

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

**ACTION REFERRAL**

|                     |                         |
|---------------------|-------------------------|
| TO<br><i>Jacobs</i> | DATE<br><i>10-29-07</i> |
|---------------------|-------------------------|

|  |   |                         |  |
|--|---|-------------------------|--|
| <b>DIRECTOR'S USE ONLY</b>   |   | <b>ACTION REQUESTED</b> |  |
| 1. LOG NUMBER<br><i>000228</i>   | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____<br><br><input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>11-5-07</i><br><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><br><input type="checkbox"/> Necessary Action |                         |  |
| 2. DATE SIGNED BY DIRECTOR<br><i>Cleared 11/8/07, letter attached.</i> |   |                         |  |

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

*Log: Jacobs  
app -*

**From:** Alicia Jacobs  
**To:** Brenda James  
**Date:** 10/29/2007 12:54:13 PM  
**Subject:** Fwd: Incoming Fax Message--Ralph Owens

This needs to be logged. Thanks

>>> Cherlyn May 10/29/07 11:58 AM >>>  
Good Morning Alicia,

This is a fax that was sent to your attention for Mr. Owens. I checked tracking and Torri Dawson is the caseworker for MAONH.

Please let me know if I can be of further assistance.

Thanks.

>>> SHHSFC.faxapi." 10/29/2007 11:47:22 AM >>>

-----Reception Fax Report-----

TSI Received: 8642332160  
Pages Received: 003  
Connect Time: 00056  
Receive Time: 10/29/07 10:46  
DID Received: 8223  
Caller ID:  
Fax Port: 01  
Error Code: 0000  
Job ID: 5758  
Faxcom: 1 at 10.57.2.82

**RECEIVED**

OCT 29 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**CC:** Carolyn Roach; Jan Polatty

10/29/2007 10:44 8642332160

BOB INGLIS

PAGE 01/03



House of Representatives  
Washington, DC 20515

BOB INGLIS  
4TH DISTRICT, SOUTH CAROLINA

JUDICIARY  
EDUCATION AND WORKFORCE  
SCIENCE

## FAX TRANSMITTAL

FAX NUMBER: (803) 256-8223

DATE: October 29<sup>th</sup>, 2007TO: Alicia Jacobs re Medicaid EligibilityOFFICE: DHHS

FROM: GREENVILLE OFFICE OF CONGRESSMAN BOB INGLIS  
105 NORTH SPRING STREET, SUITE 111  
GREENVILLE, SC 29601  
TELEPHONE: (864) 232-1141 • FAX: (864) 233-2160

☐ Wayne Roper  
☐ Price Atkinson  
☐ Julie Wilson  
☐ Paul Howell  
☒ April Evans  
☐ Brenda Ballard

## SPECIAL REMARKS:

3 PAGES, INCLUDING THIS COVER SHEET

## CONFIDENTIALITY NOTICE

The documents accompanying this facsimile transmission contain legally privileged, confidential or proprietary information belonging to the sender. The information is directed to the attention, and intended for the sole and exclusive use, of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for destruction, or return of the documents to us, of the contents of this transmission.

WASHINGTON, DC 20515  
330 CANNON HOUSE, OFFICE BUILDING  
WASHINGTON, DC 20515  
PHONE: (202) 226-4000  
FAX: (202) 226-1177

464 EAST MAIN STREET, SUITE 8  
GREENVILLE, SC 29601  
PHONE: (864) 232-4422  
FAX: (864) 573-0478  
UNION, SC  
PHONE: (864) 427-2206  
www.house.gov/inglis

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

10/29/2007 10:47AM

10/29/2007 10:44 8642332160

BOB INGLIS

PAGE 02/03

**House of Representatives**  
**Washington, DC 20515**

October 29, 2007

**BOB INGLIS**  
4th District, South Carolina**JUDICIARY**  
**EDUCATION AND WORKFORCE**  
**SCIENCE**

Alicia Jacobs  
Deputy Director Eligibility & Beneficiary Services  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Dear Alicia:

I am writing on behalf of my constituent, Ralph L. Owen Jr. (SSN: 248-16-2466), about his application for Medicaid benefits.

It is my understanding that Ralph applied for benefits with your agency. I would like to request that his application be handled as expeditiously as possible, in accordance with your agency's governing rules and regulations.

Thank you, in advance, for your help with Ralph's application. You are welcome to call me or April Evans of my Greenville office if you have any questions or need more information.

Sincerely,

**Bob Inglis**  
Member of Congress

B/ae

Enclosure

cc: **Ralph L. Owen Jr.**  
Greenville County Department of Social Services

WASHINGTON, DC  
200 Cannon House Office Building  
Washington, DC 20515  
Phone: (202) 226-6020  
Fax: (202) 226-1177

SPARTANBURG, SC  
466 EAST MAIN STREET, SUITE 8  
SPARTANBURG, SC 29302  
Phone: (803) 582-4422  
Fax: (803) 573-9479

UNION, SC  
Phone: (804) 427-2205  
[www.house.gov/inglis](http://www.house.gov/inglis)

GREENVILLE, SC  
160 N. RYAN STREET, SUITE 111  
GREENVILLE, SC 28601  
Phone: (803) 223-1141  
Fax: (803) 223-2100

10/29/2007 10:47AM

10/29/2007 10:44 86423321.E0

BOB INGLES

PAGE 03/03

Oct 26 07 03:29P

P - 2



House of Representatives  
Washington, DC 20515

BOB INGLES  
5th District, South Carolina

JUD CLARY  
EDUCATION AND WORKFORCE  
SCIENCE

### 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, Ralph L. Owen, Jr. do hereby authorize Congressman Bob Inglis and/or his staff to all information in my files.

Ralph L. Owen Jr.  
Signature

Address 471 E. Parkins Mill Rd.  
Greenville, SC 29607

248-16-2466  
Social Security Number

(804) 675-0151  
Telephone Number

WASHINGTON, DC  
300 Cannon House Office Building  
Washington, DC 20515  
Phone: (202) 225-4030  
Fax: (202) 225-1177

SPARTANBURG, SC  
404 East Main Street, Suite 8  
Spartanburg, SC 29302  
Phone: (803) 590-4422  
Fax: (803) 572-8478  
UNION, SC  
Phone: (803) 427-2700  
www.house.gov/inglis

GR GREENVILLE, SC  
105 North Spring Street, Suite 111  
Greenville, SC 29601  
Phone: (864) 325-3100  
Fax: (864) 325-3100

10/29/2007 10:47AM



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Portner  
Director

November 8, 2007

Mr. Ralph L. Owen, Jr.  
471 E. Parkins Mill Road  
Greenville, South Carolina 29607

Dear Mr. Owen:

Congressman Bob Inglis asked our agency to assist with your concerns regarding your pending Medicaid application. We hope to be of some assistance.

Your application for Medicaid's Nursing Home program cannot be processed until we receive the required documentation. Your eligibility worker, Torri Dawson, provided your daughter and authorized representative, Mary King, with a checklist of the needed information. Once this information is received, we will expedite the processing of your application and monitor its progress. You will be notified in writing of the Medicaid eligibility determination as soon as possible.

In the meantime, if you have any questions regarding the information that is needed to determine your eligibility or the Medicaid application process, please contact Ms. Dawson at (803) 898-2635, and she will be happy to assist you.

Sincerely,

*Alicia Jacobs*

Alicia Jacobs  
Interim Deputy Director

AJ/cde

c: Ms. Mary King

Log 0028



*State of South Carolina*  
*Department of Health and Human Services*

Mark Santord  
Governor

Emma Forkner  
Director

November 8, 2007

The Honorable Bob Inglis  
United States House of Representatives  
105 North Spring Street, Suite 111  
Greenville, South Carolina 29601

Dear Representative Inglis:

Thank you for your correspondence on behalf of Mr. Ralph L. Owen, Jr., and his Medicaid application. We appreciate the opportunity to be of assistance.

A member of our staff has been in direct contact with Mr. Owen's authorized representative to ensure we have the required documentation necessary to process his application as expeditiously as possible. We will continue to monitor the application's progress until an eligibility determination has been reached and offer our assistance when needed.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/cod

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                      |                         |
|----------------------|-------------------------|
| TO<br><i>Specchi</i> | DATE<br><i>10-29-07</i> |
|----------------------|-------------------------|

|   |   |                  |  |
|---|---|------------------|--|
| DIRECTOR'S USE ONLY                           |   | ACTION REQUESTED |  |
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| 2. DATE SIGNED BY DIRECTOR<br><i>8 Nov 07</i> |   |                  |  |

| APPROVALS<br>(Only when prepared for director's signature) | APPROVE        | * DISAPPROVE<br>(Note reason for disapproval and return to preparer.) | COMMENT |
|--|----------------|---|---------|
| 1. <i>Specchi</i>  | <i>11/2/07</i> |   |         |
| 2.   |                |   |         |
| 3.   |                |   |         |
| 4.   |                |   |         |



**From:** Alicia Jacobs  
**To:** Brenda James  
**Date:** 10/29/2007 12:54:13 PM  
**Subject:** Fwd: Incoming Fax Message--Ralph Owens

*Log: Jacobs  
app -*

This needs to be logged. Thanks

>>> Cheryl May 10/29/07 11:58 AM >>>  
Good Morning Alicia,

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Please let me know if I can be of further assistance.

Thanks.

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Pages Received: 003  
Connect Time: 00056  
Receive Time: 10/29/07 10:46  
DID Received: 8223  
Caller ID:  
Fax Port: 01  
Error Code: 0000  
Job ID: 5758  
Faxcom: 1 at 10.57.2.82

**RECEIVED**

OCT 29 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**CC:** Carolyn Roach; Jan Polatty

10/29/2007 10:44 8642332160

BOB INGLIS

PAGE 01/03



House of Representatives  
Washington, DC 20515

BOB INGLIS  
7th District, South Carolina

JUDICIARY  
EDUCATION AND WORKFORCE  
SCIENCE

## FAX TRANSMITTAL

FAX NUMBER: (803) 256-3223

DATE: October 29<sup>th</sup>, 2007TO: Alicia Jacobs on Medicaid EligibilityOFFICE: OHHS

FROM: GREENVILLE OFFICE OF CONGRESSMAN BOB INGLIS

105 NORTH SPRING STREET, SUITE 111

GREENVILLE, SC 29601

TELEPHONE: (864) 232-1141 • FAX: (864) 233-2160

☐ Wayne Roper  
☐ Price Atkinson  
☐ Julie Wilson  
☐ Paul Howell  
☒ April Evans  
☐ Brenda Ballard

SPECIAL REMARKS:

3 PAGES, INCLUDING THIS COVER SHEET

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WASHINGTON  
 390 CANNON HOUSE, OFFICE BUILDING  
 WASHINGTON, DC 20541  
 Phone: (202) 225-4000  
 Fax: (202) 225-1177

404 EAST MAIN STREET, SUITE 8  
 SPARTANBURG, SC 29302  
 Phone: (864) 582-4422  
 Fax: (864) 573-9478  
 UNION, SC  
 Phone: (803) 427-3206  
 www.house.gov/inglis

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

10/29/2007 10:47AM

10/29/2007 10:44 8642332160

BOB INGLIS

PAGE 02/03



# House of Representatives Washington, DC 20515

October 29, 2007

BOB INGLIS  
4th District, South CarolinaJUDICIARY  
EDUCATION AND WORKFORCE  
SCIENCE

Alicia Jacobs  
Deputy Director Eligibility & Beneficiary Services  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Dear Alicia:

I am writing on behalf of my constituent, Ralph L. Owen Jr. (SSN: 248-16-2466), about his application for Medicaid benefits.

It is my understanding that Ralph applied for benefits with your agency. I would like to request that his application be handled as expeditiously as possible, in accordance with your agency's governing rules and regulations.

Thank you, in advance, for your help with Ralph's application. You are welcome to call me or April Evans of my Greenville office if you have any questions or need more information.

Sincerely,

Bob Inglis  
Member of Congress

B/ae

Enclosure

cc: Ralph L. Owen Jr.  
Greenville County Department of Social Services

WASHINGTON, DC  
220 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
PHONE (202) 455-3500  
FAX (202) 245-1177

SPARTANBURG, SC  
404 EAST MAIN STREET, SUITE 8  
SPARTANBURG, SC 29302  
PHONE (803) 582-8422  
FAX (803) 573-8473  
UNION, SC  
PHONE (803) 427-2265  
www.hawaii.gov/hjls

GREENVILLE, SC  
108 NORTH SPRING STREET, SUITE 111  
GREENVILLE, SC 29601  
PHONE (803) 239-1141  
FAX (803) 239-2180

10/29/2007 10:47AM

10/29/2007 10:44 8642332160

BOB INGLIS

PAGE 03/03

Oct 26 07 03:29p

P. 2



House of Representatives  
Washington, DC 20515

BOB INGLIS  
4th District, South Carolina

JUD GARY  
EDUCATION AND WORKFORCE  
SCIENCE

## 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, Robert L. Queen, Jr. do hereby authorize Congressman Bob Inglis and/or his staff to all information in my files.

Robert L. Queen, Jr.  
Signature

Address 471 E Parkins Mill Rd.  
Greenville, SC 29607

Social Security Number 248-16-2466

Telephone Number (804) 675-0151

WASHINGTON, DC  
200 Cannon House Office Building  
WASHINGTON, DC 20515  
Phone: (202) 225-4030  
Fax: (202) 225-1177

SPARTANBURG, SC  
404 South Main Street, Suite B  
Spartanburg, SC 29302  
Phone: (803) 580-4422  
Fax: (803) 579-5679  
UNION, SC  
Phone: (803) 427-2205  
www.house.gov/inglis

GREENVILLE, SC  
106 North Simco Street, Suite 111  
Greenville, SC 29601  
Phone: (803) 525-1141  
Fax: (803) 235-8185

10/29/2007 10:47AM

**From:** Torri Dawson  
**To:** Donna Day  
**Date:** 10/30/2007 11:53 AM  
**Subject:** Fwd: Incoming Fax Message--Ralph Owens  
**Attachments:** Fwd: Incoming Fax Message--Ralph Owens

Upon receipt of the attached fax on yesterday, I contacted the AR for Mr. Owen, Mary King, as I had not received the needed information. Ms. King stated she was not aware of the faxed letter from Congressman Bob Inglis' office. She stated one of her siblings might have contacted him. I spoke with Ms. King a few weeks prior concerning the needed information. At that time, she asked if I could send her another copy of the Medicaid checklist. I mailed another copy of the Medicaid checklist to Ms. King at her home address. Upon speaking with her on yesterday, Ms. King informed me she never received the checklist in the mail. She stated she thought she requested that I mail it to her parent's home address in Greenville instead of her home address in Mt. Pleasant since most of the information on her parents are filed in Greenville. I informed her she did not mention this to me previously. We discussed the needed info again. Ms. King stated she has obtained the needed info. However, she stated she gave the completed trust agreement to the bank. I informed her she needed to submit the trust agreement to us. She is going to contact the bank to retrieve the trust agreement so she may send it along with the other requested information. Again, Ms. King requested that I send her another copy of the Medicaid checklist but this time she specifically asked that I mail it to her parent's home address in Greenville. I put another copy of the original checklist in the mail to Ms. King late yesterday. I also attached a new checklist giving a new deadline. I told Ms. King if she does not receive the info within two days to give me a call. Ms. King stated she would.

ink  
Mamoth  
Mamoth

471 East Parkins Mill Rd.  
Greenville, SC 29607

FB

him  
\$553.52

2006

her  
\$258.00

2006

\$1,1749.00

\$1,1372.00

**From:** Carolyn Roach  
**To:** Constituent Services  
**Date:** 10/31/2007 8:55 AM  
**Subject:** Fwd: Incoming Fax Message--Ralph Owens  
**Attachments:** Fwd: Incoming Fax Message--Ralph Owens

this is the response.

EDIT



Constituent ID

1112

Closed? ☐

Date Closed

Source Blue Log

Log No.

0228

Due Date

11/ 5/2007



Print this Form

Constituent Notes

SSN 248-16-2466

MEDICAID ID 0000000000

First Name

MI

Last Name

Ralph

L

Owen

Constituent Phone(s)

(854) 675-0151

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

Pending Medicaid

Staff ID

Staff First Name

Staff Last Name

4

Denise

Epps

Point of Contact

Alicia Jacobs &amp; April Evans

Authorized Rep

Mary King

Rep Phone

(843) 856-5225

Relationship

Daughter

Legislator/Other

Bob Inglis

Entry Date

10/31/2007

Last Update

11/ 2/2007

Last Update User

EPPSDEN

Apply

Cancel

Close

## Constituent# 1112

|   | Notes ID | Entry Date | Last Update | Notes   |
|---|----------|------------|-------------|---|
| ▶ | 2242     | 11/2/2007  | 11/2/2007   | Spoke with Torri Dawson, EW, for Mr. Owen's NH application. She has been in touch with Mary King, daughter & AR, to let her know the documentation we need to process her father's application. Additionally, Mr. Owen has Medicare coverage as well as private insurance, so no resources are necessary. He & his wife, Nancy receive approx. \$4,000/mo. I ran both the Congressman's and Mr. Owen's response letters by Torri before giving to Sheila and Jenny today. Mark is out so it will then go to Garnell.<br><br>EPPSDEN 11/2/2007 12:00:50 PM |
|   | 2178     | 10/31/2007 | 10/31/2007  | Pending for Nursing Home under Torri Dawson. To Denise to handle.<br>LYNCHJEN 10/31/2007 10:31:43 AM  |

**From:** Torri Dawson  
**To:** Denise Epps  
**Date:** 11/2/2007 11:46 AM  
**Subject:** Re: would you like to make any changes to this letter?

No, you covered it. Thanks!

>>> Denise Epps 11/2/2007 11:41 am >>>



MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 08/28/07 END: PAGE: 0001

NAME: OWEN JR RALPH L HH NAME: OWEN JR RALPH L

RCP NUMBER: 1780776102 HH NUMBER: 101211306 ACTION TYPE: MAINTENANCE

SSN: 248-16-2466 VC: V APL STATUS: ACTION DATE: 08/28/07

PRIMARY INDIVIDUAL: APL CO: 23

471 E PARKINS MILL RD WORKER ID: CREAD LOCATION: 056

SSCN: RRN: A248162466

RACE: 01 SEX: M MARITAL STATUS: M

TPL INSURANCE: Y RELATION: SELF

DOB: 03/16/1922 DOD:

GREENVILLE SC 29607-

CORRECT RCP NUMBER: \_\_\_\_\_ LIV ARRANGEMENT: NFCL INCOME TRUST:

PROVIDER:

| BG | BEG    | END  | BENEFITS | QMB  | RETRO | % OF | POV |     |       |         |
|----|--------|------|----------|------|-------|------|-----|-----|-------|---------|
| S  | NUMBER | ELIG | ELIG     | PCAT | QCAT  | TYPE | IND | IND | LEVEL | SPONSOR |

UPDATED: USER ID: CREAD DATE: 08/28/07 SYSTEM ID: SVE3000 DATE: 08/30/07  
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

MEDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: OWEN JR RALPH L ACTION TYPE: MAINTENANCE  
HH NUMBER: 101211306 APL STATUS: ACTION DATE: 08/28/07

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:  
NAME: MARY KING

ADDRESS: RELATIONSHIP: 2661 CROOKED STICK LANE

LEGAL RELATIONSHIP:  
MT PLEASANT SC 29466- COMMITTEE/CONSERVATOR  
HOME PHONE: 843-856-5226 GUARDIAN  
WORK PHONE: - - X POWER OF ATTORNEY  
E-MAIL:

UPDATED: USER ID: CREAD DATE: 08/28/07 SYSTEM ID: HMS5000 DATE: 08/28/07  
ME900049 HOUSEHOLD RECORD FOUND  
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU  
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 08 / 2007 THRU: \_\_\_\_ / \_\_\_\_ PAGE: 2 OF 3

HH NAME: RALPH L OWEN JR HH NUMBER: 101211306

BGN: 09752940 PCAT: MAONH SPN: 2303 GVILLE Hsp Sys2 ACT TYPE: MAINTENANCE

BG: P BGP: P WKR: TDAMS TORRI DAWSON ACT DATE: 08/28/07

COUNTABLE BG MEMBERS: \_\_\_\_

COUNTABLE INCOME: \_\_\_\_ COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 0.00 RESOURCE LIMIT: 0.00

POV-LVL: +.00 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N) : - ACT ON DECISION COMPLETE? (Y/N) : -

MEETS INCOME? (Y/N) : - DECISION ACCEPTED DATE: \_\_\_\_

MEETS RESOURCES? (Y/N) : - NEXT REVIEW DATE: \_\_\_\_

MEETS OTHER CONDITIONS? (Y/N) : - ANTICIPATED CLOSURE DATE: \_\_\_\_

REASON(S) FOR DENIAL/CLOSURE/CHANGE: \_\_\_\_

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

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

UPDATED: USER ID: TDAMS DATE: 10/29/07 SYSTEM ID: \_\_\_\_ DATE: \_\_\_\_

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

MEDELD02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/02/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION.

DATES-FROM: 08 / 2007 THRU: / PAGE: 3 OF 3

HH NAME: RALPH L OWEN JR  
HH NUMBER: 10121130

BGN: 09752940 PCAT: MAONH SPN: 2303 GVILLE Hsp Sys2 ACT TYPE: MAINTENANCE

BG: P BGP: P WKR: TDAMS TORRI DAWSON  
ACT DATE: 08/28/07

RCP NAME: RALPH L OWEN JR  
RCP NUMBER: 1780776102

[illegible]

IT: PING-PONG: RETRO: N EXPARTE: OMB: PROT PER DATE.

| ESTIMATED ELIGIBILITY DATES |  |  |
|-----------------------------|--|--|
|                             |  |  |

MEDICAID

---BENEFIT DATES---  
--MEDICAID+OMB DATES--

|       |     |       |     |      |        |        |
|-------|-----|-------|-----|------|--------|--------|
| BEGIN | END | BEGIN | END | TYPE | CODE 1 | CODE 2 |
|       |     |       |     |      |        |        |

100

[illegible]

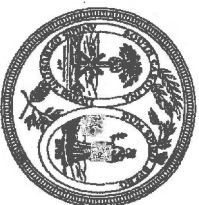
1. *Introduction*

| UPDATED: | USER ID: | CREAD | DATE: | 08/28/07 | SYSTEM ID: | DATE: |
|----------|----------|-------|-------|----------|------------|-------|
|----------|----------|-------|-------|----------|------------|-------|

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENTI

PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

November 8, 2007

Mr. Ralph L. Owen, Jr.  
471 E. Parkins Mill Road  
Greenville, South Carolina 29607

Dear Mr. Owen:

Congressman Bob Inglis asked our agency to assist with your concerns regarding your pending Medicaid application. We hope to be of some assistance.

Your application for Medicaid's Nursing Home program cannot be processed until we receive the required documentation. Your eligibility worker, Torri Dawson, provided your daughter and authorized representative, Mary King, with a checklist of the needed information. Once this information is received, we will expedite the processing of your application and monitor its progress. You will be notified in writing of the Medicaid eligibility determination as soon as possible.

In the meantime, if you have any questions regarding the information that is needed to determine your eligibility or the Medicaid application process, please contact Ms. Dawson at (803) 898-2635, and she will be happy to assist you.

Sincerely,

*Alicia Jacobs*

Alicia Jacobs  
Interim Deputy Director

AJ/cde

c: Ms. Mary King



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

November 8, 2007

The Honorable Bob Inglis  
United States House of Representatives  
105 North Spring Street, Suite 111  
Greenville, South Carolina 29601

Dear Representative Inglis:

Thank you for your correspondence on behalf of Mr. Ralph L. Owen, Jr., and his Medicaid application. We appreciate the opportunity to be of assistance.

A member of our staff has been in direct contact with Mr. Owen's authorized representative to ensure we have the required documentation necessary to process his application as expeditiously as possible. We will continue to monitor the application's progress until an eligibility determination has been reached and offer our assistance when needed.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/cod