

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

ACTION REFERRAL

TO <i>Fries</i>	DATE <i>5-7-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center">000700</p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 5/18/07, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-17-07</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

MAY 07 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Day: Friday
Date: 4-27-07
Time: 2:08pm

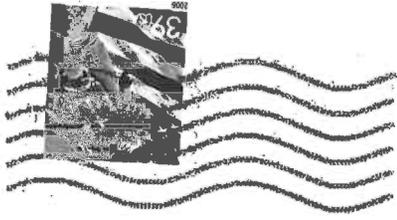
To: State of DC, Dept. ~~Director~~ ^{Special}
and John May, Jr., Director -
Robert M. Krom
Dor. Rios
"Group. Sign

From: Roy Rynck
about week ago I went
tochesterfield Dept of
social ser. at your medical
eligibility office. I came up
over phone. If I had up
could sign up. I want to see the
policy that governs the
policy and I want paper
summary. So you also S.C. state
proposed and I want paper of
and back. I want paper of
received from both of you.
Could you find out why sent
over

them back to. No letter your
application by the court week
to me. It would be very great
for me ~~if~~ but why they need
to me. If you have any question
call me after 3rd mby at (843)
861-0390

Thank you

Ray R. Finch



FLORENCE, SC 295
03 MAY 2007 PM 2 L

RECEIVED

MAY 07 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Roy R. Lynch
11-B Chapman St.
COLUMBIA, SC 29220

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State of S.C. Dept. of Health and
Human Ser. Director, Mr. Robert M. Row
Post Office Box 8206
Columbia, South Carolina
29202



State of South Carolina
Department of Health and Human Services

#700

Mark Sanford
Governor

Susan B. Bowling
Acting Director

May 18, 2007

Mr. Roy R. Lynch
11-B Chapman Street
Cheraw, South Carolina 29520

Dear Mr. Lynch:

Thank you for writing to express your concerns about your recent visit to our Chesterfield County office. We regret any confusion or misunderstanding that may have resulted from this visit. Good customer service is important to us, and we will take appropriate action as needed. Your personal papers were returned to you because should you again become eligible, you will use the same card.

Unfortunately, as you are aware, your coverage under Medicaid's Low Income Families program ended because your son turned age 19. Medicaid eligibility is based on federal and State requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements.

Your wife, Donna Lynch, is covered under Medicaid's Supplemental Security Income (SSI) program and has full Medicaid coverage. Medicaid's Aged, Blind or Disabled program would not benefit your wife any more than the SSI coverage she has now. Both programs provide full Medicaid coverage.

We have enclosed materials on several other programs that can provide assistance to South Carolina residents with their medical and prescription medication needs. We hope this information is helpful. If we may be of further assistance regarding the Medicaid program, please call Denise Epps at 803-898-2505 or 1-888-549-0820 (toll-free).

Sincerely,

Handwritten signature of Gary Ries in black ink.

Gary Ries
Deputy Director

GR/jode
Enclosures