

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

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>9-15-06</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000248</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-22-06</i>
2. DATE SIGNED BY DIRECTOR <i>Cleaved 9/29/06, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			



RECEIVED

SEP 15 2006

House of Representatives
Washington, DC 20515

BOB INGILIS
4TH DISTRICT, SOUTH CAROLINA

Department of Health & Human Services
OFFICE OF THE DIRECTOR
BUDGETARY
EDUCATION AND WORKFORCE
SCIENCE

September 12, 2006

Bryan Kost
Government Liaison
South Carolina Department of Medicaid
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Log-Ries
"Bobby's Sign."

Dear Bryan:

I am writing on behalf of my constituent, Shirley T. Huskey (248-56-7071), about the termination of the Medicaid subsidy to pay her Medicare premium. Enclosed is a copy of her letter for your review.

I would greatly appreciate your addressing the questions and concerns mentioned in Shirley's correspondence with respect to your agency's governing rules and regulations. I have assured Shirley that I would write to emphasize my interest in her case and to help obtain a reply from your office.

Thank you, in advance, for your help and please feel free to call Dwayne Hatchett of my Spartanburg office if you have any questions or need further information. Dwayne can be reached at 864-582-6422.

I look forward to hearing from you soon.

Sincerely,

Bob Inglis
Member of Congress

BI/dh

Enclosure

cc: Shirley T. Huskey

WASHINGTON, DC
330 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
PHONE: (202) 225-6030
FAX: (202) 226-1177

SPARTANBURG, SC
404 EAST MAIN STREET, SUITE 8
SPARTANBURG, SC 29302
PHONE: (864) 582-6422
FAX: (864) 573-9478

UNION, SC
PHONE: (864) 427-2205
www.house.gov/inglis

GREENVILLE, SC
105 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
PHONE: (864) 232-1141
FAX: (864) 233-2160

September 6, 2006

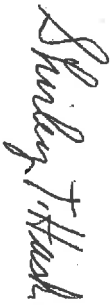
The Honorable Bob Inglis
Member of Congress
US House of Representatives
464 East Main Street
Spartanburg, SC 29302

Dear Congressman Inglis:

Medicaid recently stopped paying for my Medicare premiums.

I am asking for your help to get Medicaid to reinstate the subsidy, and to reimburse me for the months it was not paid.

Thank you,

A handwritten signature in cursive script, reading "Shirley T. Husky".

Shirley Husky

Congress of the United States

House of Representatives
Washington, DC 20515-4004

Washington DC:
330 Cannon House Office
Building
Washington, DC 20515
(202) 225-6030
Fax: (202) 226-1177

Greenville:
105 N. Spring St. Ste. 111
Greenville, SC 29601
(864) 232-1141
Fax: (864) 233-2160

Spartanburg:
464E Main Street, Ste. 8
Spartanburg, SC 29302
(864) 582-6422
Fax: (864) 573-9478

Privacy Act Release Form

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I, Shirley Lindell Hunsley do hereby authorize daughter Congressman Bob Inglis and/or his staff to all information in my files.

Shirley Lindell Hunsley
Signature

1480 W.O. Eggle Blvd apt 18
Address
Building C 18 apt

Westgate River ~~Spartanburg~~ (Spartanburg)
(Spartanburg) 29301

248-56-70-71-A
Social Security Number

864 576 8255 816 29301
Telephone Number

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/15/06
MEDSPROD MEMBER PERIOD START: 07/17/06 END: ACTION: PAGE: 0001

NAME: HUSKEY SHIRLEY HH NAME: HUSKEY SHIRLEY
RCP NUMBER: 2780309969 HH NUMBER: 100935151 ACTION TYPE: MAINTENANCE
SSN: 248-56-7071 VC: V APL STATUS: ACTION DATE: 07/17/06
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: MINNH LOCATION: 003
1480 W.O. EZELL BLVD. SSCN: 248567071A RRN:
APT. 18 BLDG C

SPARTANBURG SC 29301-
CORRECT RCP NUMBER: PROVIDER:
DOB: 06/06/1935 DOD:
RACE: 01 SEX: F MARITAL STATUS: M
TPL INSURANCE: N RELATION: SELF
LIV ARRANGEMENT: HOME INCOME TRUST:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
08460495	06/01/2004	07/01/2006	32	10	FULL	Y	Y		.57	
08460495	02/01/2004	06/01/2004	32	10	FULL	N	Y		.57	

UPDATED: USER ID: HROBE DATE: 05/28/04 SYSTEM ID: BUY1000 DATE: 05/31/06
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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 29, 2006

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 Mrs. Shirley Huskey to our agency regarding her healthcare needs and Medicaid eligibility.

