

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>12-10-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000197</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Lynch, Toland</i> <i>cleared 12/17/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-19-13</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.			

J. Roland Smith
District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ways and Means, 3rd V.C.
Transportation and Regulatory
Subcommittee, Chairman
Revenue Policy
Invitations & Memorial Resolutions



House of Representatives
State of South Carolina

522B Blatt Building
P.O. Box 11867
Columbia, SC 29211

Tel. (803) 734-3115

RECEIVED

DEC 05 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

December 4, 2013

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

Dear Mr. Keck:

I write on behalf of Mrs. Donnie Baughman, of 52 Green Street, Aiken, SC 29801, DOB 9/24/1944, and contact number, 803-663-3848, and have enclosed a letter from the Cancer Center Associates of Carolina of 111 Miracle Drive, Aiken, SC 29841, 803-641-7850.

Mrs. Baughman and her husband are retired and both receive Medicare with a joint income of \$1664.00. Costs of services at the Cancer Center monthly is \$400.00, for treatment and medication necessary for Mrs. Baughman.

Mrs. Baughman would like to apply for Medicaid, and I would appreciate your assistance in helping her with this request. Please contact Mrs. Baughman directly at 803-663-3848, and if I can do anything further, please call me.

Sincerely,

A handwritten signature in black ink that reads "J. Roland Smith". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

J. Roland Smith

JRS/vhr/2013dec4-1

cc: Donnie Baughman, 52 Green Street, Aiken, SC 29801



Cancer Center Associates of Carolina, P.A.

at Cancer Care Institute of Carolina

111 Miracle Drive • Aiken, South Carolina 29801
Telephone (803) 641-7850 • Fax (803) 643-0556

Ahmad Nadeem Gill, M.D.
Hematology / Oncology

Sitki M. Ergul, M.D.
Hematology / Oncology

November 27, 2013

RE: Donnie Baughman DOB 09/24/1944

To Whom It May Concern:

Ms. Baughman is a patient of mine with metastatic Breast Cancer, diagnosed in 2008. Widespread bone metastasis has been on active treatment thru my clinic, current hormonal treatment after finishing the chemo. She gets bone treatments as needed with radiation treatments given to her as well. Currently stable disease we are observing with the hormonal treatment. She is currently under the long term treatment plan.

If you have any questions please do not hesitate to get in touch with me.

Sincerely,

Sitki M. Ergul, M.D.

SME/jc

Representative J. Roland Smith
Member, SC House of Representatives
183 Edgar Street
Warrenville, SC 29851

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

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12/04/2013

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Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

December 17, 2013

Mrs. Donnie Baughman
52 Green Street
Aiken, SC 29801

Dear Mrs. Baughman:

Representative J. Roland Smith's office contacted our Agency on your behalf regarding Medicaid eligibility.

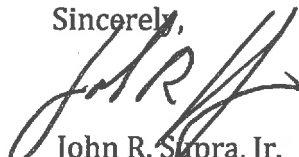
Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid under the Aged, Blind or Disabled (ABD) program, an individual must meet the income requirement. The eligibility determination must include you and your husband's income. The current income limit for a couple is \$1,293.00. You and your husband's income of \$1,691.00 exceeds the allowable limit for the ABD program. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses.

Our records indicate you are eligible for our Qualifying Individual (QI) program. This program pays for your Medicare Part B premium of \$104.90 monthly.

If you have additional questions regarding the Medicaid program, please contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. 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,


John R. Supra, Jr.
Deputy Director

JRS:j

