

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

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>12-11-06</i>
--------------------------	--------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000398</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 12/20/06, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-18-06</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.			

LINDSEY O. GRAHAM
SOUTH CAROLINA



280 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5872

UNITED STATES SENATE
Fax Transmittal Sheet

TO: ROBBIE KERR
FROM: RENE AND TANKERSBURY

DATE: 12.11.06

COMMENTS: THANK YOU!

4 PAGE(S) TO FOLLOW

*Rog-Ries
in Approp. Sign!!*

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

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

808 HAMPTON STREET
SUITE 202
COLUMINA, SC 29201
(803) 853-0112

401 WEST EVALES STREET
SUITE 228B
FLORENCE, SC 29501
(843) 689-1909

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 252-1471

530 JOHNNIE DOODS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29404
(843) 849-9987

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 969-2228

155 EAGLES NEST DRIVE
SUITE B
SEWEECHA, SC 29578
(804) 984-4330

LINDSEY O. GRAHAM
SOUTH CAROLINA



280 Russell Senate Office Building
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

December 11, 2006

Mr. Robert Kerr
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Robbie:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, I am sending this correspondence to your attention.

Thank you for your attention to this matter. I ask that you please respond directly to the individual.

Sincerely,

Lindsey O. Graham
United States Senator

LOG/rat

Enclosure

508 HAMILTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 833-0112

401 WEST EVANS STREET
SUITE 428B
FLORENCE, SC 29601
(843) 666-1506

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

530 JOHNNIE DODDS BOULEVARD
SUITE 402
MOUNT PLEASANT, SC 29464
(843) 848-9897

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 589-2826

126 EAGLES NEST DRIVE
SUITE B
SEWEEA, SC 29578
(843) 888-9330

12/11/2006 12:04PM

NOV 03 2006

1557 Woodlawn Drive
Winston, South Carolina
29053

OCT 30 2006

Senator Lindsey Graham
101 East Washington Street
Suite 330
Greenville, South Carolina 29601

Dear Senator Graham;

Enclosed is a copy of the letter that I received today from the Social Security Administration.

I was very disappointed as I read this letter. Presently I do receive the amount of \$677.00 a month from Social Security.

Due to me being a Breast Cancer Survivor, I really do not know how I will survive.

Senator Graham, I would certainly appreciate your help in this matter.

Sincerely yours,
Thomas E. Parker

Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

Southeastern Program Service Center
2001 Twelfth Avenue, North
Birmingham, Alabama 35285-0001
Date: October 24, 2006
Claim Number: 251-62-8491A

1017 TERMOG,PCJA,SI,7027,
YVONNIE E PARKER
1657 WOODTRAIL DR
GASTON SC 29053-8947

00000135 01 AT 01308

\$1677.00

|||||

The State of South Carolina will no longer pay your Medicare medical insurance premiums after October 2006. You must pay the premiums beginning November 2006.

What We Will Pay And When

We will deduct the basic Medicare medical insurance premium of \$88.50 from your monthly payment. Later in this letter, we tell you what to do if you disagree with this change in the amount of your monthly payment.

- You will receive \$589.00 for October 2006 around November 3, 2006.
- After that you will receive \$589.00 on or about the third of each month.

To Cancel This Insurance

If you want to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date your insurance coverage ends depends on when you cancel it:

- If you cancel it within 30 days from the date of this notice, your coverage will end at the same time the State stopped paying the premiums.
- If you cancel it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which you contact us.
- If you wait more than 6 months to contact us, coverage will stop at the end of the month after the month in which you contact us.



251-62-8491A

Page 2 of 2

If You Disagree With The Decision

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-LU2, called "Request for Reconsideration." Contact one of our offices if you want help.

If You Have Any Questions

If you have any questions about the State Medicaid Program, please contact your State public assistance office.

If you have any questions about Medicare you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-800-929-7635. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
 STROM THURMOND FED BLD
 1835 ASSEMBLY ST
 COLUMBIA, SC 29201

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Quirke C. Wilson
 Assistant Regional Commissioner,
 Processing Center Operations



#398
✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

December 20, 2006

Ms. Yvonne E. Parker
1657 Woodtrail Drive
Gaston, South Carolina 29053

Dear Ms. Parker:

Senator Lindsey Graham asked our agency to respond to your concerns regarding your Medicare Part B premium payments.

