

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>9-20-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000055</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 9/29/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-29-06</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.			

Log-Rice
"Approf-Sign"

From: Mark Orf
To: Bryan Kost; Denise Epps; Jill Ann Marchese
Date: 9/19/2006 1:31:14 PM
Subject: Re: Rep. Inglis- Shelly Lowe

Lets log this one and give plenty of time. We will need to coordinate this with the county, legal staff and our experts in policy. I am also going to cc Rick since it involves a lawyer and Susan since HIPPA could get sticky.

I'm beginning to think we need to hire some family court judges/counselors for our area.

(Note: Bob, I am cc you because you have some experience on this issue; I want Jennifer to work with you on it - I am available too if needed).

>>> Bryan Kost 9/19/2006 12:55 PM >>>

Hi Denise/Mark (and Mazetta)
this one is messy. Shelly Lowe of Spartanburg area (ph. 864.560.9529) has been divorced five years. She has joint custody of her two children, with her ex-husband, Mickey Lawter (SS#250-53-8176.) She, by court order, has carried the children on her health insurance. She makes about \$50,000/yr. The ex-husband has since re-married (to a lady who apparently gets Disability but I'm not sure that applies.) In July 2005, Mr. Lawter and his new wife applied to get the children onto Medicaid, and were approved initially. He then told Shelly Lowe about the new Medicaid for the kids. She thought that didn't sound right, and had not been contacted when he applied, so she called the M'caid office. She says we then took into account about half her income (is that procedure? I don't know) and we then decided the children were not eligible. So I guess they're not eligible at this point. So first she'd like to know (if we can tell her) are they eligible or not. She wants to know if her husband was allowed to apply, without involving her, and whether or not that's a violation (if we can tell her.) For reasons I've yet to determine, she says her lawyer told her that she needs to get a copy of the Medicaid application, too, from back when he applied last year. Can we supply a copy of that application?

Finally, I guess as a heads up, her story goes on that the ex-husband and new wife are currently adopting a baby from Guatemala. She wonders how they can cough up the \$20,000 - \$30,000 for that effort, when they're so poor. Also, she wonders why that child will probably automatically be eligible for M'caid. I only told her that of course she can call our fraud and abuse line for this or any other concern of hers, to make a report. (Inglis' office did ask - does M'caid pay for oversees adopted children?)

She said feel free to call her. Rep. Inglis' office would like an update, to the degree I can tell them.

Thanks as always,

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhs.gov.

CC: Alicia Jacobs; Jan Polatty; Jennifer Dabbs; Mazetta Alston; Robert G Liming;
Valerie Hollis

RECEIVED

SEP 20 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 29, 2006

Ms. Shelly Lowe
244 Arrowwood Branch Road
Chesnee, SC 29323

Dear Ms. Lowe:

Congressman Bob Inglis asked our agency to assist with your questions regarding Medicaid eligibility.


Medicaid policy allows coverage for children of divorced parents with equal custody of their children. If the children reside in the home of each parent for fifty percent of the time, the income of both parents will be counted to determine eligibility. The applying parent is not required to notify the non-applying parent of the application.

Medicaid also permits coverage for foreign-born adopted children. Medicaid policy states the child must have been adopted while under the age of 16, been in legal custody of, and resided with, the adopting parent for at least two years, and there must be a full and final adoption of the child.

As you requested, we have enclosed a copy of your children's Partners for Healthy Children application.

I hope this information is helpful. Please contact Jennifer Dabbs at (803) 898-3965 if you have any questions.

Sincerely,


Gary Ries
Deputy Director

GR/od

Application for South Carolina Partners for Healthy Children
Free Health Insurance for Children under Age 19

162625 JUN 28 05

If you have Medicaid, you do not need to fill out this form.



1. Tell us who you are and where you live.

Last Name (Parent's/Guardian's)	First Name (Parent's/Guardian's)	M.I.	Phone Where We Can Reach You
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Mailing Address (Include Apartment/ or Number)	City	State	Zip Code
[Redacted]	[Redacted]	SC	[Redacted]
Street Address, if different (Include Apartment/ or Number)	City	State	Zip Code
[Redacted]	[Redacted]	[Redacted]	[Redacted]

2. Tell us who in your family lives with you. List the parent shown in Item 1, on the first line below.

You only need to tell us the Social Security number and answer the question about being a US citizen for the children for whom you are applying. However, if you give us your Social Security number, it may help us process your application faster. We only use Social Security numbers to help us verify your income.