We have been in direct contact with Mrs. Huskey to address her concerns about eligibility. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. Under the Specified Low Income Medicare Beneficiaries program Medicaid pays Medicare Part B premiums for couples with incomes under \$1,485 per month. In order to qualify for Medicaid's Aged, Blind or Disabled program an individual must be over 65, or meet the Social Security Administration standard for blindness or disability. In addition a couple's combined income must be under \$1,100. Mrs. Huskey does not qualify for either program at this time.

Fortunately Mrs. Huskey continues to receive Medicare coverage to help meet her healthcare needs.

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,

A handwritten signature in dark ink, appearing to read "R. M. Kerr", is written over the typed name.

Robert M. Kerr
Director

RMK/rolm

248 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 25, 2006

Mrs. Shirley Huskey
1480 W. O. Ezell Boulevard
Building C, Apartment 14,
Westgate Pines
Spartanburg, South Carolina 29301

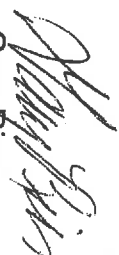
Dear Ms. Huskey:

Congressman Bob Inglis asked our agency to address your concerns about Medicaid eligibility.

Your Medicaid coverage under the Aged, Blind or Disabled (ABD) program ended July 1, 2006 because you failed to return your annual review form. You reapplied July 17, 2006 for ABD and also for Medicaid's Specified Low Income Beneficiaries program, but were denied for both programs because your combined family income exceeds the allowable limits for either program.

Fortunately you continue to receive Medicare coverage to help meet your medical needs. If you need additional assistance, please call Mr. Robert Liming at 803-898-2621.

Sincerely,


Gary Ries,
Deputy Director

GR/olm

Medicaid Programs / Other Resources Check List

Log # 0248

Legislator/Inquirer: Congressman Inglis

Constituent: Mrs. Shirley Huskey

SS#: 248-56-7071

PROBLEM / ISSUE:		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS	OTHER RESOURCES
SLMB was terminated due to failure to return renewal form; she reapplied and was denied ABD + SLMB, well over limits → CLIENT'S GROSS INCOME DID NOT MEET ABOVE SLMB - 3rd Party		2	\$1,654	ABD	Communicare
		STAFF PERSON		Foster Children	FQHC
		Bob Liming	HCBWS	Free Medical Clinics	
DATE	ACTIONS TAKEN TO HELP:			LIF	Medicare
9/18/06	Mark gives folder, check MDS and e-mail Karen Felder re status			MAO	MiAP
9/19/06	Several e-mails re Jill Bryant and clear clarification client is ineligible			MBCCP	Prescription Drug Programs
9/21/06	Not GAP eligible, call and confirmed not eligible. Mrs. Huskey very upset wants her \$88.50 premium paid, also doesn't think it is fair to use combined income, also it shouldn't be gross, but adjusted income. Nice elderly lady, but angry at system and Congressman Inglis' office told her we could pay Part B premium.			Optional Supplement	Social Security
				PHC	TogetherRX
				Pregnant Women/Infants	
				SILVERxCARD	
				SLMB	
				SSI	
				TEFRA	
				Working Disabled	

She doesn't like it one bit, Also she doesn't want Part D so I avoided usual language she could get extra help, but has some private coverage she feels better.
 Done all we could to help and guide her, also gave her my number to call if further questions
 Earlier had ABD, but that terminated when renewal was not returned, then her income w husband put her over limits for both ABD + SLMB

