

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Jacobs	DATE 6-12-07
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000777	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 6/26/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 6-22-07
	<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: Jacobs
APP 12gr

ALEXANDER FREEDAY
9801 SIMONSON CT.

MURRELLS INLET, SC 29576

JUNE 11, 2007

Dear Ms. Jacobs:

I've sent me representative packet in August 2006 that I needed with the help of Melvin Scott, Thank you.

Ms. Jacobs, I would like to know if you could help me out further. My husband is on SSI, and we applied for Medicaid in 2000 and were approved it for my son. His # was 626942502. I reapplied and we were denied, and we have less income.

I also need assistance in finding an attorney. It seems like, if you don't have the money (which I don't), they don't have the time. It feels like you have to know someone to help out.

I'm in a situation, that I need an attorney who is willing to help (pregnancy on woman) who has, and is obligated in it. and forgiveness. I just need to know if I have a case. I feel that I do, but I need assistance in getting back on track financially and money back.

MSA

Hopefully you can get someone who
will help me out with this matter.

Also, can we keep this between us
for now. I don't want to tell my husband
about this until I'm sure that this can
be done in SC and Pa. He suffers from
Major Depression and I don't want to
upset him.

Can we keep in touch by writing also.
Hope to hear from you soon.
Thank you so much

Love,
Alexandra Shrivastava

ATTN: Mrs. Alicia Jacobs

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JUN 12 2007

RECEIVED

A. J.
9801 Rembert St.
Murrells Spit, SC
29576

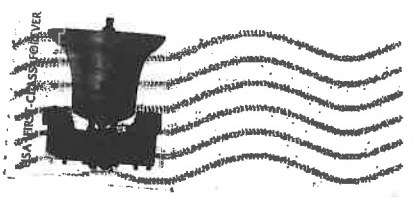
29202+B206



State of South Carolina
Dept. of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

11 JUN 2007 PM 1 T

FLORENCE SC 295





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

June 26, 2007

Ms. Alexandra Farraday
9801 Simonton Court
Murrells Inlet, South Carolina 29576

Dear Ms. Farraday:

Thank you for writing to us regarding Medicaid eligibility and your need for legal representation. We appreciate the opportunity to be of assistance.

Your most recent application for Medicaid's Low Income Families (LIF) program was denied because your monthly income exceeds the allowable limit. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements based on federal and state regulations. We have enclosed an overview of the Medicaid program for your review. If your financial circumstances should change, please reapply with our Horry County Office, 1601 11th Avenue, 2nd Floor, Conway, SC 29526 or call 843-381-8260.

Although our agency cannot make legal recommendations, we have enclosed a "Pocket Legal Counselor" provided by the South Carolina Bar. You may also contact the South Carolina Centers for Legal Justice to see if you qualify for free legal help at 1-888-346-5592. We also enclosed information on programs that can assist you in obtaining medical services, inpatient hospitalization and prescription medications at a reduced cost. These programs help individuals who do not qualify for Medicaid, have little or no insurance coverage, and cannot afford to pay for healthcare services.

I hope this information is helpful. If you have any questions about the Medicaid program, please call Denise Epps at 803-898-2505 or (toll-free) 1-888-549-0820, Ext. 2505.

