

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

**ACTION REFERRAL**

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

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000248</b>	<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

<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
1.			
2.			
3.			
4.			



RECEIVED

SEP 15 2006

House of Representatives  
Washington, DC 20515

Department of Health & Human Services  
OFFICE OF THE DIRECTOR  
OF BUDGET, PLANNING,  
EDUCATION AND WORKFORCE  
SCIENCE

BOB INGILIS  
4TH DISTRICT, SOUTH CAROLINA

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*  
*"Bob'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

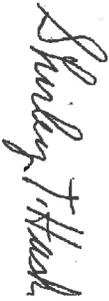
The Honorable Bob Inglis  
Member of Congress  
US House of Representatives  
464 East Main Street  
Spartanburg, SC 29302

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,



Shirley Husky

Washington DC:  
330 Cannon House Office  
Building

Washington, DC 20515  
(202) 225-6030  
Fax: (202) 226-1177

# Congress of the United States

## House of Representatives

Washington, DC 20515-4004

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

### Privacy Act Release Form

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

### 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, Edith Hunsley Sr. D do hereby authorize Wangsten Congressman Bob Inglis and/or his staff to all information in my files.

Shirley Linball Hunsley  
Signature

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

Westgate River ~~Spartanburg~~  
(Sowd) 21 mistyquid  
Spartanburg  
29301

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

964 576 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

RACE: 01 SEX: F MARITAL STATUS: M

TPL INSURANCE: N RELIATION: SELF

DOB: 06/06/1935 DOD:

SPARTANBURG SC 29301- 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
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 black ink, appearing to read "R. M. Kerr".

Robert M. Kerr  
Director

RMK/roIm

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 LABORER DID NOT KNOW ABOUT SLMB - 3rd PARTY.		2	\$1,654	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON: Bob Liming		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		HCBWS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>		
DATE	ACTIONS TAKEN TO HELP:		LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	
9/18/06	Marie gives folder, check MBS and e-mail Karen Felder re status		MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>	
9/19/06	Several e-mails re Jill Bryant and clear clarification client is ineligible		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
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	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>	
			Pregnant Women/Infants	<input type="checkbox"/>			
			SILVERxCARD	<input type="checkbox"/>			
	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.		SLMB	<input type="checkbox"/>			
			SSI	<input type="checkbox"/>			
	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		TEFRA	<input type="checkbox"/>			
			Working Disabled	<input type="checkbox"/>			

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

SPARTANBURG SC 29301- DOB: 06/06/1935 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
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

MEDHMS04 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

SPARTANBURG SC 29301- CHILDREN 1 AND OVER(Y/N): N  
RESIDENCE ADDRESS: INFANTS UNDER AGE 1(Y/N): N  
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: - - SC - -  
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+

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/19/06  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 03 / 2006 THRU: \_\_\_ / \_\_\_ PAGE: 2 OF 3

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

BG NUMBER: 08460495 WKR: KFELD KAREN FELDER ACTION TYPE: MAINTENANCE

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

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 2.00

INCOME LIMIT: 817.00 COUNTABLE RESOURCES: 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

AEDELDD01 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  
HH NUMBER: 100935151

BG NUMBER: 08460495 WKR: KFELD KAREN FELDER CATEGORY: ABD ACTION TYPE: MAINTENANCE  
ACTION DATE: 05/28/06

COUNTABLE BG MEMBERS: 1  
COUNTABLE INCOME: 2.00  
INCOME LIMIT: 817.00  
POV-LVL: +.57 %

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@scdchs.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@scdchs.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@scdchs.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](mailto:limingr@scdhhs.gov)

Website: [www.scdhhs.gov](http://www.scdhhs.gov)

4EDHMS08 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@scdhhs.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@scdhhs.gov](mailto: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](mailto:limingr@scdhhs.gov)

Website: [www.scdhhs.gov](http://www.scdhhs.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.



MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 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: KFELD 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

AEDELDD00 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 DATES-FROM: 03 / 2006 THRU: \_\_\_ / \_\_\_ PAGE: 1 OF 3  
 HH NAME: SHIRLEY HUSKEY HH NUMBER: 100935151  
 BG NUMBER: 08460495 CATEGORY: ABD QCAT: 10 ACTION TYPE: MAINTENANCE  
 BG: C BGP: C WKR: KFELD KAREN FELDER 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+

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 03 / 2006 THRU: /

PAGE: 3 OF 3

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	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
02/01/2004	06/01/2004	06/01/2004	07/01/2006		S82	

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: \_

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:

MEMBER PERIOD START: 07/17/06 END:

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

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 06/06/1935 AGE: 71

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

DOD: \_\_\_\_\_ RACE: 01 WHITE

MEDICARE COVERAGE(Y/N): Y 248567071A

SEX: F FEMALE

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