Last Name	First Name	Middle Initial	Sex	Race	Date of Birth	(See note above) Social Security Number	US Citizen Yes No	How is this person related to you?
Laater	DAVIDSON	C	M	W	2-11-98	[Redacted]		Son
Laater	JUSTIN	J	M	W	6-23-00	[Redacted]		Son

3. Tell us how much income your family has. Enter Gross pay, not take home pay. Enter zero ("0") if you are unemployed.

Your Income From Employment		Other Parent's Income From Employment (if living in the home)	
Employer Name and Phone Number	Amount	Employer Name and Phone Number	Amount
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Amount you earn each pay period before taxes: \$		Amount other parent earns each pay period before taxes: \$	
<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly		<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	
Hours worked each pay period		Hours worked each pay period	
Other Income	Amount	How Often Do You Get This Income?	Which Family Member Gets This Income?
Child Support	\$		
Alimony	\$		
Social Security Payment	\$		
Unemployment Benefits	\$		
Other (Please explain)	\$		

listed above

4. ATTACH PROOF OF CURRENT INCOME.

We need proof of your income. Please tell us what you attached:

- ☐ Copies of pay stubs for the last 4 weeks, or a letter from my employer.
- ☒ A copy of the letter I received telling me the amount of any benefits received (Social Security, Unemployment, VA, Workers Compensation, etc); or a copy of any checks received.
- ☒ I am self-employed and I have attached a copy of my most recent federal income tax form including Schedule C.
- ☐ Child support check stubs.
- ☐ A statement signed by the person who gives my family child support or cash contributions.
- ☐ My family has no income.

Other documents can be used to provide proof of income. If you are not sure what to send, call our toll-free number 1-888-549-0820 and we will help you. If you do not send proof of income, processing your application may be delayed.

5. Tell us what language you use most:
☒ English ☐ Chinese ☐ Russian ☐ Sign Language ☐ Spanish ☐ Vietnamese ☐ Other

6. Tell us if you pay someone to take care of your child(ren) under age 12 or to take care of a dependent adult in your household while you work.

☒ Yes (number of children under age 12/adults for whom you pay for care)
How much do you pay? \$ [redacted] ☐ Weekly ☒ Other (Please explain)

We need proof. Please tell us what you attached:

☐ Dependent care receipts for the last 4 weeks ☐ Statement signed by caregiver
☐ No

Tell us if you get ABC Child Care assistance to help pay for childcare.

☐ Yes Amount \$ [redacted] ☐ Weekly ☐ Other (Please explain)

We need proof. Please tell us what you attached: ☐ ABC Child Care Assistance Approval Letter
☐ No

7. Tell us about any health insurance you already have for your children.

Tell us the name of your insurance company or employer, the policy number, and the policyholder's name and the policyholder's Social Security number. Even if you already have health insurance, your children can still qualify for Partners for Healthy Children.

Insurance Company or Employer	Policy Number	Policyholder's Name	Policyholder's SSN
Spokane Regional Healthcare	[redacted]	Shelly Lowe	[redacted]

8. Tell us whether any child received medical services in the last three months.
If so, Partners for Healthy Children may be able to help pay for those services. ☒ Yes ☐ No

9. Tell us where you got this application.

Childs school

10. Please sign this statement.

I certify that the information I have provided above is true to the best of my knowledge and I give permission for the State of South Carolina to make any necessary contacts to check my statements. I have read the list of my rights and responsibilities that is printed below. I know that I could be penalized, and liable for prosecution, if I knowingly give false information. I certify that the children for whom I am applying are U.S. citizens or lawful immigrants.

Signature of Applicant: [redacted]

Date:

10-27-05

11. Mail this completed, signed form, AND PROOF OF INCOME, to:

South Carolina Partners for Healthy Children
Post Office Box 100101
Columbia, South Carolina 29202-3101

If you need more information, please call this toll-free number: 1-888-549-0820.