Sincerely,

Alicia Jacobs
Interim Deputy Director

AJ/ode
Enclosures

777
✓

LEGISLATIVE LOG #	0777
LEGISLATOR/INQUIRER	Ms. Alexandra Farraday
CONSTITUENT	same
SSN	
BC ASSIGNED LOG	BEPO
DATE REC'D BY AGENCY	6/12/2007
DATE DRAFT DUE AJ	6/20/2007
LOG LETTER DUE DATE	6/22/2007
DATE REFERRED TO BC	6/13/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Ms. Farraday first contacted us in 8/06 - Gold Log # 181 (attached). She wants to communicate in writing only so as not to alarm her husband who is manic depressive and is on SSI. Her son is age 8. Their income is over the limit for LIF and PHC, even though she says they have less income than they did in 2000 when her son had PHC. (There are probably other circumstances there - code UC; however, she's applied several times since then, and income has always been an issue.) She also seeks legal assistance but we don't know for what issue.	6/13/2007	Jan	8-2502	Box...
	6/13/2007	Jennifer	8-3936	To Jenny
	6/13/2007	Jenny	8-3965	To Denise
	6/14/2007	Denise	8-2505	Began research. We also assisted this woman in 8/06 - Gold Log # 181 - copy attached for reference. She wants to communicate in writing, so no phone call possible. Researched multiple denials in MEDS.
	6/21/2007	Denise	8-2505	Drafted response letter and gave to Jenny for edits.

CHECKLIST

Family Size	3
Income/Resources	2,929.00
Other Resources:	
Communicare	
FQHCs	x
Free Medical Clinics	x
Medicare	
MIAP	x
Prescription Drug Programs	x
Social Security	
Together Rx	

Programs:

ABD (32)	
Foster Children (31,60)	
General Hospital (14)	
HCBWS (15)	
LIF (59)	x
MBCCP (71)	
Nursing Home (10)	
OSS (85,86)	
PHC (88)	x
Pregnant Women & Infants (12,87)	
QMB (90)	
SILVERxCARD (92)	
SLMB (48,52)	
SSI (80)	
TEFRA (57)	
Transitional (11)	
Working Disabled (40)	

Bald Log

DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ELIGIBILITY POLICY AND OVERSIGHT
ACTION REFERRAL

CORRESPONDENCE FOR ALICIA'S SIGNATURE

LOG #: <u>181</u>	DATE RECEIVED: <u>8/24/06</u> by <u>BEPO</u>
-------------------	---

DATE TO ALICIA: <u>8/25/06</u>	DUE DATE: <u>9/5/06</u>
DATE SIGNED BY ALICIA: <u>8/25/06</u> (late aft.)	
DATE MAILED: <u>8/28/06</u>	

Letter prepared by: Denise Lopez Date: 8/24/06
init 8/25/06

Rec'd 8/24/06
by BEPD

RECEIVED

DN 5/1/9
No phone #

JUL 31 2006

CENTRAL ELIGIBILITY
PROCESSING

ALEXANDRA FARADAY

9801 SIMONSON CT

MURKENS TULEN, SC 29576

July 27, 2006

Dear Mr. M. Scott:

I am writing to see if you can
help me file and see if I can
qualify to get Medicaid.

I lost my job, and my husband
SSI is low.

The numbers to my file are #BG 79236782
HH# 100672077.

BG# 79236779 HH# 100672077

I applied on May 19 2006. My
husband's amount is \$1405.40 and I have
and myself are still the same \$388. and
I'm not working now and I can not collect
anything.

Also, if we can't qualify, are there any
other programs I can look into.

Thank you for your time & help
hope to hear from you soon.
Please write back.

Sincerely,
Alexandra Faraday

ALEXANDRA FARADAY

P.O. Box 652

MOORELLS INLET, SC 29576

MAY 10, 2006

Dear Sir or Madam:

Enclosed is my form to try to receive some insurance.

I do have a question. I'm probably not eligible to receive any benefits. We

have any programs or group insurance that are offered to those who don't qualify? At a lower or discounted rate. After I pay mileage fees, etc. I have enough to get by. I hope there is something I can participate in.

I thank you.

Hope to hear from you soon.

Please send some information that I can use to get insurance.