I am happy to report that upon further review of your case you will continue to receive Medicaid benefits through our Aged, Blind or Disabled program. We apologize for any confusion or inconvenience this may have caused you.

Medicaid will also continue to pay your Medicare Part B premiums. You should receive reimbursement for any excess premium payments within 30 to 60 days. If you have any questions, please call Ms. Sue Oakley at (803) 785-2975.

Sincerely,

Handwritten signature of Gary Ries in black ink.

Gary Ries
Deputy Director

GR/jod

LEGISLATIVE LOG #	0398
LEGISLATOR/INQUIRER	US Senator Lindsey O. Graham
CONSTITUENT	Yvonne E. Parker
SSN	251-62-8491
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	12/11/2006
DATE DRAFT DUE GR	
LOG LETTER DUE DATE	12/18/2006
DATE REFERRED TO BC	12/12/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Letter from SSA stating that the \$88.50 premiums are deducted from her check beginning 11/06. Her premium payments stopped when her ABD was closed, but then the worker ex-pated her to SLMB. She will be reimbursed for any \$ taken out of her check as there was not a lapse in coverage. I also looked at the closed ABD case and brought to worker's attention that the COLA policy can be used and she should have no lapse in coverage for ABD. Also ran this by Betty Moses and she agreed.	12/12/2006	Jan	8-2502	am - Social Security Issue - not Medicaid.
	12/12/2006	Jill	8-3936	Gave to Jenny to distribute (10am)
	12/12/2006	Jenny	8-3965	I'm handling. Researched MEDS. SLMB is currently active. Looks like it is due to case closing, then being put back on. Premiums are currently being paid by Medicaid. Interface system shows this began again on 12/4, and say it takes 30-60 days for the direct deposit to get back to normal. Anything withdrawn from the SSA check will be directly deposited back into the account. Talked to Betty about the COLA policy-she is checking and will get back to me. See emails to worker.
	12/12/2006	Jan	8-2502	Lindsey, Sen. Knotts Office, called Linda asking for us to research. 212-6350 - Call w/closure.
	12/14/2006	Jenny	8-3965	Spoke to Ms. Parker-explained that her SLMB has been reinstated. Also told her we were reviewing her ABD closure and I would let her know of any changes as far as her becoming eligible. She was very thankful.
	12/14/2006	Jenny	8-3965	Betty says yes she should be ABD eligible without a break in coverage. Emailed worker again. Drafted letter-waiting on ABD coverage in MEDS.
	12/14/2006	Jenny	8-3965	ABD/QMB coverage is currently in MEDS effective 1/1/07. MEDS correction must be completed to take all the way back. Bottom line-ABD and QMB will go back without a break-any premium payments will be reimbursed in 30-60 days. Left Ms. Parker a message to call me.
	12/14/2006	Jenny	8-3965	To Bob to proof. Sent straight to 11th as Mark and Alicia out until Monday.

CHECKLIST

Family Size

Income/Resources

Programs:

ABD (32)

Foster Children (31,60)

From: Margaret Sue Leslie
To: Jennifer Dabbs
Date: 12/14/2006 2:32 PM
Subject: Re: Yvonne Parker

CC: Avis Newton

I have opened her back up and am in the process of communicating with MedsHelpdesk to take the Medicaid ABD coverage back to 11/01/06. I asked that they let me know right away when it is done.

>>> Jennifer Dabbs 12/14/06 12:48 PM >>>

Thanks, Betty Moses from Policy just came to me about this case. She said it appears a re-budget was not completed in March. Therefore, we can use \$651+\$192.32 and she will be under the ABD limit. She said we would need to take her back without a lapse in coverage. Once this is done-please email me. Thanks again for your work on this case!!

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
lynchtjen@scdhhs.gov

>>> Margaret Sue Leslie 12/14/2006 8:43 AM >>>
I will revisit and rebudget the Yvonne Parker case. I was not aware of the implications of the new change until yesterday. Thank you for bringing the matter up.

From: Margaret Sue Leslie
To: Jennifer Dabbs
Date: 12/14/2006 8:44 AM
Subject: Yvonne Parker

CC: Jimmy Hampton

I will revisit and rebudget the Yvonne Parker case. I was not aware of the implications of the new change until yesterday. Thank you for bringing the matter up.

