlanda Sanchez BG# 08817688

thank you. i asked mrs. reed to return the forms to you -- please make sure she has your return address. many thanks for your help, denise

>>> Kathleen Kavanaugh 3/1/2007 1:27 PM >>>
I have opened him back in an 88. Had to manipulate his birthday to do so. We will pend them for an application for ABD. Perhaps they should apply for SSI.....

>>> Denise Epps 03/01/07 1:08 PM >>>
thanks, kathleen. i just faxed (and re-faxed) a cover sheet & 5 other pages to you. please see if you have everything - pages were sticking together. if not, please call me at 898-2505.

i am preparing a written response to mrs. reed from gary ries, deputy director of medical eligibility and beneficiary services. i plan to mention that you will be sending her forms which she will need to complete and return to you to determine brandon's eligibility for ABD. his medical benefits will continue without a break in coverage during this determination period, right?

>>> Kathleen Kavanaugh 3/1/2007 12:49 PM >>>
Our fax # is 843-740-5921

Kathleen Kavanaugh
Human Service Coordinator I
Region 8/Charleston
phone: 843-740-5917
fax : 843-740-5921

>>> Carolyn Roach 03/01/07 11:12 AM >>>
Kathleen: Our office received a letter from Orlando's mother (Maureen Reed) on February 18, 2007, where she has alleged disability for him. Please look at this case based on the expedite determination process (MPPM 101.09.06). Since the letter was received in our office within 10 days please reopen the case and use the DHHS 1233 to request the DHHS 3218s, DHHS 921s and any other needed verification to determine eligibility for ABD. Denise Epps will fax you the letter that verifies the information was received here within 10 days of the closure notice (the letter of notification is date 2/14/07).

Please email Denise with your fax #. Thanks so much, Kathleen.

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

From: Denise Epps
To: Kathleen Kavanaugh
Date: 3/1/2007 11:48 AM
Subject: Correction - Fwd: Orlanda Sanchez BG# 08817688

CC: Carolyn Roach; Jennifer Dabbs; Virginia Armstrong
the beneficiary's name is: Brandon Reed. thank you, kathleen, I look forward to hearing from you. denise

>>> Carolyn Roach 3/1/2007 11:12 AM >>>

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



State of South Carolina
Department of Health and Human Services

*Kathleen,
For trouble -
resending to make
sure you receive
all the pages.
Denise*

Mark Sanford
Governor

Robert M. Kerr
Director

FAX COVER SHEET

"CONFIDENTIAL INFORMATION ENCLOSED"

DATE: 3/1/07

TO: Kathleen Karanagh

Telephone #: 843-740-5917 Fax #: 843-740-5921

FROM: Denise Ford, per Carolyn Rouch

Telephone #: 803-898-2505 Fax #: 803-255-8350

Total Number of Pages Transmitted (Including Cover Sheet): 6

COMMENTS:

Please read emails from

Carolyn & me re: Brandon Reed.

Thank you!

Denise

Confidentiality Note: This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged and confidential - the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this fax in error, please notify us immediately and destroy the related message. Thank you.

TRANSMISSION VERIFICATION REPORT

TIME : 03/01/2007 13:00
NAME : ELIGILITY POLICY AND
FAX : 8984503
TEL : 8984503

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

03/01 12:58
918437405921
00:01:31
03
OK
STANDARD
ECM



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

FAX COVER SHEET

"CONFIDENTIAL INFORMATION ENCLOSED"

DATE: 3/1/07

TO: Kathleen Karanough

Telephone #: 843-740-5917 Fax #: 843-740-5921

FROM: Denise Ford, per Carolyn Bush

Telephone #: 803-898-2505 Fax #: 803-255-8350

Total Number of Pages Transmitted (Including Cover Sheet): 6

COMMENTS:

Also, read emails from

TRANSMISSION VERIFICATION REPORT

TIME : 03/01/2007 13:02
NAME : ELIGIBILITY POLICY AND
FAX : 8984503
TEL : 8984503

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

03/01 13:01
918437405921
00:00:38
02
OK
STANDARD
ECM

South Carolina Medicaid Program
Notice that Medicaid Coverage Will End

CHARLESTON COUNTY DHHS
P. O. Box 13748
Charleston SC 29422-0000

Date: 02/14/2007
Worker Name:

LAWRENCE REED
5840 OCTAVIA AVE
RAVENEL SC 29470

ORLANDO SANCHEZ
Telephone: 843 740-5913
BG #: 08817688
HH #: 100114894
10 OSAND

Medicaid coverage for the people listed below will end on: 03/01/2007

Beneficiary name:
BRANDON REED

Beneficiary Medicaid ID#:
0881768802

Reasons: Medicaid coverage will end because:
Your child is 19 and is over the age limit for this program.

You may get a copy of the manual or policy information that requires your case to be closed from your worker. Manual/policy reference supporting this action: 204.02

You may qualify for Medicaid under other programs if there have been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact a Medicaid eligibility worker in the county where you live.
- Call 1-888-543-0820 and ask that a Medicaid application be mailed to you. This is a free call.
- Use the computer to get an application from our website at www.dhhs.state.sc.us.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have

TRANSMISSION VERIFICATION REPORT

TIME : 03/01/2007 13:03
 NAME : ELIGILITY POLICY AND
 FAX : 8984503
 TEL : 8984503

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

03/01 13:03
 918437405921
 00:00:45
 01
 OK
 STANDARD
 ECM

Log: Riv
 To DHHS: App. Ngr 2-18-2007
 RECEIVED

FEB 21 2007

ATTN: Robert M. Kern,

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

My name is Maureen Reed, mother of

Brandon Reed, one of six kids living in
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 check once a month \$1,343.00. We're lucky if
 we get to the third week. We had to apply for
 Food stamps. We still have four kids at home and
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 a year behind, this is his graduating year but
 this is the middle of the school year. He's been
 pulled OFF Medicaid because he just turned 19 and
 Medicaid was all we had that paid for his Medication
 and Doctor visits. He has to go every 2 months for
 checkups because he's on Ritalin for AD/HD. He also
 on Medication for High blood Pressure, Asthma, allergies
 on insulin and some civil disobedient. Medication he has

**South Carolina Medicaid Program
Notice that Medicaid Coverage Will End**

CHARLESTON COUNTY DHHS

**P. O. Box 13748
Charleston SC 29422-0000**

Date: 02/14/2007

Worker Name:

ORLANDO SANCHEZ

Telephone: 843.740-5913

BG #: 08817688

HH #: 100114394

10 OSANC

**LAWRENCE REED
5840 OCTAVIA AVE
RAVENEL SC 29470**

Medicaid coverage for the people listed below will end on: 03/01/2007

Beneficiary name:

BRANDON REED

Beneficiary Medicaid ID#:

0881768802

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- **Use the computer to get an application from our website at www.dhhs.state.sc.us.**

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form, please contact your worker right away.

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- **To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.**
- **You can hire an attorney to help you or you can have someone come to the hearing and speak for you.**
- **If you request a hearing within 10 days of the date on this letter, you can ask in your request that your Medicaid coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any Medicaid benefits you received while your case was being reviewed.**

CERTIFICATE OF MEDICAID COVERAGE

IMPORTANT: KEEP THIS MEDICAID LETTER IN A SAFE PLACE

This letter gives you information about the Medicaid coverage you had. If you enroll in another health insurance plan, you may need to give them a copy of this letter.

