

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

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

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000249</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaud 10/3/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-20-06</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.			



STATE OF SOUTH CAROLINA
THE SENATE

ROBERT W. HAYES, JR.
SENATOR YORK COUNTY
SENATORIAL DISTRICT NO. 15

COMMITTEES:
ETHICS, CHAIRMAN
BANKING AND INSURANCE
CORRECTIONS AND PENOLOGY
EDUCATION
FINANCE
MEDICAL AFFAIRS

SENATE ADDRESS:

SUITE 205
GRESSETTE SENATE OFFICE BLDG.
P.O. BOX 142
COLUMBIA, SC 29202
TEL.: (803) 212-6410
FAX: (803) 212-6499
EMAIL: SET@SENATE.ORG

HOME ADDRESS:

P.O. BOX 904
ROCK HILL, SC 29731
803-324-2400

September 13, 2006

Mrs. Lynnette Saboley
1611 Sandy Hill Road
York, SC 29745-7564

Dear Mrs. Saboley:

Log- Bowling
W. Hayes, Jr.

RECEIVED

SEP 15 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Thank you for your recent letter concerning your Medicaid prescriptions. I have forwarded a copy of your letter to Mr. Brent Williams, S. C. Department of Health and Human Services, for review and with the request that he provide you any assistance available to you through that department.

With warm regards, I am

Sincerely,

Robert W. Hayes, Jr.

RWHJr:jid

cc: Mr. Brent Williams
SC Department of Health & Human Services
P. O. Box 8206
Columbia, SC 29202-8206

August 11, 2000

Dear Representative Robert C. Byrd
and esteemed members of the Committee to
choose which medicalist medical will
suffer,

Please help me!

Since 2002 I have been treated by seven
different doctors and psychiatrists.

I have Bipolar Disorder, IED, ADD and
Multiple Sclerosis.

Since Dr. Andrew Webster began treating
Dr. Carter, Dr. Porter, Dr. E. Johnson, Dr. Andrew
Brenner, Dr. Jonathan Doble, Dr. Robin White
and Dr. Sandra Shovel MDs. I took
many different combinations of medication
and kindly Dr. White used able to find
the right prescriptions so I can sleep
at night and get 5 to 9 hours. I only
get this result by having 2mg Alprazolam
and 12.5mg Ambien CR.

Please allow me to have the treatment
I must use to get sleep.

With out enough rest I am afraid my
mental health will get worse instead of
the small chance I have for improvement.

Dr. Michael Berkman is going to give me
valium in another month and I am
struggling with alcoholism Marie Jackson.

Please allow me to continue to use what
is working so I have a chance for a more
stable life.

Thank you

Thank you,
Symptoms in Suffering

Dear Committee Members,

Dr. Robert Shewell has also prescribed Singulair 10 mg which has kindly gotten me Asthmalis symptoms under control and at last I can make runs last week that I will not be allowed to continue during that medication either.

It has taken 13 years for multiple visits to many physicians and E, E, M and throat specialists to find this treatment that helps me breathe, ease my headaches, do running, get resting and allow me to lay down and sleep.

Please allow medication to cover the cost for the Singulair 10 mg.

Sincerely,

Jayne Seely

RECEIVED

SEP 15 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/15/06
MEDSPROD MEMBER PERIOD START: 07/06/05 END: ACTION: PAGE: 0001

NAME: SABOLEY LYNETTE M HH NAME: SABOLEY LYNETTE M
RCP NUMBER: 9780202272 HH NUMBER: 101027941 ACTION TYPE: MAINTENANCE
SSN: 386-78-6954 VC: V APL STATUS: ACTION DATE: 02/25/05
PRIMARY INDIVIDUAL: APL CO: 46 WORKER ID: GBRON LOCATION: 055
1611 SANDY HILL RD SSCN: RRN:

RACE: 01 SEX: F MARITAL STATUS: M
TPL INSURANCE: Y RELATION: SELF
DOB: 03/28/1964 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

YORK SC 29745-
CORRECT RCP NUMBER: _____

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	18932645	10/01/2005	11	30	FULL	N	N	N	1.06	
-	68729601	02/01/2005	10/01/2005	59	30	FULL	N	Y	1.06	

UPDATED: USER ID: GBRON DATE: 01/24/05 SYSTEM ID: TTR1001 DATE: 01/27/05
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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

October 31, 2006

Robert M. Kerr
Director

The Honorable Robert W. Hayes, Jr.
Gressette Senate Office Building – Suite 205
Post Office Box 142
Columbia, South Carolina 29202

Dear Senator Hayes:

Thank you for your recent correspondence regarding Ms. Lynnette Saboley's letter concerning Medicaid coverage of certain medications. We appreciate the opportunity to be of assistance.

Staff from the Department of Pharmacy Services contacted Ms. Saboley's pharmacist regarding her specific situation, and we are confident that there is a clear understanding of how best to utilize Ms. Saboley's monthly limit of four prescriptions so that she may receive her maximum prescription benefit. This information has been conveyed to Ms. Saboley.

Thank you for your continued support of the Medicaid program. If you wish to discuss this matter further, please contact me or Mr. James M. Assey, R.Ph., Director, Division of Pharmacy Services, at (803) 898-2875.

Sincerely,

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

Robert M. Kerr
Director

RMK/bgas

Log # 249