Sincerely,
Alexandra Faraday

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/24/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

HH NAME: ALEXANDRA FARRADAY DATES-FROM: 05 / 2006 THRU: / PAGE: 2 OF 3
BG NUMBER: 79236779

BG: D BGP: D WKR: MSCOT CATEGORY: LIF HH NUMBER: 100672077
COUNTABLE BG MEMBERS: 3 MELISSA SCOTT ACTION TYPE: MAINTENANCE
ACTION DATE: 05/18/06

COUNTABLE INCOME: 2929.00 COUNTABLE RESOURCES: 0.00
INCOME LIMIT: 670.00 RESOURCE LIMIT: 0.00
POV-LVL: +2.11 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 05/18/06
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 05/19/07

MEETS OTHER CONDITIONS? (Y/N): Y
REASON(S) FOR DENIAL/CLOSURE/CHANGE: ANTICIPATED CLOSURE DATE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -
APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -

UPDATED: USER ID: MSCOT DATE: 05/18/06 SYSTEM ID: ELD3000 DATE: 05/18/06
IE900115 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

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/24/06
 MEDSPROD RECIPIENT INFORMATION ACTION: PAGE: 0001

MEMBER PERIOD START: 05/15/06 END: NAME: FARRADAY ALEXANDRA HH NAME: FARRADAY ALEXANDRA
 RCP NUMBER: 6269142501 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE
 SSN: 191-54-9967 VC: V APL STATUS: ACTION DATE: 05/18/06
 PRIMARY INDIVIDUAL: APL CO: 26 WORKER ID: MSCOT LOCATION: 055
 P O BOX 652 SSCN: 185445171B2 RRN: MARITAL STATUS: M
 RACE: 01 SEX: F TPL INSURANCE: Y RELATION: SELF
 DOB: 02/09/1961 DOD: LIV ARRANGEMENT: HOME INCOME TRUST:
 PROVIDER:

MURRELLS INLET SC 29576-
 CORRECT RCP NUMBER: _____

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	NUMBER

UPDATED: USER ID: DALFO DATE: 11/04/03 SYSTEM ID: IEV7115 DATE: 11/26/04
 IE900063 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

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/24/06
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
MEMBER PERIOD START: 05/15/06 END:
NAME: FARRADAY ALEXANDRA HH NAME: FARRADAY ALEXANDRA
RCP NUMBER: 6269142501 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE
SSN: 191-54-9967 VC: V APL STATUS: ACTION DATE: 05/18/06
APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
DOB: 02/09/1961 AGE: 45 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
DOD: MEDICARE COVERAGE(Y/N): N
SEX: F FEMALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 185445171B2
REL: SFI SELF RAILROAD NUMBER(Y/N): N
SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME
MARITAL STATUS: M MARRIED PROVIDER NAME:
STUDENT STATUS: GRADE: # DATE OF DISCHARGE:
PREGNANT(Y/N): N EDC: RSP(Y/N): CHILD SUPPORT/ALIMONY PAID(Y/N): N
BLIND/DISABLED(Y/N): Y VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
DISABILITY ONSET: INSURANCE(Y/N): Y EARNED INC(Y/N): Y UNEARNED INC(Y/N): Y
VETERAN(Y/N): N ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G
US CITIZEN(Y/N): Y BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
US ENTRY: BIRTH DATE: 05/18/06 SYSTEM ID: DATE:
UPDATED: USER ID: MSCOT ME900063 RECIPIENT RECORD FOUND
2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/24/06
 MEDSPROD UNEARNED INCOME DETAIL ACTION:

NAME: FARRADAY ALEXANDRA PERIOD START: 05/15/2006 END:
 NUMBER: 6269142501 HH NAME: FARRADAY ALEXANDRA
 SSN: 191-54-9967 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE
 STATUS: ACTION DATE: 05/18/2006

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			
388.00	05/01/2006		MONTHLY
388.00	01/03/2006		MONTHLY
0.00	01/03/2005		MONTHLY
363.00	10/03/2004		MONTHLY
UPDATED: USER ID: MSCOT DATE: 05/18/2006 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			



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 28, 2006

Ms. Alexandra Farraday
Post Office Box 652
9801 Simonton Court
Murrells Inlet, South Carolina 29576

Dear Ms. Farraday:

Thank you for your letter to Ms. Melissa Scott, your eligibility worker, regarding changes in your income and your Medicaid eligibility. I welcome the opportunity to assist you.

