

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-24-08</i>
---------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100224</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia 11/12/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-4-08</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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA
ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
EDUCATION AND LABOR
FOREIGN AFFAIRS
HOUSE POLICY

Congress of the United States House of Representatives

RECEIVED

October 23, 2008

OCT 24 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Ms. Lisa D. Brewer

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me regarding her application for Medicaid. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169, Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,



JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), Suite 1
West Columbia, SC 29169
(803) 939-0041
Fax: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
Fax: (202) 225-2455
www.joewilson.house.gov

TOLL FREE 1-888-381-1442

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
Fax: (843) 521-2535

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:

ARMED SERVICES

EDUCATION AND LABOR

FOREIGN AFFAIRS

HOUSE POLICY

Congress of the United States House of Representatives

COUNTIES:

AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

Consent for Release of Personal Records by Executive Agencies

Name of Agency: Medicaid - HHS

To Whom It May Concern:

I have sought assistance from Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Lisa D. Brewer
Name of Claimant- (Please Print)

04/18/52
Date of Birth

1010 Hatley County Apt. 303
Address of Claimant

Cayce SC 29033
City Zip

208-42-4566

Social Security Number

VA Claim # of OPM # (if applicable)

803-791-0670
Telephone Number- Home

—
Telephone Number- Work

Lisa D Brewer
Signature of Claimant

10/20/08
Today's Date

Please briefly explain your concern: I have been disabled and unable
(use the back if necessary)

to work for several years and don't have Medicaid.

I made application again last month and would

appreciate it if you could check on the status of

my application.

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
Fax: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
Fax: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. Box 1538
BEAUFORT, SC 29901
(843) 621-2530
Fax: (843) 621-2535



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 12, 2008

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for contacting our agency on behalf of Ms. Lisa D. Brewer concerning her healthcare needs and Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Brewer regarding Medicaid eligibility and the rules and regulations governing the program. We mailed her information on programs and organizations that may assist with her prescriptions, inpatient hospitalization and healthcare issues.

We appreciate 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, reading "Emma Forkner".

Emma Forkner
Director

EF/jcoll

Log # 224
A red checkmark is drawn next to the handwritten text "Log # 224".



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 10, 2008

Ms. Lisa D. Brewer
1010 Hafley Court
Apartment 303
Cayce, South Carolina 29033

Dear Ms. Brewer:

Congressman Joe Wilson contacted our agency on your behalf regarding your concerns about your recent Medicaid application.

You applied for coverage under the Aged, Blind or Disabled (ABD) program on September 18, 2008. You do meet the financial eligibility guidelines for this program; however, an individual under age 65 must also meet the definition of blindness or disability as defined by the Social Security Administration. Medical consultants are currently reviewing your medical records to determine if you meet the disability requirements. We will process your application as quickly as possible, and notify you once a decision has been made.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions and inpatient hospitalization needs. If you have other questions about the Medicaid program, please contact Jennifer Lynch at (803) 898-3965 or toll-free at 1-888-549-0820, Ext. 3965.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Acting Deputy Director

AJ/coll
Enclosures