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
 MEDSPROD MEMBER PERIOD START: 07/17/06 END: ACTION: PAGE: 0001

NAME: HUSKEY SHIRLEY HH NAME: HUSKEY SHIRLEY
 RCP NUMBER: 2780309969 HH NUMBER: 100935151 ACTION TYPE: MAINTENANCE
 SSN: 248-56-7071 VC: V APL STATUS: ACTION DATE: 07/17/06
 PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: MINNH LOCATION: 003
 1480 W.O. EZELL BLVD. SSCN: 248567071A RRN:
 APT. 18 BLDG C RACE: 01 SEX: F MARITAL STATUS: M
 TPL INSURANCE: N RELATION: SELF
 DOB: 06/06/1935 DOD:
 LIV ARRANGEMENT: HOME INCOME TRUST:
 PROVIDER:

SPARTANBURG SC 29301-
 CORRECT RCP NUMBER: _____

BG	BEG	END	BENEFITS	QMB	RETRO	% OF POV	CHIP			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	08460495	06/01/2004	07/01/2006	32	10	FULL	Y	Y	.57	
-	08460495	02/01/2004	06/01/2004	32	10	FULL	N	Y	.57	

UPDATED: USER ID: HROBE DATE: 05/28/04 SYSTEM ID: BUY1000 DATE: 05/31/06
 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

AEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 07/17/2006 END:

NAME: HUSKEY SHIRLEY HH NAME: HUSKEY SHIRLEY
NUMBER: 2780309969 HH NUMBER: 100935151 ACTION TYPE: MAINTENANCE
SSN: 248-56-7071 STATUS: ACTION DATE: 07/17/2006

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: _____
END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS,AMT	DTE	RECD	FREQUENCY
0.00			
518.00	01/03/2006		MONTHLY
497.00	11/03/2005		MONTHLY
497.00	10/03/2005		MONTHLY
497.00	03/03/2005		MONTHLY

UPDATED: USER ID: HROBE DATE: 05/28/2004 SYSTEM ID: DATE:
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

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06
 MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: HUSKEY SHIRLEY ACTION TYPE: MAINTENANCE
 HH NUMBER: 100935151 APL STATUS: ACTION DATE: 07/17/06

APPL EFFECTIVE DATE: 07/17/2006 WORKER: MINNH MINNIE HARRISON

MAIL IN(Y/N): Y

APPLICANT'S COUNTY: 42 SPARTANBURG WORKER'S COUNTY: 42 SPARTANBURG

COURTESY APPLICATION(Y/N): N

MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH

1480 W.O. EZELL BLVD. REASON FOR APPLICATION:

APT. 18 BLDG C

ADULT WITH CHILDREN(Y/N): N

CHILDREN 1 AND OVER(Y/N): N

INFANTS UNDER AGE 1(Y/N): N

SPARTANBURG

SC 29301-

PREGNANT(Y/N): N

BLIND/DISABLED(Y/N): Y

AGED(Y/N): Y

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

WITHDRAW APPLICATION(W/C/N): N

PHONE: H: 864-576-8255 W: - -

UPDATED: USER ID: MINNH DATE: 07/17/06 SYSTEM ID: HMS5000 DATE: 07/17/06

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+

AEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06

MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

DATES-FROM: 03 / 2006 THRU: ____ / ____

HH NAME: SHIRLEY HUSKEY CATEGORY: ABD HH NUMBER: 100935151

BG NUMBER: 08460495 ACTION TYPE: MAINTENANCE

BG: C BGP: C WKR: KEELD KAREN FELDER ACTION DATE: 05/28/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: COUNTABLE RESOURCES: 2.00

INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00

POV-LVL: +.57 % 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: 05/28/06

MEETS RESOURCES? (Y/N): - NEXT REVIEW DATE: 05/28/06

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

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

S82 We did not receive your completed review form.

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

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

UPDATED: USER ID: ____ DATE: ____ SYSTEM ID: ELD4000 DATE: 05/28/06

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

AEDLD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: SHIRLEY HUSKEY DATES-FROM: 03 / 2006 THRU: / PAGE: 2 OF 3
 BG NUMBER: 08460495 CATEGORY: ABD HH NUMBER: 100935151
 BG: C BGP: C WKR: KEELD KAREN FELDER ACTION TYPE: MAINTENANCE
 COUNTABLE BG MEMBERS: 1 ACTION DATE: 05/28/06
 COUNTABLE INCOME: 2.00
 INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00
 POV-LVL: +.57 % 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: 05/28/06
 MEETS RESOURCES? (Y/N): - NEXT REVIEW DATE: 05/28/06
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:
 S82 We did not receive your completed review form.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -
 UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 05/28/06
 ME9000115 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

From: Jill Bryant
To: LIMINGR@scdhhs.gov
Date: 9/19/2006 10:19 AM
Subject: Re: Fwd: Re: Status on Mrs. Shirley Huskey SS # 248-56-7071 (Retirement)

Sorry!