As your financial circumstances have changed since you were denied Medicaid coverage in May 2006, I have enclosed a new Partners for Health (Medicaid) application and accompanying required documentation. An overview that explains the financial and categorical requirements of the various Medicaid programs is also enclosed. If you feel you or your family may now qualify, please submit the completed application and accompanying forms to the address listed on the application. If you have any questions regarding this application process, please call your eligibility worker, Ms. Melissa Scott at 803-898-4881.

Fortunately, there are other programs besides Medicaid that can assist with your healthcare and prescription medication needs. I have enclosed some information on several programs that may be able to assist you in obtaining prescription medications at a reduced cost.

I would also encourage you to seek assistance from a Community Health Center (CHC). These centers provide basic medical care to all individuals in their service area regardless of their income or insurance status, but may assess a small fee based upon your income. Your nearest CHC is Health Care Partners of South Carolina in Conway at 843-248-4700.

I hope this information is helpful.

Sincerely,

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

Alicia Jacobs
Bureau Chief

AJ/he
C: Ms. Melissa Scott, Central Eligibility Processing
Enclosures

Bureau of Eligibility Policy and Oversight
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2635 • Fax (803) 255-8350

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
MED3PROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: FARRADAY ALEXANDRA

ACTION TYPE: MAINTENANCE

HH NUMBER: 100672077 APL STATUS: _____

ACTION DATE: 09/18/06

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST REVIEW	BG STATUS
<input checked="" type="checkbox"/>	62691425	PHC	TSPIR	26	001	11/18/2000		CLOSED
<input checked="" type="checkbox"/>	99159331	LIF	GTAYL	47	055	10/19/2007		DENIED
<input checked="" type="checkbox"/>	99159345	PHC	GTAYL	47	055	10/13/2007		DENIED
<input checked="" type="checkbox"/>	79236779	LIF	MSCOT	47	055	05/19/2007		DENIED
<input checked="" type="checkbox"/>	79236782	PHC	MSCOT	47	055	05/19/2007		DENIED
-	78609871	ABD	JELLI	26	004	10/01/2005		DENIED
-	68610480	ABD	JELLI	26	004	10/01/2005		DENIED
-	78608705	PHC	JMCKN	26	001	11/01/2005		DENIED
-	97988984	ABD	DALFO	26	001	11/05/2004		DENIED
-	97989004	SIMB2	DALFO	26	001	11/05/2004		DENIED
-	97988998	PHC	DALFO	26	001	11/05/2004		DENIED

UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: HMS5000 DATE: 09/18/06
ME900041 PRESS PF8 TO DISPLAY MORE RECORDS

PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

Document Name: untitled
DATE: 06/13/07
ACTION: PAGE: 2 OF 3

1 Document Name: untitled
S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID ELIGIBILITY DECISION
HH NUMBER: 100672077
ACTION TYPE: MAINTENANCE
ACTION DATE: 04/17/01

ELD01 P
DSPRCD
ALEXANDRA FARRADAY
CATEGORY: TABATHA SPIRES
COUNTABLE RESOURCES: 0.00
RESOURCE LIMIT: 0.00
HILTH INS PREM: 0.00
OSS AWARD: 0.00

1 NAME: 62691425
3 NUMBER: 62691425
G: C BGP: C
COUNTABLE BG MEMBERS: 0.00
COUNTABLE INCOME: 0.00
COUNTABLE LIMIT: +.00 %
INCOME LIMIT: 0.00
POV-LVL: 0.00
TOTAL ALLOC: 0.00
ACT ON DECISION COMPLETE? (Y/N): Y

RECURRING INC: (Y/N): -
MEETS NON-FINANCIAL? (Y/N): -
MEETS INCOME? (Y/N): -
MEETS RESOURCES? (Y/N): -
MEETS OTHER CONDITIONS? (Y/N): Y
MEETS FOR DENIAL/CLOSURE/CHANGE: (Y/N): -