Date of this letter: **02/14/2007**

Name of Group Health Plan: **MEDICAID**
HH#: **100114394** 10 OSANC

Recipient Name: **BRANDON REED**

Recipient Medicaid Number: **0881768802**

COVERAGE PERIODS:

FEBRUARY	2007	MAY	2006
JANUARY	2007	APRIL	2006
DECEMBER	2006	MARCH	2006
NOVEMBER	2006	FEBRUARY	2006
OCTOBER	2006	JANUARY	2006
SEPTEMBER	2006	DECEMBER	2005
AUGUST	2006	NOVEMBER	2005
JULY	2006	OCTOBER	2005
JUNE	2006	SEPTEMBER	2005

SOUTH CAROLINA MEDICAID SERVICE

INPATIENT HOSPITAL	AMBULANCE TRANSPORTATION
WELL CHILD CARE	REHABILITATIVE THERAPIES
FAMILY PLANNING	PRESCRIPTION DRUGS
LABORATORY AND X-RAY	LONG TERM CARE/NURSING HOME FACILITIES
HOME HEALTH	RESIDENTIAL TREATMENT FACILITY
OUTPATIENT HOSPITAL	HOSPICE
VISION CARE	MENTAL HEALTH
DURABLE MEDICAL EQUIPMENT	ALCOHOL AND OTHER SUBSTANCE ABUSE
EVALUATION/COUNSELING/EDUCATION FOR SPECIAL NEEDS	
NON-EMERGENCY TRANSPORTATION TO MEDICAL APPOINTMENTS	

If you have questions about this letter you can call 1-888-549-0820 or you can write to:

The Department of Health and Human Services
P.O. Box 100147
Columbia, South Carolina 29202-9181

AMDMEV01 SC DEPARTMENT OF HEALTH AND HUMAN SERVICES 02/28/07
MEDICAID ELIGIBILITY VERIFICATION

MEDICAID NUMBER: 0881768802 DATE OF SERVICE: 02/28/2007
SOCIAL SECURITY NUMBER:
FIRST NAME: BRANDON MI: LAST NAME: REED
ADDRESS: 5840 OCTAVIA AVE COUNTY: 10 CHARLESTON
RAVENEL, SC 29470 CITIZEN: Y
DATE OF BIRTH: 02/07/1988 MEDICAID ELIGIBLE ON 02/28/2007
RECIPIENT HAS AGE EXEMPT FROM COPAY
PMT CATEGORY: 88 OCWI (CHILDREN UP TO AGE 19) PHC
QUAL CATEGORY: 30 AFDC

RECIPIENT HAS 75 HOME HEALTH VISITS REMAINING IN DATE OF SERVICE FISCAL YEAR
RECIPIENT HAS 12 CHIROPRACTOR VISITS REMAINING IN DATE OF SERVICE FISCAL YEAR
RECIPIENT IS UNDER 21. AMBULATORY VISIT COUNTS DO NOT APPLY
** PRESS PF3 FOR RECIP SPECIAL PROGRAMS OR PF4 FOR TPL SUMMARY **

PF3->RSP SUMMARY PF4->TPL SUMMARY PF6->RETURN PF10->MENU

MEDHMS07 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/27/07
MEDSPROD HOUSEHOLD MEMBERS ACTION:
PAGE: 0001

HH NAME: REED LAWRENCE ACTION TYPE: MAINTENANCE
HH NUMBER: 100114394 APL STATUS: ACTION DATE: 10/24/02

COMPLETE FOR ALL HOUSEHOLD MEMBERS

A/	RCP	NAME	CAT1	CAT2	REL	AGE	Y/N	Y/N	LA
S	NA	NUMBER							
-	NA	0881768802			CHILD	019	N	N	HOME
-	NA	0881768804 *			SELF	055	N	N	HOME
-	NA	0881768805			SPOUSE	053	N	N	HOME
-	NA	9101270001			CHILD	013	N	N	HOME
		STEPHEN REED							

UPDATED: USER ID: OSANC DATE: 10/25/05 SYSTEM ID: CNV1000 DATE: 10/24/02
ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF2->HH MBR DTL PF3->NEXT SCR PF4->REF PF5->HH BGS PF6->RETURN
PF7->PREV PF8->NEXT PF14->RCP INF PF16->ADD BG PF21->HIST- PF22->HIST+

HH
843-889-2480
843-792-7326
mm

MEDHMS60 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/27/07
MEDSPROD REVIEW DEDUCED RELATIONSHIPS ACTION:

PAGE: 0001

NAME: REED LAWRENCE HH NAME: REED LAWRENCE
RCP NUMBER: 0881768804 HH NUMBER: 100114394 ACTION TYPE: MAINTENANCE
SSN: 251-92-3175 STATUS: ACTION DATE: 10/24/2002

S	SSN	RELATIONSHIP	RECIPIENT NAME	STATUS
	251-92-3175	SELF	REED LAWRENCE	DEDUCED
	251-73-1323	CHILD	REED BRANDON	DEDUCED
	248-02-5636	SPOUSE	REED MAUREEN	DEDUCED
	249-91-5681	CHILD	REED STEPHEN	DEDUCED

UPDATED: USER ID: KKAVA DATE: 2007-01-17 SYSTEM ID: DATE:

PF1->HELP PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU
PF13->FIELD HELP

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/27/07
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 02/07/2007 END:

NAME: REED LAWRENCE HH NAME: REED LAWRENCE
NUMBER: 0881768804 HH NUMBER: 100114394 ACTION TYPE: MAINTENANCE
SSN: 251-92-3175 STATUS: ACTION DATE: 10/24/2002

SOURCE TYPE: RETIRE PENSION - STATE 1 SOURCE: STATE
ADDRESS

DATE APPLIED FOR: 10/25/2005
END DATE:

PHONE: - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
1,378.37	02/16/2007	MONTHLY
1,378.37	01/16/2007	MONTHLY
1,378.37	12/20/2006	MONTHLY
1,378.37	11/17/2006	MONTHLY

UPDATED: USER ID:

DATE:

SYSTEM ID: SRS1000 DATE: 10/25/05

INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST+ PF22->HIST+ PF23->P MO PF24->N MO

MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/27/07
MEDSPROD BUDGET GROUP DETERMINATION ACTION:

BUDGET GROUP PERIOD START: 02/07/07 END: PAGE: 1

HH NAME: REED LAWRENCE HH NUMBER: 100114394

BG NUMBER: 08817688 CATEGORY: PHC ACTION TYPE: MAINTENANCE

BG STAT: ACTIVE WKR: JPINC JUDY PINCKNEY ACTION DATE: 02/13/07

BUDGET GROUP COUNT: 3 BGM

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
-	REED LAWRENCE	NA	SELF	55	I	RT1		
-	REED STEPHEN	A	CHILD	13	E	RT1		
-	REED MAUREEN	NA	SPOUSE	53	I	RT1		

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

UPDATED: USER ID: KKAVA DATE: 02/13/07 SYSTEM ID: ELD3000 DATE: 02/13/07
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+

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/27/07
MEDSPROD MEMBER PERIOD START: 02/07/07 END: ACTION: PAGE: 0001

NAME: REED MAUREEN HH NAME: REED LAWRENCE
RCP NUMBER: 0881768805 HH NUMBER: 100114394 ACTION TYPE: MAINTENANCE
SSN: 248-02-5636 VC: V APL STATUS: ACTION DATE: 10/24/02
PRIMARY INDIVIDUAL: APL CO: 10 WORKER ID: KKAVA LOCATION: 053
5840 OCTAVIA AVE SSCN: RRN:

RACE: 01 SEX: F MARITAL STATUS: S
TPL INSURANCE: N RELATION: SPOUSE
DOB: 03/02/1953 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

RAVENEL SC 29470-
CORRECT RCP NUMBER: _____
BG BEG END
S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND LEVEL CHIP
NUMBER

UPDATED: USER ID: OSANC DATE: 10/25/05 SYSTEM ID: CNV1010 DATE: 10/24/02
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

MEDHMS14 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/27/07
MEDSPROD MEMBER PERIOD START: 02/07/07 END: ACTION:

NAME: REED LAWRENCE HH NAME: REED LAWRENCE
RCP NUMBER: 0881768804 HH NUMBER: 100114394 ACTION TYPE: MAINTENANCE
SSN: 251-92-3175 STATUS: ACTION DATE: 10/24/02

INDICATE WITH AN "X" IF YOU RECEIVE OR IF YOU HAVE APPLIED FOR THE FOLLOWING:
INDICATE INCOME RECEIVED OR APPLIED FOR THIS INDIVIDUAL BY ANOTHER.

