

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>9-19-07</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000157</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 9/24/07, letter attached. ✓</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.			

I am Stella Wilson
I want to stay put last i am
I am straight out
Thank you for your office
your family stella wilson
Thank again

RECEIVED

SEP 18 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

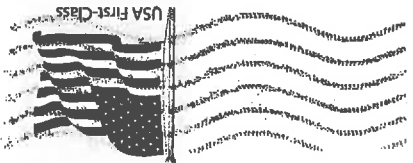
RECEIVED

HEALTH & HUMAN
SERVICES

SEP 17 2007

PREVENTIVE & ANCILLARY
HEALTH SERVICES

Log: Jacobs
McC. Kef.



RECEIVED

SEP 18 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

PREVENTIVE & ANCILLARY
HEALTH SERVICES

SEP 7 2007

RECEIVED
HEALTH & HUMAN
SERVICES

13 SEP 2007 PM 2 T

COLUMBIA SC 292

State of South Carolina
Department of Health and Human
Services
Post office Box 8206
Columbia, South Carolina 29202-8206

29202+8206



Consultant for

RECEIVED

SEP 14 2007

CENTRAL ELIGIBILITY
PROCESSING

5-11

Stella Wilson
2480 1/2 Wilson RD
Bevonton SC 29591

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

put w/ 608157

TO <i>Jacobs</i>	DATE <i>9-19-07</i>
---------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
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		<input checked="" type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>James Coley</i>	<i>9/20/07</i>		
2.			
3.			
4.			

I am Stella Wilson
I want to stay but last i am
I am straight out
that you for your office
your truly stella wilson
that again

RECEIVED

SEP 18 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

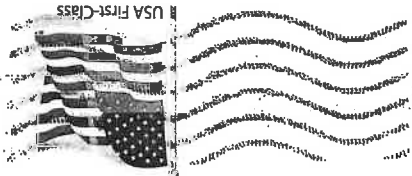
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HEALTH & HUMAN
SERVICES

SEP 17 2007

PREVENTIVE & AMBULATORY
HEALTH SERVICES

Log: Jacobs
Ne. Kt.



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SEP 8 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

PREVENTIVE & ANCILLARY
HEALTH SERVICES

SEP 7 2007

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HEALTH & HUMAN
SERVICES

13 SEP 2007 PM 2 T

COLUMBIA SC 292

State of South Carolina
Department of Health and Human
Services
Post Office Box 8906

Columbia, South Carolina 29201-8906

29202+B206

CENTRAL ELIGIBILITY
PROCESSING

SEP 14 2007

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Constitution for

5-11

Stella Wilson
2486 1/2 Wilson RD
Beaverton SC 29591

EDIT



Constituent ID

997

Closed? ☐

Date Closed

SSN

248-80-8418

MEDICAID ID

0000000000

First Name

MI

Last Name

Stella

Wilson

Constituent Phone(s)

() - -

() - -

Constituent Phone Extension

- -

Authorized Rep

Rep Phone

Relationship

Legislator/ Other

Source

Blue Log

Log No.

0157

Due Date

9/28/2007

HIPAA Authorization

Reason for Referral

Other

Staff ID

Staff First Name

Staff Last Name

2

Jennifer

Dabbs

Point of Contact



Print this Form

Constituent Notes

Apply

Cancel

Close

Entry Date

9/20/2007

Last Update

9/20/2007

Last Update User

LYNCHJEN

Constituent# 997

Notes ID	Entry Date	Last Update	Notes
1433	9/20/2007	9/20/2007	To Garnell for review. LYNCHJEN 9/20/2007 4:37:38 PM
1432	9/20/2007	9/20/2007	I tried calling the number in MEDS, but it's disconnected. I have no idea what the issue is, so I am just letting her know what she has, in simple terms so she can understand. LYNCHJEN 9/20/2007 4:37:27 PM
1416	9/20/2007	9/20/2007	Cannot determine what the issue is from the letter. Located in MEDS, active SSI. I will try and resolve with a phone call. LYNCHJEN 9/20/2007 11:42:47 AM

MEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/20/07
 MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: WILSON STELLA ACTION TYPE: MAINTENANCE
 HH NUMBER: 100152832 APL STATUS: ACTION DATE: 10/24/02
 APL EFF DATE: 10/23/1984 WKR: CUWKR CENTRA WORKER WKR'S CNY: 47 STATE OFFIC
 MAIL IN(Y/N): APL SITE: SPNSR: _____

APPLICANT'S CNY: 21 FLORENCE
 COURTESY APPLICATION(Y/N): N PRIMARY LANGUAGE: E ENGLISH
 MAILING ADDRESS: REASON FOR APPLICATION:
 2486 1/2 WILSON RD ADULT WITH CHILDREN(Y/N): _

SCRANTON SC 29591-5430 CHILDREN 1 AND OVER(Y/N): _
 RESIDENCE ADDRESS: INFANTS UNDER AGE 1(Y/N): _
 PREGNANT(Y/N): _
 BLIND/DISABLED(Y/N): _
 AGED(Y/N): _

INMATE(Y/N): _ LIMITED DATA COLLECTION: 00 NONE
 FIRST SIGNATURE OBTAINED(Y/N): _
 WITHDRAW APPLICATION(W/C/N): N
 SYSTEM ID: SDX1000 DATE: 12/23/04

PHONE: H: 803-389-3289 W: - -
 UPDATED USER ID: DATE:
 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+

not a working #

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/20/07
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: WILSON STELLA

ACTION TYPE: MAINTENANCE

HH NUMBER: 100152832

APL STATUS: _____

ACTION DATE: 10/24/02

	BG				NEXT	LAST	BG	
S	NUMBER	CATEGORY	WORKER	CNTY	LOC	SPNSR	REVIEW	STATUS
17130008	SSI	CWKR	47	099				ACTIVE

UPDATED: USER ID: _____

DATE: _____

SYSTEM ID: SDX1000 DATE: 12/23/04

ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1->HELP

PF3->HH MEMBERS

PF5->BG DETERMINATION

PF6->RETURN

PF7->PREV

PF8->NEXT

PF10->PREV MENU

PF17->ELD00

ADIEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/20/0
MEDSPROD BENDEX INFORMATION

***** CONFIDENTIAL - FOR INTERNAL USE ONLY *****

SSA SSN: 248-80-8418 SSA NAME: STELLA WILSON
MEDS SSN: 248808418 MEDS NAME: STELLA WILSON
RCP NUM: 1713000801 HH NUM: 100152832 COUNTY: 21 ELIG STAT: E

SSA SSN	248808418	PAYMENT STATUS CODE	C
SSA NAME	STELLA WILSON	GROSS AMOUNT PAYABLE (MBA)	266.7
SSCN:	248242904D	EFFECTIVE DATE	12/01/200
SSA DOB	10/19/1919	NET MONTHLY BFTS AMT (MBC)	266.0
PROOF OF DOB		INITIAL ENTITLEMENT DATE	11/01/196
SEX		CURRENT ENTITLEMENT DATE	10/01/197
SSA DOD		MONTHLY BENEFITS PAYABLE	266.0
PROOF OF DOD		RETRO PAYMENT AMOUNT	
DISABILITY ONSET DATE		MONTHLY OP DEDUCTION AMT	
STATE AND COUNTY CODE	42200	END DATE FOR OP DEDUCTION	
PAYMENT CYCLING INDICATOR	1	GARNISHMENT AMOUNT WITHHELD	
VERIFIED BOAN	248808418	SSI OP AMOUNT WITHHELD	

DIRECT DEPOSIT INDICATOR

SYSTEM ID: IEV7012 DATE: 2007-05-26-16.25.00.680711

ME905004 BENDEX MASTER RECORD FOUND

1->HELP 3->NEXT 5->RECIP 10->PREV MENU 11-BDX AUDIT 12->BDX ACTION
14->SDX 15->SUMMARY 16->BDX INPUT 17->BUY-IN 18->MMA 21->HIST- 22->HIST+

ME9SDX01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/20/07
 MEDSPROD SDX CLIENT INQUIRY INDIVIDUAL DATA

PAGE: 1 OF 6

SDX SSN: 248-80-8418 NAME: STELLA WILSON
 MEDS SSN: 248-80-8418 NAME: STELLA WILSON
 RCP NUM: 1713000801 HH NUM: 100152832

-----VITALS-----SSI-----

AKA: COUSAR PHONE: 803-389-3289 APPL: 10/23/84 SSI ELIG: 10/23/84
 SEX: F RACE: B MRTL: 3 DOB: 10/10/1919 PSC: C01 ZEB: FED ELIG: E
 DOD: DEATH SOURCE: 0 ESTMNT: 10/24/84 RDETRM: 10/2005
 INST DETERM CD: RCP TYP: AI HHH IND: N RIC: I DENTAL CD: DATE:
 -----MEDICAID-----
 UNPD EXPN: MEDICAID EFF: 10/23/84 GROSS: 377.00
 MEC: Y MTHLY ASST: 377.00 DIR DEP:
 -----BENEFIT DATA-----
 MEDICARE MCN : 248808418A BANK ACCOUNT NUM:
 ENTITLEMENT: RRB: BANK ROUTING NUM: 000000000000
 -----DISABILITY-----
 -----APPEALS AND MISC -----
 FLAG: APP CODE: DATE: IND: A RES: COUNTRY:
 DEC CODE: DATE: ELIG CODE: 0 SPONSOR STATUS CODE:
 TP INS IND: QMB: SYSTEM ID: UPDATED: SDX1015 DATE: 12/22/06
 ME908001 SDX RECORD FOUND

PF1-> HELP PF3-> NEXT SCR PF5-> RECIP PF10-> PREV MENU
 PF11-> SDX TRANS PF12-> BENDEX PF14-> BUY PF21-> HIST- PF22-> HIST+

4EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/20/07
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: WILSON STELLA HH NAME: WILSON STELLA
RCP NUMBER: 1713000801 HH NUMBER: 100152832 ACTION TYPE: MAINTENANCE
SSN: 248-80-8418 APL STATUS: ACTION DATE: 10/24/2002
MCN: 248242904D VALIDATED BY: BUY IN ON: 09/02/2007

PART A - BEGINNING DATE: 10/01/1984 ENDING DATE: BY: MMA

PART B - BEGINNING DATE: 10/01/1984 ENDING DATE: BY: MMA

PART C - BEGINNING DATE: 02/01/2006 ENDING DATE: BY: MMA

PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA

LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2008 BY: MMA
SUBSIDY

UPDATED: USER ID: DATE: SYSTEM ID: TTR1004 DATE: 09/02/07
ME900063 RECIPIENT RECORD FOUND
PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 24, 2007

Ms. Stella Wilson
2486 ½ Wilson Road
Scranton, South Carolina 29591

Dear Ms. Wilson:

Thank you for writing our agency. The Department of Health and Human Services manages the Medicaid program in South Carolina. We provide health insurance coverage to people with low-income.

We are unable to determine from your letter how we may be of assistance. Please contact Jennifer Dabbs at (803) 898-3965 if you wish to speak with someone from our agency.

We hope this information proves helpful.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/cd