REASON(S) FOR DENIAL/CLOSURE/CHANGE: (Y/N): -
CONTINUE BENEFITS? (Y/N): -
COUNTY DECISION UPHELD? (Y/N): -
SYSTEM ID: CNV1000
DATE: 10/24/02

ELIGIBILITY DECISION APPEALED? (Y/N) -
APPEAL REQUEST DATE: DATE: -
PF10->MENU PF13->FIELD HELP
PF22->HIST+ PF24->ACT ON DECISION

UPDATED: USER ID: NOT FOUND
PF6->RETURN
PF903047 REASON CODE NOT FOUND
PF3->NEXT SCR
PF21->HIST-
PF1->HELP
PF16->BG DET
PF15->MAKE DECISION

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: FARRADAY ALEXANDRA ACTION TYPE: MAINTENANCE
 HH NUMBER: 100672077 APL STATUS: ACTION DATE: 09/18/06

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST REVIEW	BG STATUS
Y	62691425	PHC	TSPJR	26	001	11/18/2000		CLOSED
Y	99159331	LIF	GTAYL	47	055	10/19/2007		DENIED
Y	99159345	PHC	GTAYL	47	055	10/13/2007		DENIED
Y	79236779	LIF	MSCOT	47	055	05/19/2007		DENIED
Y	79236782	PHC	MSCOT	47	055	05/19/2007		DENIED
-	78609871	ABD	JELLI	26	004	10/01/2005		DENIED
-	68610480	ABD	JELLI	26	004	10/01/2005		DENIED
-	78608705	PHC	JMCKN	26	001	11/01/2005		DENIED
-	97988984	ABD	DALFO	26	001	11/05/2004		DENIED
-	97989004	SLMB2	DALFO	26	001	11/05/2004		DENIED
-	97988998	PHC	DALFO	26	001	11/05/2004		DENIED

UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: HMS5000 DATE: 09/18/06
 ME900041 PRESS PF8 TO DISPLAY MORE RECORDS
 PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
 PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELDD00

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 06 / 2002 THRU: ____ / ____ PAGE: 2 OF 3
 HH NAME: ALEXANDRA FARRADAY HH NUMBER: 100672077
 BG NUMBER: 62691425 CATEGORY: ~~PRE~~ ACTION TYPE: MAINTENANCE
 BG: C BGP: C WKR: TSPIR TABATHA SPIRES ACTION DATE: 04/17/01
 COUNTABLE BG MEMBERS: ____
 COUNTABLE INCOME: ____ 0.00 COUNTABLE RESOURCES: ____ 0.00
 INCOME LIMIT: ____ 0.00 RESOURCE LIMIT: ____ 0.00
 POV-LVL: ____ +.00 % HLTH INS PREM: ____ 0.00
 RECURRING INC: ____ 0.00 TOTAL ALLOC: ____ 0.00 OSS AWARD: ____ 0.00
 MEETS NON-FINANCIAL? (Y/N): ____ ACT ON DECISION COMPLETE? (Y/N): Y
 MEETS INCOME? (Y/N): ____ DECISION ACCEPTED DATE: ____
 MEETS RESOURCES? (Y/N): ____ NEXT REVIEW DATE: 11/18/00
 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: ____ DATE: ____ SYSTEM ID: CNV1000 DATE: 10/24/02
 ME903047 REASON CODE NOT 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

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 09/14/06 END: PAGE: 0001

NAME: FARRADAY JENSEN J HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 6269142502 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE

SSN: 655-05-1178 VC: V APL STATUS: ACTION DATE: 09/18/06

PRIMARY INDIVIDUAL: APL CO: 26 WORKER ID: GTAYL LOCATION: 055

9801 SIMONTON COURT SSCN: 185445171C1 RRN:

RACE: 01 SEX: M MARITAL STATUS: S

TPL INSURANCE: Y RELATION: CHILD

DOB: 11/24/1998 DOD:

MURRELLS INLET SC 29576- LIV ARRANGEMENT: HOME INCOME TRUST:

CORRECT RCP NUMBER: PROVIDER:

BG	BEG	END	BENEFITS	OMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
62691425	08/01/1999	05/01/2001	88	30					.00	

UPDATED: USER ID: MSCOT DATE: 05/18/06 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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 05 / 2006 THRU: ____ / ____ PAGE: 2 OF 3

HH NAME: ALEXANDRA FARRADAY

HH NUMBER: 100672077

BG NUMBER: 79236779

CATEGORY: LIF

ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: MSCOT MELISSA SCOTT

ACTION DATE: 05/18/06

COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME: 2929.00

COUNTABLE RESOURCES:

0.00

INCOME LIMIT: 670.00

RESOURCE LIMIT:

0.00

POV-LVL: +2.11 %

HLTH INS PREM:

0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00

OSS AWARD:

0.00

MEETS NON-FINANCIAL?

(Y/N): Y

ACT ON DECISION COMPLETE?

(Y/N): Y

MEETS INCOME?

(Y/N): N

DECISION ACCEPTED DATE:

05/18/06

MEETS RESOURCES?

(Y/N): Y

NEXT REVIEW DATE:

05/19/07

MEETS OTHER CONDITIONS? (Y/N): Y

ANTICIPATED CLOSURE DATE:

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) _

CONTINUE BENEFITS?

(Y/N): _

APPEAL REQUEST DATE:

COUNTY DECISION UPHELD? (Y/N): _

UPDATED: USER ID: MSCOT

DATE: 05/18/06

SYSTEM ID: ELD3000

DATE: 05/18/06

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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3
 HH NAME: ALEXANDRA FARRADAY HH NUMBER: 100672077
 BG NUMBER: 99159331 CATEGORY: LIF ACTION TYPE: MAINTENANCE
 BG: D BGP: D WKR: GTAYL GLORIA TAYLOR-KING ACTION DATE: 10/18/06
 COUNTABLE BG MEMBERS: 3
 COUNTABLE INCOME: 2328.40 COUNTABLE RESOURCES: 600.00
 INCOME LIMIT: 691.00 RESOURCE LIMIT: 30000.00
 POV-LVL: +1.68 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
 MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 10/18/06
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 10/19/07
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:
 051 Your income is more than policy allows.
 012 You did not provide proof of citizenship and identity.
 ELIGIBILITY DECISION APPEALED? (Y/N) _ COUNTY DECISION UPHELD? (Y/N): _
 APPEAL REQUEST DATE: _____
 UPDATED: USER ID: GTAYL DATE: 10/18/06 SYSTEM ID: ELD3000 DATE: 10/18/06
 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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 05 / 2006 THRU: __ / __ PAGE: 2 OF 3

HH NAME: ALEXANDRA FARRADAY

HH NUMBER: 100672077

BG NUMBER: 79236782

CATEGORY: PHC

ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: MSCOT MELISSA SCOTT

ACTION DATE: 05/18/06

COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME:	2929.00	COUNTABLE RESOURCES:	0.00
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INCOME LIMIT:	2075.00	RESOURCE LIMIT:	0.00
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POV-LVL:	+2.11 %	HLTH INS PREM:	0.00
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RECURRING INC:	0.00	TOTAL ALLOC:	0.00	OSS AWARD:	0.00
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MEETS NON-FINANCIAL?	(Y/N): Y	ACT ON DECISION COMPLETE?	(Y/N): Y
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MEETS INCOME?	(Y/N): N	DECISION ACCEPTED DATE:	05/18/06
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MEETS RESOURCES?	(Y/N): Y	NEXT REVIEW DATE:	05/19/07
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MEETS OTHER CONDITIONS?	(Y/N): Y	ANTICIPATED CLOSURE DATE:	_____
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REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED?	(Y/N) _	CONTINUE BENEFITS?	(Y/N): _
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APPEAL REQUEST DATE:	_____	COUNTY DECISION UPHELD?	(Y/N): _
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UPDATED: USER ID: MSCOT	DATE: 05/18/06	SYSTEM ID: ELD3000	DATE: 05/18/06
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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