The original ABD closed on 5/28/06, effective 7/1/06 for failure to return the review.

She reapplied for ABD & SLMB on 7/17/06.
The SLMB was denied for over income on 7/17/06.
The ABD was denied for over income on 8/8/06.

>>> Robert G Liming 09/19/06 9:53 AM >>>
Great. very clear explanation and much appreciated. This data is most helpful in answering the Congressman. Can you just give me the date turned down for SLMB? and date case closed re ABD?
Many thanks

>>> Jill Bryant 9/19/2006 9:35 AM >>>
Ms. Huskey was previously eligible for ABD. Her case was closed for failure to return the review form. She then submitted an application for SLMB and it was denied for being over income. (She has \$518.00/month and her spouse has \$1136.00/month.)
According to the caseworker, she only listed herself on the ABD application which is why she was determined eligible at that time.
In other words, she probably should never have been eligible for ABD in the first place--if she had listed her spouse on the app like she should have.

Please let me know if you would like me to do anything else on this.

Jill

>>> Cindy Carron 09/18/06 7:12 PM >>>
Jill Bryant is the Lead supervisor in York and Spartanburg. Jill can you help Robert with this case?
Thanks
Cindy

Cindy Carron, Regional Administrator
Region III Local Eligibility Processing
P.O. Box 8109
North Augusta, SC 29861
Email: carronc@scdhhs.gov
Telephone: 864-415-0275
Fax: Call

>>> Robert G Liming 09/18/06 3:51 PM >>>
Sorry, this just isn't my day. Since Debra is out until the 25th could you refer this to the most appropriate person and have them get back to us ASAP, many thanks

>>> Karen Felder 9/18/2006 3:39 PM >>>
Karen Felder has retired from the agency as of June 30, 2006.

If you need assistance, please email Debra Hill-Hunter at Hillhunt@scdhhs.gov or call her at 864-596-2674.

>>> LIMINGR 09/18/06 15:39 >>>

We have an inquiry from Congressman Inglis regarding this lady, it appears her SLMB coverage ended

July 1, 2006, because she failed to return the review form? Can you check this out and let me know what she needs to do at this point, can we send her a review form or will she have to reapply? It looks as if she is covered for full Medicare, including Part D Extra Help. Thanks for any information you can provide.

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: limingr@scdhhs.gov

Website: www.scdhhs.gov

JEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/20/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: HUSKEY SHIRLEY HH NAME: HUSKEY SHIRLEY
RCP NUMBER: 2780309969 HH NUMBER: 100935151 ACTION TYPE: MAINTENANCE
SSN: 248-56-7071 APL STATUS: ACTION DATE: 07/17/2006
MCN: 248567071A VALIDATED BY: BUY IN ON: 07/01/2006

PART A - BEGINNING DATE: 06/01/2000 ENDING DATE: BY: MMA
PART B - BEGINNING DATE: 06/01/2000 ENDING DATE: BY: MMA
PART C - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA
PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA
LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2006 BY: MMA
SUBSIDY

UPDATED: USER ID: DATE: SYSTEM ID: TTR1004 DATE: 07/15/06
ME900063 RECIPIENT RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

From: Phyllis Hurst
To: limingr@scdhs.gov
Date: 9/19/2006 10:11 AM
Subject: Mrs. Shirley Huskey Sn#248-56-7071

CC: Debra Hillhunter

Here is the follow-up you requested on the case for Mrs. Shirley Huskey. Her case requesting SLMD medicaid was denied on 07/17/2006 for income being more than policy allowed. She reapplied on 8/4/06 for ABD medicaid. On 8/8/06, she was denied for ABD medicaid due to her income being more than policy allows. Her case was evaluated on a family of two. Her income is \$518.00 monthly and her husband income is 1136.00 monthly. After deductions were removed her income remained over for a family of two. For SLMD and ABD Medicaid. Income requirements for a family of two for SLMD is \$1320 and the income requirements for ABD medicaid for a family of two is \$1100.00. Mrs. Huskey's income totaled \$1604.00.