Rights and Responsibilities

1. I know that my children under age 19 who are eligible for Partners for Healthy Children can have free health checkups under a special Partners for Healthy Children prevention program called Early and Periodic Screening, Diagnosis and Treatment (EPSDT) programs.
2. I know that the information I have given is confidential. I agree that information, including medical information about my children, can be released only if needed to administer this program. I know that my eligibility may be shared by the Department of Health and Human Services if it will help me get other benefits.
3. I know that any information I have given may be reviewed and verified by State of South Carolina staff. Also, I understand that I must cooperate fully with state and federal workers if my case is reviewed. No additional permission is needed to get verification or other information.
4. I know that this application will be considered without regard to race, color, sex, age, handicap, religion, national origin or political belief.
5. I know that I may request a hearing if I believe an error has been made by the State of South Carolina in processing my PHC application or if I feel that I have been discriminated against.

6. I know that the State of South Carolina will request and use information from a computer system called the State Income and Eligibility Verification System (IEVS). This computer system compares the Partners for Healthy Children information about me and other members of my family with information from other agencies. Other agencies may include the Internal Revenue Service, Social Security Administration and Employment Security Commission. Immigration status will be verified with the Department of Homeland Security (DHS).
7. I know that Partners for Healthy Children does not pay medical expenses that a third party, such as a private health insurance company, is supposed to pay. If my children get Partners for Healthy Children, I give my rights to any third party payments to the Department of Health and Human Services. These payments may include payments from hospital and health insurance policies.
8. I know that I must report any and all changes in my address, living arrangements, or other information that may affect my eligibility for Medicaid within ten (10) days of the date of the change(s). I know that if I fail to notify the department promptly, I may be subjected to penalties or prosecution.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable Bob Inglis
United States House of Representatives
464 E. Main Street, Suite 8
Spartanburg, South Carolina 29302

Dear Congressman Inglis:

Thank you for referring Ms. Shelly Lowe to our agency with her questions about Medicaid eligibility.

We have been in direct contact with Ms. Lowe to assist with any questions she might have about Medicaid eligibility and policy issues.

Medicaid policy allows coverage for children of divorced parents with equal custody of their children. If the children reside in the home of each parent for fifty percent of the time, the income of both parents will be counted in order to determine eligibility. The applying parent is not required to notify the non-applying parent of the application.

Medicaid policy also permits coverage for foreign-born adopted children. The policy states the child must have been adopted while under the age of 16, been in legal custody of, and resided with, the adopting parent for at least two years, and there must be a full and final adoption of the child.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

Robert M. Kerr
Director

Bryan
I get the feeling
you want to call
their office rather
than a letter?
RMK

RMK/rod

Office of the Director

P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2504 • Fax (803) 255-8235

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: MICKEY L LAWTER DATES-FROM: 07 / 2005 THRU: ___ / ___ PAGE: 2 OF 3
 BG NUMBER: 88871123 CATEGORY: PHC HH NUMBER: 101059829
 BG: C BGP: C WKR: RCHEA RENATA ALSTON ACTION TYPE: MAINTENANCE
 ACTION DATE: 07/22/05
 COUNTABLE BG MEMBERS: 4
 COUNTABLE INCOME: 3533.63 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 2419.00 RESOURCE LIMIT: 0.00
 POV-LVL: +1.14 % 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: 07/22/05
 MEETS RESOURCES? (Y/N): _ NEXT REVIEW DATE: 07/23/06
 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: RCHEA DATE: 07/22/05 SYSTEM ID: ELD3000 DATE: 07/22/05
 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

Mark 2003?
 We need to verify the joint
 custody situation. If it is
 joint, did we consider that
 with the \$50k salary and
 whatever income the father
 has? Looks like only about
 \$40k total was considered
 (if I am reading all of this right)
 Also, all 3SL's need to be
 blocked out if we are going
 to send this.