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3
HH NAME: ALEXANDRA FARRADAY HH NUMBER: 100672077
BG NUMBER: 99159345 CATEGORY: PHC ACTION TYPE: MAINTENANCE
BG: D BGP: D WKR: GTAYL GLORIA TAYLOR-KING ACTION DATE: 10/12/06
COUNTABLE BG MEMBERS: 3
COUNTABLE INCOME: 2328.40 COUNTABLE RESOURCES: 600.00
INCOME LIMIT: 2075.00 RESOURCE LIMIT: 30000.00
POV-LVL: +1.68 % HLTH INS PREM: 0.00
RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
MEETS NON-FINANCIAL? (Y/N): N ACT ON DECISION COMPLETE? (Y/N): Y
MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 10/12/06
MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 10/13/07
MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____
REASON(S) FOR DENIAL/CLOSURE/CHANGE:
051 Your income is more than policy allows.
012 You did not provide proof of citizenship and identity.
ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -
APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): -
UPDATED: USER ID: GTAYL DATE: 10/12/06 SYSTEM ID: ELD3000 DATE: 10/12/06
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

MEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: FARRADAY ALEXANDRA ACTION TYPE: MAINTENANCE
HH NUMBER: 100672077 APL STATUS: ACTION DATE: 09/18/06
APPL EFFECTIVE DATE: 09/14/2006 WORKER: GTAYL GLORIA TAYLOR-KING
MAIL IN(Y/N): Y WORKER'S COUNTY: 47 STATE OFFICE
APPLICANT'S COUNTY: 26 HORRY
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
9801 SIMONTON COURT REASON FOR APPLICATION:

MURRELLS INLET SC 29576- ADULT WITH CHILDREN(Y/N): Y
RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): Y
9801 SIMONTON COURT INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): N
AGED(Y/N): N

MURRELLS INLET SC 29576- LIMITED DATA COLLECTION: 00 NONE
PHONE: H: 843-357-3528 W: - - FIRST SIGNATURE OBTAINED(Y/N): Y
UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: HMS5000 DATE: 09/18/06
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+

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 09/14/06 END:

NAME: FARRADAY ALEXANDRA HH NAME: FARRADAY ALEXANDRA
 RCP NUMBER: 6269142501 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE
 SSN: 191-54-9967 VC: V APL STATUS: ACTION DATE: 09/18/06
 APPLYING(A/NA): A
 DOB: 02/09/1961 AGE: 46
 DOD: _____
 SEX: F FEMALE RACE: 01 WHITE
 REL: SFI SELF
 SSI APPLICATION DATE: _____
 MARITAL STATUS: M MARRIED
 STUDENT STATUS: _____ GRADE: _____
 PREGNANT(Y/N): N EDC: _____ #: _____
 BLIND/DISABLED(Y/N): Y RSP(Y/N): _____
 DISABILITY ONSET: _____ VC: _____
 VETERAN(Y/N): N INSURANCE(Y/N): Y
 US CITIZEN(Y/N): Y ALIEN#: _____
 US ENTRY: _____ BIRTH CNTRY: _____
 UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: IEV7200 DATE: 11/24/06
 ME900063 RECIPIENT RECORD FOUND
 2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
 15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 09/14/06 END:

NAME: FARRADAY STEVEN M

HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 9780018702

HH NUMBER: 100672077

ACTION TYPE: MAINTENANCE

SSN: 185-44-5171

VC: V

APL STATUS:

ACTION DATE: 09/18/06

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 06/10/1952

AGE: 55

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

DOD:

MEDICARE COVERAGE(Y/N): Y 185445171A

SEX: M MALE

RACE: 01 WHITE

SS CLAIM NUMBER(Y/N): Y 185445171A

REL: S01 SPOUSE

RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE:

LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: M MARRIED

PROVIDER NAME:

STUDENT STATUS:

GRADE:

ADMISSION DATE:

PREGNANT(Y/N): N

EDC:

DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): Y

RSP(Y/N):

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

DISABILITY ONSET: 08/01/1994

VC:

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

VETERAN(Y/N): N

INSURANCE(Y/N): Y

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: GTAYL

DATE: 09/18/06

SYSTEM ID: TTR1004

DATE: 05/28/07

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX

11>HH BGS

12>DED REL

14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS

19>REQ CRD

20>UCB

23>SDX

24>SRS

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 09/14/06 END:

NAME: FARRADAY JENSEN J

HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 6269142502

HH NUMBER: 100672077

ACTION TYPE: MAINTENANCE

SSN: 655-05-1178 VC: V APL STATUS:

ACTION DATE: 09/18/06

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 11/24/1998 AGE: 8

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

DOD:

MEDICARE COVERAGE(Y/N): N

SEX: M MALE RACE: 01 WHITE

SS CLAIM NUMBER(Y/N): Y 185445171C1

REL: CH2 LEGAL CHILD OF SELF AND SPO

RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE:

LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: S SINGLE

PROVIDER NAME:

STUDENT STATUS:

GRADE:

ADMISSION DATE:

PREGNANT(Y/N): N EDC: #:

DATE OF DISCHARGE:

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

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

DISABILITY ONSET: VC:

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

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

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

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

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

US ENTRY: BIRTH CNTRY:

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

UPDATED: USER ID: GTAYL

DATE: 09/18/06 SYSTEM ID: IEV7200 DATE: 11/24/06

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDHMS07 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD HOUSEHOLD MEMBERS ACTION: PAGE: 0001

HH NAME: FARRADAY ALEXANDRA ACTION TYPE: MAINTENANCE
 HH NUMBER: 100672077 APL STATUS: ACTION DATE: 09/18/06

COMPLETE FOR ALL HOUSEHOLD MEMBERS

A/	RCP	NAME	CAT1	CAT2	REL	AGE	Y/N	Y/N	LA
S NA	NUMBER								
A	6269142501	* ALEXANDRA FARRADAY	LIF		SELF	046	N	Y	HOME
A	6269142502	JENSEN J FARRADAY	LIF	PHC	CHILD	008	N	N	HOME
A	9780018702	STEVEN M FARRADAY	LIF		SPOUSE	055	N	Y	HOME

UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: HMS5000 DATE: 09/18/06
 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+

MEDHMS14 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD UNEARNED INCOME INFORMATION ACTION:

MEMBER PERIOD START: 09/14/06 END:

NAME: FARRADAY ALEXANDRA

HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 6269142501

HH NUMBER: 100672077

ACTION TYPE: MAINTENANCE

SSN: 191-54-9967

STATUS:

ACTION DATE: 09/18/06

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
- X SSA	- CHILD SUPPORT	- LUMP SUM	- TRUST
- VA COMP	- ALIMONY	- RAILROAD RETIREMENT	- UNEMP COMP
- VA A&A	- 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: GTAYL

DATE: 09/18/06

SYSTEM ID: IEV7200

DATE: 11/24/06

ME900063 RECIPIENT RECORD FOUND

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

PF17->PAR01 PF21->HIST- PF22->HIST+

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07
 MEDSPROD UNEARNED INCOME DETAIL ACTION:
 NAME: FARRADAY ALEXANDRA PERIOD START: 09/14/2006 END:
 NUMBER: 6269142501 HH NAME: FARRADAY ALEXANDRA
 SSN: 191-54-9967 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE
 STATUS: ACTION DATE: 09/18/2006

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		
401.00	01/03/2007	MONTHLY
388.00	09/03/2006	MONTHLY
388.00	05/01/2006	MONTHLY
388.00	01/03/2006	MONTHLY

UPDATED: USER ID: GTAYL DATE: 09/18/2006 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