- SSI	- RENTAL/LEASE	- ROOM/BOARD	- INTEREST/DIVIDENDS
- SSA	- CHILD SUPPORT	- LUMP SUM	- TRUST
- VA COMP	- ALIMONY	- RAILROAD RETIREMENT	- UNEMP COMP
- VA A&A	X SC RETIREMENT	- ANNUITY	- WORKER COMP
- VA PENSION	- OTHER PENSIONS	- GRANTS/SCHOLARSHIPS/	- OTHER
- CONTRIBUTIONS	- CIVIL SERVICE	- EDU LOANS	

HAVE YOU WORKED FOR THE GOVERNMENT OR FOR THE RAILROAD (Y/N): N
DO YOU RECEIVE PAYMENTS FROM LOAN, PROMISSORY NOTE OR MORTGAGE (Y/N): N
PAYMENTS TO A RCF BY A FRIEND OR RELATIVE ON YOUR BEHALF (Y/N): N
HAVE YOU EVER VOLUNTARILY GIVEN UP ANY PORTION OF ANY INCOME (Y/N): N

UPDATED: USER ID: DATE: SYSTEM ID: COM2000 DATE: 02/07/07
ME900063 RECIPIENT RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP
PF17->PAR01 PF21->HIST- PF22->HIST+

From: Kathleen Kavanaugh
To: Jennifer Dabbs
Date: 2/28/2007 4:30 PM
Subject: Re: the Reed family 100114394

He was removed so as not to interfere or confuse anyone with the # in the AG aid group. He is still in MEDS (Brandon) and if he should apply for any reason, he should be in his own household # as an adult. This is just the way MEDS works.....

Kathleen Kavanaugh
Human Service Coordinator I
Region 8/Charleston
phone: 843-740-5917
fax : 843-740-5921

>>> Jennifer Dabbs 02/28/07 2:42 PM >>
Good afternoon!

Denise Epps has been working on getting a response to Ms. Reed regarding her son's Medicaid closure due to the fact he is now 19. I was looking through MEDS and could not find Brandon on most of the screens, so I contacted the MEDS help desk and was told that you removed Brandon from the household on 2/27/07. I am just making sure that we aren't missing something. Why was this done? I just want to be sure our response is correct and was just curious about this because it's something I've never seen done before. Thanks so much for your help! I look forward to hearing from you.

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@scdhhs.gov

From: Kathleen Kavanaugh
To: Denise Epps
Date: 2/27/2007 11:42 AM
Subject: Re: the reed family - BG 08817688

The income limit for an aid group of 3 for LIF is \$691, so they would not meet the net income limit. The income they receive is not wages, so the 50% disregard cannot be applied. One son is still eligible for PHC. If their son Brandon is disabled, he can apply for ABD....

Kathleen Kavanaugh
Human Service Coordinator I
Region 8/Charleston
phone: 843-740-5917
fax : 843-740-5921

>>> Denise Epps 02/27/07 10:58 AM >>>
ms. maureen reed has contacted director kerr about her son brandon turning age 19 and no longer eligible for PHC coverage. I am preparing a response.

does it appear that this family may be eligible for LIF coverage? gross income for mr. reed is listed at \$1,378.37/mo. since this is a "logged" letter, I would appreciate a quick response if possible. many thanks, denise

Denise M. Epps
Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-2505 direct; (803) 255-8350 fax
eppsden@scdhhs.gov

From: Sharon Mondler
To: Denise Epps
Date: 2/27/2007 12:39 PM
Subject: Re: is judy pinckney still in the charleston office

Phone No: (843) 740-5913; Supervisor: Kathleen Kavanaugh

>>> Denise Epps 2/27/2007 11:05 AM >>>
also, sharon, can you confirm that martha smith is still her supervisor.

is judy's phone # still: 843-740-5910 ?

thanks for your help,
me