From: Leslie M Shealy
To: LYNCHJEN@scdhhs.gov, LESLIEMS@scdhhs.gov
Date: 12/13/2006 9:33 AM
Subject: Re: Yvonne Parker 100293203

CC: FULLERB@scdhhs.gov, HamptonJ@scdhhs.gov, MCWHITEP@scdhhs.gov, TateF@scdhhs.gov
Jennifer,

I am no longer located in the Lexington office, but I will be happy to assist in any way I can. I have looked over this case and it does appear that Sue Oakley(formerly Sue Leslie) has made the correct decision in closing the ABD and opening a SLMB case for Ms. Parker. According to BENDEX, the amount of \$677.00 was effective 12/2005 not 12/2006. This amount of \$677.00 plus her SCSR of \$199.05 put her monthly income at \$876.05. The \$50.00 disregard would place her at \$826.05 which is over the allowable ABD income limit. Again, the SSA amount of \$677.00 was effective 12/2005 not 12/2006. Please let me know if I can be of further assistance.

Thanks!
Leslie

>>> Jennifer Dabbs 12/12/06 3:40 PM >>>
Good afternoon!

We received a letter from Senator Graham's office regarding the above constituent. She complains of having to pay her Medicare premiums effective 11/1/06, but I do see in MEDS where this has been reinstated without a break in coverage. However, I did notice that she lost her ABD due to income. Couldn't we apply policy 303.01.03A- Social Security, Railroad Retirement, and Federal Poverty Level (FPL) COLAS in this situation? If we used the \$651, she could remain eligible under the ABD category. Could you please take a look at this and get back to me, as I must have a written response to the Senator's office. Thanks so much for your time! 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: Margaret Sue Leslie
To: Jennifer Dabbs
Date: 12/13/2006 8:52 AM
Subject: Re: Yvonne Parker 100293203

CC: Pat McWhite

Good morning. Sorry the manual policy that you suggested does not apply in this case. During the course of her annual review I added together her gross 2006 income of 677.00 according to Bendex and her gross S. C. Retirement pay of 199.05. That totaled 876.05. Then from that I took the 50.00 disregard that left her with a countable income of 826.05. 826.05 is over the 2006 countable income of 817.00. We do not even use the 2007 Cost of Living Increase on the ABD cases until April of 2007 when the ABD income limit increases. With her income level I was able to place her on the SLMB program. That is where the state will be paying her Medicare premium. There is a slight time lag once a SLMB case is approved due to the process, however, she will be refunded retroactively on that. Unfortunately, Medicaid rules are very firm about income limits. If she thinks that she would qualify for a nursing level of care, I would be happy to send her a CLTC application.

>>> Jennifer Dabbs 12/12/06 3:40 PM >>>
Good afternoon!

We received a letter from Senator Graham's office regarding the above constituent. She complains of having to pay her Medicare premiums effective 11/1/06, but I do see in MEDS where this has been reinstated without a break in coverage. However, I did notice that she lost her ABD due to income. Couldn't we apply policy 303.01.03A- Social Security, Railroad Retirement, and Federal Poverty Level (FPL) COLAS in this situation? If we used the \$651, she could remain eligible under the ABD category. Could you please take a look at this and get back to me, as I must have a written response to the Senator's office. Thanks so much for your time! 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

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/14/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 12 / 2006 THRU: /

PAGE: 3 OF 3

HH NAME: YVONNE PARKER

HH NUMBER: 100293203

BG NUMBER: 59465268

ACTION TYPE: MAINTENANCE

BG: A BGP: A

WKR: MMCKE MARGARET LESLIE

ACTION DATE: 12/14/06

RCP NAME: YVONNE PARKER

RCP NUMBER: 6329310001

PREVIOUS BG:

NEW BG:

CORRECT RCP NUMBER:

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

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT	DATES---	--MEDICAID+QMB	DATES--	SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
01/01/2007	02/01/2007	02/01/2007				

UPDATED: USER ID: MMCKE DATE: 12/14/06 SYSTEM ID: ELD3000 DATE: 12/14/06
 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

MEBUY10 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06
MEDSPROD BUY-IN ELIGIBLES ACTION:

HCFA SSN: 251-62-8491 HCFA NAME FIRST: YVONNE INIT: E LAST: PARKER
MEDS SSN: 251-62-8491 MEDS: YVONNE PARKER
RCP NUM: 6329310001 HH NUM: 100293203 COUNTY: 32 ELIGIBILITY STATUS: E
PCAT: 52
MCN/RRN: 251628491A PART A/B: B OLD MEDICARE # BEGIN END
SEX: F DOB: 10/15/1938
TRANSACTION RECEIVED DATE: 12/03/2006
BUYIN PREMIUM MONTH: 01/2007 HISTORY

START DATE	STOP DATE	ELIG CODE	SSI STAT	TRANS CODE	PREM AMOUNT	RED IND	PREM SURC
11/2006	/	L	-	1161	270.50	-	-
10/2003	10/2006	L	-	1751	-88.50	-	-

UPDATED: USER ID: DATE: SYSTEM ID: BUY2000 DATE: 12/04/06
ME900091 REQUESTED DATA FOUND - 0001 PAGE(S)
PF1->HELP PF2->RCP INFO PF5->BUY REC PF6->RETURN PF7->PREV PF8->NEXT
PF10->MENU PF12->BENDEX PF14->BUY AUDIT PF16->SDX INFO PF18->ADD ELIG

Spoke to NAKIA in Interface Dept. Saw they are currently being paid. Takes 30-60 days to go through - any \$ deducted from the check will be reimbursed through direct deposit.

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/14/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 10/18/06 END: PAGE: 0001

NAME: PARKER YVONNE HH NAME: PARKER YVONNE

RCP NUMBER: 6329310001 HH NUMBER: 100293203 ACTION TYPE: MAINTENANCE

SSN: 251-62-8491 VC: V APL STATUS: ACTION DATE: 10/26/06

PRIMARY INDIVIDUAL: APL CO: 32 WORKER ID: TTOLA LOCATION: 444

1657 WOODTRAIL DRIVE SSCN: 251628491A RRN:

RACE: 01 SEX: F MARITAL STATUS: D

TPL INSURANCE: N RELATION: SELF

DOB: 10/15/1938 DOD:

GASTON SC 29053- 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
89427643	11/01/2006		52	10	LIMITED	N	N	1.01	
88945544	07/01/2005	11/01/2006	32	10	FULL	N	N	1.01	
97956262	10/01/2003	07/01/2005	48	50	LIMITED	N	N	1.14	

UPDATED: USER ID: LMEFF DATE: 08/27/03 SYSTEM ID: BUY1000 DATE: 11/15/06
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

SSA-

Closed on 11/06

EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/14/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 10/18/2006 END:

NAME: PARKER YVONNE HH NAME: PARKER YVONNE
NUMBER: 6329310001 HH NUMBER: 100293203 ACTION TYPE: MAINTENANCE
SSN: 251-62-8491 STATUS: ACTION DATE: 10/26/2006

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: 10/24/2002

END DATE:

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE	RECD	FREQUENCY
0.00			
677.00	10/25/2006		MONTHLY
677.00	01/03/2006		MONTHLY
651.00	01/03/2005		MONTHLY
634.00	01/03/2004		MONTHLY

UPDATED: USER ID: TTOLA DATE: 10/26/2006 SYSTEM ID: CNV1010 DATE: 10/24/02
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