CMK

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 07 / 2005 THRU: __ / __ PAGE: 2 OF 3

HH NAME: MICKEY L LAWTER HH NUMBER: 101059829

BG NUMBER: 18896486 CATEGORY: LIF ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: RCHEA RENATA ALSTON ACTION DATE: 07/22/05

COUNTABLE BG MEMBERS: 4

COUNTABLE INCOME: 1940.83 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 785.00 RESOURCE LIMIT: 0.00

POV-LVL: +1.20 % 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: 07/22/05

MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 07/23/06

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

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

060 You have no minor child in your home.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) : -

APPEAL REQUEST DATE: __ COUNTY DECISION UPHELD? (Y/N) : -

UPDATED: USER ID: RCHEA DATE: 07/22/05 SYSTEM ID: ELD3000 DATE: 07/22/05

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

MEDHMS60 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06
MEDSPROD REVIEW DEDUCED RELATIONSHIPS ACTION: PAGE: 0001

NAME: LAWTER MICKEY L HH NAME: LAWTER MICKEY L
RCP NUMBER: 8780471787 HH NUMBER: 101059829 ACTION TYPE: MAINTENANCE
SSN: 250-53-8176 STATUS: ACTION DATE: 07/22/2005

S	SSN	RELATIONSHIP	RECIPIENT NAME	STATUS
	250-53-8176	SELF	LAWTER MICKEY L	DEDUCED
	655-09-5863	CHILD	LAWTER JUSTIN B	DEDUCED
	656-03-7511	CHILD	LAWTER DAWSON C	DEDUCED
	251-53-0251	SPOUSE	LAWTER HOPE B	DEDUCED

UPDATED: USER ID: RCHEA DATE: 2005-07-18 SYSTEM ID: DATE:

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

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: LAWTER MICKEY L ACTION TYPE: MAINTENANCE
HH NUMBER: 101059829 APL STATUS: ACTION DATE: 07/22/05

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST REVIEW	BG STATUS
-	88871123	PHC	RCHEA	47	055	07/23/2006		CLOSED
-	18896486	LIF	RCHEA	47	055	07/23/2006		DENIED

UPDATED: USER ID: RCHEA DATE: 07/22/05 SYSTEM ID: HMS5000 DATE: 07/22/05
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

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

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 07/20/05 END: PAGE: 0001

NAME: LAWTER MICKEY L HH NAME: LAWTER MICKEY L
RCP NUMBER: 8780471787 HH NUMBER: 101059829 ACTION TYPE: MAINTENANCE
SSN: 250-53-8176 VC: V APL STATUS: ACTION DATE: 07/22/05
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: RCHEA LOCATION: 055
10 B STREET SSCN: RRN:

INMAN SC 29349- RACE: 01 SEX: M MARITAL STATUS: M
DOB: 08/04/1968 RELATION: SELF
DOD:

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

UPDATED: USER ID: RCHEA DATE: 06/30/05 SYSTEM ID: SVE3000 DATE: 07/02/05
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

AMDMEV01

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID ELIGIBILITY VERIFICATION

09/21/06

MEDICAID NUMBER: 8780471787

DATE OF SERVICE: 09/21/2006

SOCIAL SECURITY NUMBER: 250538176

FIRST NAME: MICKEY

MI: L

LAST NAME: LAWTER

ADDRESS: 10 B STREET

COUNTY: 42 SPARTANBURG

INMAN SC 29349

DATE OF BIRTH: 08/04/1968

NOT MEDICAID ELIGIBLE ON 09/21/2006

12/1/07

PF6->RETURN

PF10->MENU

From: Betty Moses
To: Jennifer Dabbs
Date: 9/19/2006 5:18 pm
Subject: Re: Joint Custody

CC: Mark Orf, Robert G Liming

Jennifer to answer your questions, no, if they have 50/50 custody of the children, the income is not cut in half, but the gross incomes of both parents, (minus any allowable deductions), are counted. And, no, if they have joint 50/50 custody and since both incomes are counted, I can't see one applying without the knowledge of the other since the one applying would have to notify the other to send in his/her income information even though the other could mail it in separately. However, either one would not need the consent of the other to apply.

>>> Jennifer Dabbs 9/19/2006 4:26 PM >>>

Bob and I are handling a referral from Congress Ingalls involving a 50/50 joint custody case. We have reviewed the policy on joint custody (205.03). Should we cut the total income of both parents in half when determining eligibility, or is gross income counted? Also, In the case of equal joint custody can one parent apply without the knowledge and consent of the other non applying parent?

Thanks for your help on this.