From: Robert G Liming
To: Hillhunter, Debra
Date: 9/18/2006 3:44 PM
Subject: Fwd: Re: Status on Mrs. Shirley Huskey SS # 248-56-7071 (Retirement)

Sorry, my oversight, it has been a busy day, can you please follow up on this request on Mrs. Huskey, many thanks

>>> Karen Felder 9/18/2006 3:39 PM >>>

Karen Felder has retired from the agency as of June 30, 2006.

If you need assistance, please email Debra Hill-Hunter at Hillhunt@scdhs.gov or call her at 864-596-2674.

>>> LIMINGR 09/18/06 15:39 >>>

We have an inquiry from Congressman Inglis regarding this lady, it appears her SLMB coverage ended July 1, 2006, because she failed to return the review form? Can you check this out and let me know what she needs to do at this point, can we send her a review form or will she have to reapply? It looks as if she is covered for full Medicare, including Part D Extra Help. Thanks for any information you can provide.

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: limingr@scdhs.gov

Website: www.scdhs.gov

4EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06
 MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 07/17/2006 END:

NAME: HUSKEY ECKLES HH NAME: HUSKEY SHIRLEY
 NUMBER: 4780622747 HH NUMBER: 100935151 ACTION TYPE: MAINTENANCE
 SSN: 248-38-3173 STATUS: ACTION DATE: 07/17/2006

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
 ADDRESS

DATE APPLIED FOR: _____
 END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
1,137.00	09/03/2006	MONTHLY
1,136.00	07/01/2006	MONTHLY

UPDATED: USER ID: MINNH DATE: 07/17/2006 SYSTEM ID: DATE:
 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

From: Robert G Liming
To: Hurst, Phyllis
Date: 9/19/2006 2:33 PM
Subject: Re: Mrs. Shirley Huskey Sn#248-56-7071

CC: Hillhunter, Debra

Great, thanks for the details, much appreciated

>>> Phyllis Hurst 9/19/2006 10:10 AM >>>

Here is the follow-up you requested on the case for Mrs. Shirley Huskey. Her case requesting SLMD medicaid was denied on 07/17/2006 for income being more than policy allowed. She reapplied on 8/4/06 for ABD medicaid. On 8/8/06, she was denied for ABD medicaid due to her income being more than policy allows. Her case was evaluated on a family of two. Her income is \$518.00 monthly and her husband income is 1136.00 monthly. After deductions were removed her income remained over for a family of two. For SLMD and ABD Medicaid. Income requirements for a family of two for SLMD is \$1320 and the income requirements for ABD medicaid for a family of two is \$1100.00. Mrs. Huskey's income totaled \$1604.00.

ACTION:

PAGE: 3 OF 3

HH NUMBER: 100935151

ACTION TYPE: MAINTENANCE

ACTION DATE: 05/28/06

RCP NUMBER: 2780309969

CORRECT RCP NUMBER:

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

SERVICE

TYPE

CODE 1

CODE 2

582

582

1

DATE: _____

SYSTEM ID: ELD4000

DATE: 05/28/06

ME9000115 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

82 Unable to determine

Continued eligibility

ADELID01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: SHIRLEY HUSKEY DATES-FROM: 03 / 2006 THRU: ____ / ____ PAGE: 2 OF 3
 BG NUMBER: 08460495 CATEGORY: ABD HH NUMBER: 100935151
 BG: C BGP: C WKR: KEELD KAREN FELDER ACTION TYPE: MAINTENANCE
 ACTION DATE: 05/28/06
 COUNTABLE BG MEMBERS: 1
 COUNTABLE INCOME: 2.00
 INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00
 POV-LVL: +.57 % 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: 05/28/06
 MEETS RESOURCES? (Y/N): _ NEXT REVIEW DATE: 05/28/06
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: ____
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:
 S82 We did not receive your completed review form.