BG#: _____

ABD/SLMB Budgetsheet

Section I - Burial Assets Exclusion Computation		Section III - Income Sources		
1. Determine Net Burial Assets Exclusion Limit:		RSDI/RR Retirement	651.00	
A. Maximum Burial Assets Exclusion Limit	1,500.00	VA Benefits	0.00	
B. Offset		Pension/Retirement	199.05	
C. Net Burial Assets Exclusion Limit (A - B)	1,500.00	Earned Income	0.00	
		Interest/Dividends/Rent	0.00	
2. A. Combined Value of Burial Assets		Cash Contributions	0.00	
B. Net Burial Assets Exclusion Limit	1,500.00	Other	0.00	
C. Excluded Burial Assets	0.00	If determining eligibility for a child(ren) living with his/her parent(s), complete the monthly deeming and allocation section		
Enter 2C amount in Section II Line 14 below.				
Section II - Countable Resources Computation	\$ Value	IV - Determination of Income Eligibility	\$ Amount	SLMB/QMB Budgeting
1. Automobile, Truck, Etc.	0.00	1. Gross Unearned Income	850.05	850.05
2. Life Insurance (Face Value > \$5000)	0.00	2. General Disregard	50.00	20.00
3. Cash on Hand		3. Subtotal	800.05	830.05
4. Checking Account	0.00	4. Gross Earned	0.00	0.00
5. Savings Account	0.00	5. Disregards		
6. U.S. Savings Bond		a. General SSI Disregard (Allow amount not used in 2)	0.00	0.00
7. Stocks and Bonds		b. Subtotal	0.00	0.00
8. Trust Fund		c. Earned Income Disregard (\$65)	65.00	65.00
9. Pre-Need Burial Account (Revocable)	0.00	d. Subtotal	0.00	0.00
10. Non-Excluded Cemetary Lot(s)		e. Disregard 1/2 the Amount in Line 5D	0.00	0.00
11. Real Property	0.00	f. Subtotal	0.00	0.00
12. Other	0.00	6. Total	800.05	830.05
13. Countable Resource Subtotal	0.00	7. Allocation	0.00	0.00
14. Less Burial Exclusion	0.00	8. Countable Income	800.05	830.05
Total Countable Resource Value	0.00	9. Appropriate Poverty Level	817.00	
Resource Limit	4,000.00	SLMB Countable	830.05	
		S1 Limit	980.00	
		S2 Limit	1,103.00	
Resource Eligible		ABD Eligible		
		Not QMB		

Allocation for Children		
	Income	Allocation
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	Total	0.00

Retroactive: _____

Categorical Eligibility: _____

Action: _____

Decision: _____

Month of Eligibility: _____

Eligibility Worker's Signature: _____

Decision Date: 12/14/2006

Processing Time: _____ Day(s)

BG#: _____

ABD/SLMB Budgetsheet

Section I - Burial Assets Exclusion Computation		Section III - Income Sources		
1. Determine Net Burial Assets Exclusion Limit:		RSDI/RR Retirement		677.00
A. Maximum Burial Assets Exclusion Limit	1,500.00	VA Benefits		0.00
B. Offset		Pension/Retirement		192.32
C. Net Burial Assets Exclusion Limit (A - B)	1,500.00	Earned Income		0.00
		Interest/Dividends/Rent		0.00
2. A. Combined Value of Burial Assets		Cash Contributions		0.00
B. Net Burial Assets Exclusion Limit	1,500.00	Other		0.00
C. Excluded Burial Assets	0.00	If determining eligibility for a child(ren) living with his/her parent(s), complete the monthly deeming and allocation section		
Enter 2C amount in Section II Line 14 below.				
Section II - Countable Resources Computation	\$ Value	IV - Determination of Income Eligibility	\$ Amount	SLMB/QMB Budgeting
1. Automobile, Truck, Etc.	0.00	1. Gross Unearned Income	869.32	869.32
2. Life Insurance (Face Value > \$5000)	0.00	2. General Disregard	50.00	20.00
3. Cash on Hand		3. Subtotal	819.32	849.32
4. Checking Account	0.00	4. Gross Earned	0.00	0.00
5. Savings Account	0.00	5. Disregards		
6. U.S. Savings Bond		a. General SSI Disregard (Allow amount not used in 2)	0.00	0.00
7. Stocks and Bonds		b. Subtotal	0.00	0.00
8. Trust Fund		c. Earned Income Disregard (\$65)	65.00	65.00
9. Pre-Need Burial Account (Revocable)	0.00	d. Subtotal	0.00	0.00
10. Non-Excluded Cemetary Lot(s)		e. Disregard 1/2 the Amount in Line 5D	0.00	0.00
11. Real Property	0.00	f. Subtotal	0.00	0.00
12. Other	0.00	6. Total	819.32	849.32
13. Countable Resource Subtotal	0.00	7. Allocation	0.00	0.00
14. Less Burial Exclusion	0.00	8. Countable Income	819.32	849.32
Total Countable Resource Value	0.00	9. Appropriate Poverty Level	817.00	
Resource Limit	4,000.00	SLMB Countable		
		S1 Limit	980.00	
		S2 Limit	1,103.00	
			849.32	
Resource Eligible		S1 Eligible		
		Not QMB		