Jenny Dabbs
Department of Health and Human Services
Division of Constituent Services
(803) 898-3965
(803) 255-8350 FAX

If the applicant or beneficiary is homeless, an amnesia victim, mentally impaired, or physically incapacitated and lacks someone who can act for the individual and cannot provide evidence of U.S. citizenship or identity, the eligibility worker must assist the applicant or beneficiary to document U.S. citizenship and identity.

Applications will not be denied until all avenues of verification have been exhausted.

Note: The final six months of Transitional Medicaid counts as an annual review; therefore, citizenship and identity must be verified at that time.

When an application or review form is received without proper verification, workers must follow each step below before requesting verification. Additionally, these steps may be followed when copies rather than "originals" are provided.

1. Check DHEC web tool. The date of birth, county of birth, full name given at birth and mother's full maiden name must be available and be exact. A phone call to the applicant/beneficiary may be appropriate, to obtain this information.
2. Check DMV web tool. Full Name, Date of Birth and Social Security Number must be available.

Note: For new first issue Driver's Licenses issued from 2002 to the present, a DMV match could verify citizenship and identity. The DMV match will indicate if citizenship and/or identity are verified. For example, the DMV match could verify identity and not verify citizenship.

3. If an applicant/beneficiary is bore in another state, www.vitalcheck.com is a resource for locating Vital Records agencies in other states. If documents are ordered through this website, there is a charge.

Table of Contents

102.04.07 Exceptions to Verification of Citizenship and Identity

(Rev. 07/25/06)

1. If an applicant/beneficiary is Medicare Part A or B eligible, verification of citizenship and identity is not required since Medicare has already done it.
2. If an applicant is SSI eligible, verification of citizenship and identity is not required since SSA has already done it. This applies to: Payment Category 54, Nursing Home for SSI Recipient; Payment Category 80, SSI-Only; Payment Category 81, Essential Spouse; and Payment Category 86, Optional State Supplementation for SSI Recipient.
3. This requirement does not affect the assumptive eligibility process for pregnant women. Verification of citizenship and identity must be provided within 30 days unless an Extension of Promptness is justified.
4. The BENDEX record is an extract of the Master Beneficiary Record and it does not currently house any data on U.S. citizenship or alien status; therefore, this system cannot be utilized.

Table of Contents

102.04.08 Foreign-Born Children

(Eff. 07/01/06)

Effective February 27, 2001, foreign-born children, including adopted children, acquire citizenship automatically if they meet the following requirements:

- The child must have at least one parent who is a United States citizen (by birth or naturalization);
- The child must be under 18 years of age;

204.04 Joint Custody

(Eff. 10/01/05)

Eligibility may be established even though the child(ren) resides with both parents due to joint legal custody, court-ordered visitation, or informal agreement between the parents. In such cases, the first step to determine eligibility is to determine whether the child is living in the home of the applying parent.

Procedure

1. If the child(ren) resides in the home of each parent for short alternating periods of time (i.e., every other day, week, month, etc.), determine if the child(ren) resides with the applicant/beneficiary at least 51 percent of the time.
 - If so, determine eligibility based on the circumstances in the applying member household. Consider the time the child(ren) resides with non-applying parent (the absent parent) to be a visit.
 - If not, deny assistance and inform the applicant/beneficiary that the child(ren) may be eligible if the other parent applies.
2. If the child(ren) resides in the home of each parent for extended alternating periods of time (i.e., three months or more), determine if the child(ren) resides with the applicant/beneficiary at the time of application.
 - If so, determine eligibility based on the circumstances in the applying member's household.
 - If not, deny assistance and inform the applicant/beneficiary that the child(ren) may be eligible if the other parent applies.
3. If the child(ren) resides in the home of each parent for 50 percent of the time, count the income of each parent in order to determine eligibility.

- The child must currently permanently reside in the United States in the legal and physical custody of a parent who is a United States citizen; and
- The child must be a lawful permanent resident.

If adopted:

- The child must have been adopted while under age 16;
- The child must have been in the legal custody of, and resided with, the adopting parent for at least two years; and
- There must be a full and final adoption of the child.

Table of Contents

102.04.09 Qualified Aliens

(Eff. 07/01/06)

For Medicaid purposes, certain aliens are referred to as "qualified aliens." Qualified aliens are potentially eligible for full Medicaid just like US citizens.

