

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>7-12-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000014</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>7-19-13</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost</i> <i>Cleared 7/23/13, 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.			



**House of Representatives**  
State of South Carolina

**RECEIVED**

JUL 12 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**Jimmy C. Bales, Ed.D.**

District No. 80 - Richland - Kershaw  
Counties  
1515 Crossing Creek Road  
Eastover, SC 29044

432-C Blatt Building  
Columbia, SC 29201

Tel. (803) 734-3058  
Tel. (803) 776-7355

July 11, 2013

**Committees:**

Labor, Commerce and Industry  
Operations and Management,  
2nd Vice Chairman

Mr. Anthony Keck, Ex. Director  
POB 8206  
SC Dept. of Health and Human Services  
Columbia, SC 29202-8206

Dear Mr. Keck:

I would appreciate your review of Ms. Annette McGowens of 3801 Woodbury Drive, Columbia, SC 29209, phone 803-254-4932, application to receive Medicaid benefits.

She is experiencing increasingly health problems and has not been gainfully employed since 2012, and her medical expenses are all self-pay. She resides with her sons, all over the age of 18; two are handicapped and receiving benefits themselves.

In her conversations with a caseworker, she was told she was ineligible for benefits because her sons were over 18 and she had no children under 18 residing with her. She is in a desperate situation concerning her health and I would be grateful if you could have a staff member offer any advice and/or assistance to Ms. McGowens as soon as possible. Thank you.

Sincerely, \

A handwritten signature in cursive script that reads "Jimmy C. Bales".

Jimmy C. Bales

JB/vhr/2013july11-1

Jimmy C. Bales, Ed.D.  
Member, House of Representatives  
1515 Crossing Creek Road  
Eastover, SC 29044



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Department of Health & Human Services  
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Mr. Anthony Keck, Ex. Director  
POB 8206  
SC Dept. of Health and Human Services  
Columbia, SC 29202-8206

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July 23, 2013

The Honorable Jimmy C. Bales, Ed.D.  
Member, House of Representatives  
1515 Crossing Creek Road  
Eastover, South Carolina 29044

Dear Representative Bales:

Thank you for contacting our Agency of behalf of Ms. Annette McGowens regarding Medicaid eligibility.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid under the Aged, Blind and Disabled (ABD) category an individual must meet the income, resource and disability requirements. Ms. McGowens was denied for Medicaid benefits because she didn't meet the disability criteria. Medicaid uses the same disability guidelines and the Social Security Administration when determining eligibility.

If Ms. McGowen has additional questions she can contact Ms. Carolyn Roach in our Office of Member Services, she will be happy to assist her. Ms. Roach can be reached at 803-898-3967.

We appreciate your continued interest and support of the South Carolina Healthy connections Medicaid Program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,



Anthony E. Keck  
Director

AEK/l