Allocation for Children		
	Income	Allocation
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	Total	0.00

Retroactive: _____

Categorical Eligibility: _____
 Action: _____
 Decision: _____
 Month of Eligibility: _____

Eligibility Worker's Signature: _____

Decision Date: 12/14/2006
 Processing Time: _____ Day(s)

BG#: _____

ABD/SLMB Budgetsheet

Section I - Burial Assets Exclusion Computation		Section III - Income Sources		
1. Determine Net Burial Assets Exclusion Limit:		RSDI/RR Retirement	651.00	
A. Maximum Burial Assets Exclusion Limit	1,500.00	VA Benefits	0.00	
B. Offset		Pension/Retirement	192.32	
C. Net Burial Assets Exclusion Limit (A - B)	1,500.00	Earned Income	0.00	
		Interest/Dividends/Rent	0.00	
		Cash Contributions	0.00	
2. A. Combined Value of Burial Assets		Other	0.00	
B. Net Burial Assets Exclusion Limit	1,500.00	If determining eligibility for a child(ren) living with his/her parent(s), complete the monthly deeming and allocation section		
C. Excluded Burial Assets	0.00			
Enter 2C amount in Section II Line 14 below.				
Section II - Countable Resources Computation	\$ Value	IV - Determination of Income Eligibility	\$ Amount	SLMB/QMB Budgeting
1. Automobile, Truck, Etc.	0.00	1. Gross Unearned Income	843.32	843.32
2. Life Insurance (Face Value > \$5000)	0.00	2. General Disregard	50.00	20.00
3. Cash on Hand		3. Subtotal	793.32	823.32
4. Checking Account	0.00	4. Gross Earned	0.00	0.00
5. Savings Account	0.00	5. Disregards		
6. U.S. Savings Bond		a. General SSI Disregard (Allow amount not used in 2)	0.00	0.00
7. Stocks and Bonds		b. Subtotal	0.00	0.00
8. Trust Fund		c. Earned Income Disregard (\$65)	65.00	65.00
9. Pre-Need Burial Account (Revocable)	0.00	d. Subtotal	0.00	0.00
10. Non-Excluded Cemetary Lot(s)		e. Disregard 1/2 the Amount in Line 5D	0.00	0.00
11. Real Property	0.00	f. Subtotal	0.00	0.00
12. Other	0.00	6. Total	793.32	823.32
13. Countable Resource Subtotal	0.00	7. Allocation	0.00	0.00
14. Less Burial Exclusion	0.00	8. Countable Income	793.32	823.32
Total Countable Resource Value	0.00	9. Appropriate Poverty Level	817.00	
Resource Limit	4,000.00	SLMB Countable		
		823.32	S1 Limit 980.00	S2 Limit 1,103.00
Resource Eligible		ABD Eligible		
		Not QMB		

Allocation for Children		
	Income	Allocation
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	Total	0.00

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EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 10/18/06 END: PAGE: 0001

NAME: PARKER YVONNE HH NAME: PARKER YVONNE

RCP NUMBER: 6329310001 HH NUMBER: 100293203 ACTION TYPE: MAINTENANCE

SSN: 251-62-8491 VC: V APL STATUS: ACTION DATE: 10/26/06

PRIMARY INDIVIDUAL: APL CO: 32 WORKER ID: TTOLA LOCATION: 444

1657 WOODTRAIL DRIVE SSCN: 251628491A RRN:

RACE: 01 SEX: F MARITAL STATUS: D

TPL INSURANCE: N RELATION: SELF

DOB: 10/15/1938 DOD:

GASTON SC 29053- LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
NUMBER	ELIG	ELIG						LEVEL	NUMBER
89427643	11/01/2006		52	10	LIMITED	N	N	1.01	
88945544	07/01/2005	11/01/2006	32	10	FULL	N	N	1.01	
97956262	10/01/2003	07/01/2005	48	50	LIMITED	N	N	1.14	

UPDATED: USER ID: LMEEET DATE: 08/27/03 SYSTEM ID: BUY1000 DATE: 11/15/06
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

*Jimboey 212-6350
Son. Kenneth's 008.*

Log 398

And w/ updates