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _
 APPEAL REQUEST DATE: ____ COUNTY DECISION UPHELD? (Y/N): _
 UPDATED: USER ID: ____ DATE: ____ SYSTEM ID: ELD4000 DATE: 05/28/06
 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

AEDEL00 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
HH NAME: SHIRLEY HUSKEY DATES-FROM: 03 / 2006 THRU: ____ / ____ PAGE: 1 OF 3
BG NUMBER: 08460495 CATEGORY: ABD QCAT: 10 HH NUMBER: 100935151
BG: C BGP: C WKR: KFELD KAREN FELDER ACTION TYPE: MAINTENANCE
ACTION DATE: 05/28/06

REQUIREMENTS SHIRL H
APPLYING: A
CITIZENSHIP: P
RESIDENCY: P
SSN: P
PREGNANCY: N/A
AGE: P
RELATIONSHIP: N/A
IDENTITY: P
DISABLED/BLIND: P
ASSIGNMENT OF RIGHTS: P
REFERRAL TO OTHER BENEFITS: P
LIVING ARRANGEMENTS: N/A
UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: ELD4000 DATE: 05/28/06
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
PF1->HELP PF3->NEXT SCR PF5->HH MBR DTL PF6->RETURN PF10->MENU PF13->FIELD HELP
PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST+

AEDELDO2 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 3 OF 3

DATES-FROM: 03 / 2006 THRU: __ / __

HH NAME: SHIRLEY HUSKEY

HH NUMBER: 100935151

BG NUMBER: 08460495

CATEGORY: ABD

ACTION TYPE: MAINTENANCE

BG: C BGP: C

WKR: KEELD KAREN FELDER

ACTION DATE: 05/28/06

RCP NAME: SHIRLEY HUSKEY

RCP NUMBER: 2780309969

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 TYPE

REASON CODE 1

REASON CODE 2

BEGIN END

BEGIN

END

882

02/01/2004 06/01/2004

06/01/2004 07/01/2006

882

UPDATED: USER ID: __

DATE: __

SYSTEM ID: ELD4000

DATE: 05/28/06

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

MEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: HUSKEY SHIRLEY HH NAME: HUSKEY SHIRLEY
RCP NUMBER: 2780309969 HH NUMBER: 100935151 ACTION TYPE: MAINTENANCE
SSN: 248-56-7071 APL STATUS: ACTION DATE: 07/17/2006
MCN: 248567071A VALIDATED BY: BUY IN ON: 07/01/2006

PART A - BEGINNING DATE: 06/01/2000 ENDING DATE: BY: MMA
PART B - BEGINNING DATE: 06/01/2000 ENDING DATE: BY: MMA
PART C - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA
PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA
LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2006 BY: MMA
SUBSIDY

UPDATED: USER ID: DATE: SYSTEM ID: TTR1004 DATE: 07/15/06
ME900063 RECIPIENT RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

*MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
 MEMBER PERIOD START: 07/17/06 END:
 NAME: HUSKEY ECKLES HH NAME: HUSKEY SHIRLEY
 RCP NUMBER: 4780622747 HH NUMBER: 100935151 ACTION TYPE: MAINTENANCE
 SSN: 248-38-3173 VC: V APL STATUS: ACTION DATE: 07/17/06
 APPLYING(A/NA): NA ALTERNATE RECIPIENT NUMBER:
 DOB: 03/21/1927 AGE: 79 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
 DOD: MEDICARE COVERAGE(Y/N): Y 248383173A
 SEX: M MALE RACE: SS CLAIM NUMBER(Y/N): Y 248383173A
 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): 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): N EARNED INC(Y/N): N UNEARNED INC(Y/N): Y
 US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: D
 US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
 UPDATED: USER ID: MINNH DATE: 07/17/06 SYSTEM ID: TTR1004 DATE: 09/12/06
 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 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
NAME: HUSKEY SHIRLEY MEMBER PERIOD START: 07/17/06 END:
RCP NUMBER: 2780309969 HH NUMBER: 100935151 HH NAME: HUSKEY SHIRLEY
SSN: 248-56-7071 VC: V APL STATUS: ACTION DATE: 07/17/06
APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
DOB: 06/06/1935 AGE: 71 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
DOD: MEDICARE COVERAGE(Y/N): Y 248567071A
SEX: F FEMALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 248567071A
REL: SFI SELF 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): N RSP(Y/N): CHILD SUPPORT/ALIMONY PAID(Y/N): N
DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): Y
VETERAN(Y/N): N INSURANCE(Y/N): N 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: MINNH DATE: 07/17/06 SYSTEM ID: DATE:
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