A qualified alien is:

- A lawful permanent resident (also referred to as a "resident alien")
- A refugee
- An alien who has had deportation withheld
- An alien granted parole for at least one year by the Bureau of Citizenship and Immigration Services (BCIS)
- An alien granted conditional entry
- A battered immigrant as defined by the BCIS
- An honorably discharged veteran and an alien on active duty in the United States armed forces, and the spouse or unmarried dependent child of such alien.

Certain qualified aliens (i.e., parolees, conditional entrants, battered aliens, lawful residents) who entered the United States on August 22, 1996, and later are subject to a five-year disqualification period. This means that these aliens cannot receive public benefits for the first five years he lives in the United States. During this five-year period, these aliens are eligible for emergency services only if they meet all other eligibility requirements.

At the end of the five-year disqualification period, eligibility for the full range of Medicaid benefits may occur if the individual has earned or can be credited with 40 quarters of wages and/or self-employment income that required payment of Social Security taxes.

Procedures to Verify and Document Qualified Alien Status:

1. Verify the alien's current status.
 - Request the alien's original BCIS documents (not copies) for current status. Verification of citizenship/alien status is required only for applicants for whom benefits are being requested.
 - Verify the authenticity of the alien document and the date of admission using SAVE, Systematic Alien Verification for Entitlement program. (Refer to MPPM 102.04.14)
 - Document current alien status on the application/review form. Include a copy of the BCIS documentation in the record of the applicant/beneficiary.
2. Verify the date the alien entered the United States.
 - Determine whether the five-year disqualification period applies or whether the qualified alien is exempt from the disqualification period. (Refer to MPPM 102.04.09.)

DATE	NOTES
9/20/06	Spoke w/ Rick Hepfner in regards to the mother obtaining a copy of the app. He says contact the caseworker & see if she got word from both the father and mother. If so, we can send an app. & blackout info.
9/21/06	Spoke w/ Renatta Alston (caseworker) - She says only the biological mother told her they had joint custody. She did not speak w/ the father about it.
9/21/06	left a message for Rick to call me back. (8-2791)
9/21/06	Rick says he feels comfortable providing the application to the mother. He says if we don't, he we should contact the father for the cust. agree. (not the mother)
9/21/06	Bob + I spoke w/ Ms. Lowe on the phone. Very pleasant lady. She said we answered all her questions.
	Shelly Lowe 244 Arrowwood Branch Rd. Chesnee, SC 29323
	We will send Ms. Lowe a copy of page 1 & 2 of app. With any info about Mr. & Mrs. Lauter blacked out.

LEGISLATIVE LOG #	0255
LEGISLATOR/INQUIRER	Rep. Inglis
CONSTITUENT	Shelly Lowe
SSN	
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	9/19/2006
DATE DRAFT DUE GR	9/28/2006
LOG LETTER DUE DATE	9/29/2006
DATE REFERRED TO BC	9/20/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	9/20/2006	Jill	8-3936	Gave to Mark to distribute (3pm)
	9/21/2006	Jill	8-3936	Mark assigned to Bob & Jenny
	9/20/2006	Jenny/Bob	8-3965	Pulled MEDS screens and policy on joint custody and foreign born adopted children
	9/20/2006	Jenny	8-3965	Spoke with Rick Hephner about sending Ms. Lowe a copy of the PHC application her ex-husband filed. He said speak with caseworker and find out more about the joint custody issue
	9/21/2006	Jenny	8/3965	spoke with Renatta Alston (caseworker) and she said the mother told her verbally over the phone that they shared 50% custody of the children
	9/21/2006	Jenny	8-3965	spoke with Rick again and he says he feels comfortable sending the mother a copy of the application with any info. About the father and new wife deleted.
	9/21/2006	Bob/Jenny	8-3965	Bob and Jenny spoke with Ms Lowe on the phone. Were able to answer all of her questions.
	9/22/2006	Jenny	8-3965	Folder given to Mark.

CHECKLIST

Family Size	
Income/Resources	

Other Resources:

Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

Programs:

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

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.

Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)

If question about current status of a log letter, contact previous user.

Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.

Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker