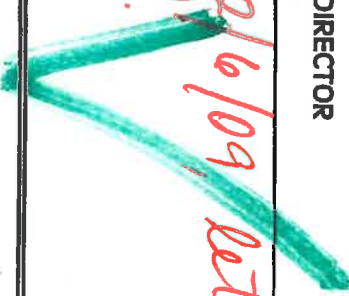


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Jacobs</i>	<i>1-29-09</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>100405</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature	DATE DUE <i>2-5-09</i>
2. DATE SIGNED BY DIRECTOR	<i>Cleand 2/6/09 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.			

GLENN G. REESE
SENATOR, SPARTANBURG COUNTY
SENATORIAL DISTRICT NO. 11

SENATE ADDRESS:
P. O. BOX 142
502 GRESSETTE SENATE OFFICE BLDG.
COLUMBIA, SC 29202
(803) 212-6108
E-MAIL: GR@SCSENATE.ORG

HOME ADDRESS:
507 FAGAN DRIVE
LAKE BOWEN
INMAN, SC 29348-7000
(864) 592-2984 HOME
(864) 585-1956 OFFICE

E-MAIL: REESE.JD@CHARTER.NET



COMMITTEES:
BANKING AND INSURANCE
ETHICS
FINANCE
INVITATIONS
LABOR, COMMERCE AND INDUSTRY
RULES

RECEIVED

JAN 29 2009

ELIGIBILITY POLICY
& OVERSIGHT

MEMORANDUM

TO: Jennifer Dabs Lynch, Eligibility
Department of Health and Human Services

FROM:  Glenn G. Reese

DATE: January 26, 2009

RE: James Johnson, II's Medicaid Benefits

RECEIVED

JAN 29 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please find the enclosed e-mail that I received from a constituent who is seeking services, which is self-explanatory. I would appreciate it if you would review and determine what can done to help him with benefits that he is in desperate need of medical services. Thank you for your prompt attention to this request. We look forward to your response.

GGR/ks

c: James Johnson, II

From: <feedback@glennreese.com>
To: jjohnson3275@charter.net
Date: 1/26/2009 11:55 AM
Subject: Visitor Feedback from Your Website

First Name: James
Last Name: Johnson II
Company Name: Closed 1/1/09
Address Line 1: 114 Holly Dr
Address Line 2:
City: Spartanburg
State: SC
Zip Code: 29301
Daytime Phone: 8648092002
Evening Phone: 8648092002
Cell:
Fax:

E-mail Address: jjohnson3275@charter.net

My government problem is: : Cannot work due to serious hand injury and have been denied disability and food stamps. Health and Human services say 3-6 months before being considered for Medicaid. I have medical bills with no insurance that I cannot pay. Medications that I will soon not be able to afford. I have not been approved for Medicaid in which to pay these bills. I have never asked for help, but I need it now. I am 52 years young and have worked since I was 15 and have ALWAYS paid my own way. I am in a desperate situation NOW! and see no relief in the near future. Please help.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

February 6, 2009

Emma Forkner
Director

The Honorable Glenn Reese
Member, South Carolina Senate
District No. 11 – Spartanburg County
Post Office Box 142
502 Gressette Senate Office Building
Columbia, South Carolina 29202

Dear Senator Reese:

Thank you for referring Mr. James Johnson, II to our agency with his concerns regarding Medicaid eligibility and his healthcare needs.

A member of our staff has been in direct contact with Mr. Johnson, and we were pleased to address his questions regarding the Medicaid program. We also provided Mr. Johnson with information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and daily living expenses.

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,

Emma Forkner
Director

EF/jcc

Log # 405
✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 4, 2009

Mr. James Johnson, II
114 Holly Drive
Spartanburg, South Carolina 29301

Dear Mr. Johnson:

Senator Glenn Reese asked our agency to assist with your questions concerning Medicaid eligibility and your healthcare needs.

Our records indicate you applied for Medicaid under the Aged, Blind or Disabled (ABD) program on January 14, 2009. Medical consultants are currently reviewing your records, and we have asked them to expedite their disability determination. We will monitor your application's progress and keep you informed. If you have any questions about your application, please contact the Spartanburg County Medicaid Supervisor, Mrs. Debra Hill-Hunter, at (864) 596-2714, Ext. 105.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and daily living expenses. If you have questions about the Medicaid program, please contact Sheila Chavis at (803) 898-2707 or 1-888-549-0820, Ext. 2707 (toll-free). We hope this information is helpful.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Deputy Director

AJ/cc
Enclosures