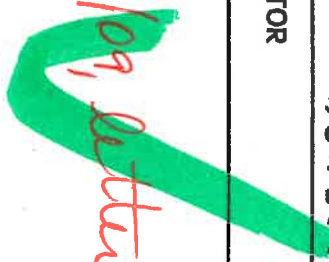


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b>	<b>DATE</b>
M422	2-25-09

<b>DIRECTORS USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOC NUMBER	J00465	<input checked="" type="checkbox"/> Prepare reply for the Director's signature	DATE DUE 3-4-09
2. DATE SIGNED BY DIRECTOR	<i>cc: Ms. Forlner</i> <i>Cleared 3/5/09, letter</i> <i>attached.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	

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



**RECEIVED**

FEB 25 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

## House of Representatives

State of South Carolina

**J. Roland Smith**

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

**Committees:**

Ethics, Chairman  
Ways and Means  
Ways and Means Budget and Finance  
Ways and Means Economic Development,  
Capital Improvement and Other Taxes  
Ways and Means Public Education and  
Special Schools Subcommittee, Chairman  
Ways and Means Proviso  
Ways and Means Revenue Policy  
School Bus Specification Committee

519-B Blatt Building  
Columbia, SC 29211

Tel. (803) 734-3114

February 20, 2009

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

RE: Lucille Duncan: SSN: 251-36-1144; DOB: 8-4-1926

Dear Ms. Forkner:

I am writing to you on behalf of Ms. Lucille Duncan noted above. Ms. Duncan resides with her niece, Ms. Helen Waters at 1080 Pine Grove Road, North Augusta, South Carolina. Ms. Duncan is not in good health and due to a fall, required back surgery.

Ms. Duncan is currently on a waiting list at Community Long Term Care office located in Aiken for in-home assistance. My office contacted the Community Long Term Care office and Teresa told us Ms. Duncan's paperwork was complete and in order, she just had to wait until her name came up.

I am requesting any possible help expediting Ms. Duncan's request for in-home care. Thanking you in advance for your assistance in this matter. If you have any questions, do not hesitate to call.

Respectfully,

*J. Roland Smith*

J. Roland Smith  
House District 84

cc: Lucille Duncan, PO Box 914, Bath, SC 29816

4MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/25/09  
MEDSPROD RECIPIENT INFORMATION ACTION:  
MEMBER PERIOD START: 02/15/09 END: PAGE: 0001  
NAME: DUNCAN LUCILLE B HH NAME: DUNCAN LUCILLE B  
RCP NUMBER: 4780070420 HH NUMBER: 100954153 ACTION TYPE: MAINTENANCE  
SSN: 251-36-1144 VC: V APL STATUS: ACTION DATE: 09/03/08  
PRIMARY INDIVIDUAL: APL CO: 02 WORKER ID: VERTJ LOCATION: 001  
P.O. BOX 558 SSCN: 251361144A RRN:  
RACE: 01 SEX: F MARITAL STATUS: W  
TPL: Y RSP: 0 RELATION: SELF  
BATH SC 29816- DOB: 08/04/1926 DOD:  
CORRECT RCP NUMBER: \_\_\_\_\_ LIV ARRANGEMENT: HOME INCOME TRUST:  
PROVIDER:

BG	BEG	END	BENEFITS QMB RETRO				% OF POV			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	SPONSOR
—	40258837	10/01/2008		32	10	FULL	Y	Y	.92	0200
—	40258837	09/01/2008	10/01/2008	32	10	FULL	N	Y	.92	0200
—	47895930	01/01/2003	09/01/2008	92	10	LIMITED	N		.00	

UPDATED: USER ID: RENEH DATE: 10/01/08 SYSTEM ID: BUY1000 DATE: 10/02/08  
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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

*manic*

TO <i>Myers/Waldrep</i>	DATE <i>2-25-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>.j00465</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-4-09</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlner</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. Felicity Myers	<i>FMY</i>		
2. Sam Waldrep	<i>SW</i>		
3. Maria Patton	<i>MP</i>		
4.			



## House of Representatives

State of South Carolina

**RECEIVED**

FEB 25 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**J. Roland Smith**

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183 Edgar Street  
Warrenville, SC 29851

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Ethics, Chairman  
Ways and Means  
Ways and Means Budget and Finance  
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Ways and Means Proviso  
Ways and Means Revenue Policy  
School Bus Specification Committee

519-B Blatt Building  
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Tel. (803) 734-3114

February 20, 2009

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

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Respectfully,

*J. Roland Smith*

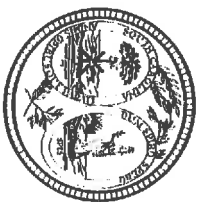
J. Roland Smith  
House District 84

cc: Lucille Duncan, PO Box 914, Bath, SC 29816

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*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

March 5, 2009

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

Re: Lucille Duncan: SSN: 251-36-1144; DOB: 8-4-1926

Dear Representative Smith:

This is in response to your recent letter regarding Ms. Lucille Duncan's application for the Community Long Term Care (CLTC) program. One of our nurses from the Aiken CLTC office will be visiting Ms. Duncan today to conduct an assessment to determine if she meets the medical criteria for the program. If she does, she will be enrolled in the near future.

We regret the delay Ms. Duncan has experienced and appreciate your interest in the Medicaid program.

Sincerely,

*Emma Forkner*  
Emma Forkner  
Director

EF/mwvpd