


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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2-3-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011323</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 2/11/10, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-12-10</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.			

JIM DEMINT
SOUTH CAROLINA

COMMITTEES:
BANKING, HOUSING, AND
URBAN AFFAIRS

CHAIRMAN
SENATE STEERING COMMITTEE

COMMERCE, SCIENCE AND
TRANSPORTATION

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510

FOREIGN RELATIONS

(202) 224-6121

demint.senate.gov

JOINT ECONOMIC

United States Senate

February 1, 2010

RECEIVED

FEB 02 2010

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

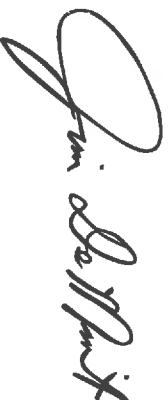
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Friend,

I am writing to refer a matter involving my constituent, Mr. Anthony Sneed, and his grandson's medication costs. Enclosed is a copy of his letter for your review.

I would greatly appreciate your responding directly to Mr. Sneed about this issue. I have informed Mr. Sneed that I would refer him to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.
Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

E-Mail Viewer

Message

Details

Attachments

Headers

Source

HTML

From: "nobody@www.senate.gov" <nobody@www.senate.gov>

Date: 12/26/2009 8:43:32 PM

To: "webmail@demint-ig.senate.gov" <webmail@demint-ig.senate.gov>

Cc:

Subject: Contact Form Submission

26 December 2009

Mr. Demint & Mr. Graham

RECEIVED

FEB 02 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

I am the grandfather of a boy that has been diagnosed with both BXPOLAR and ADD. Additionally his is developmentally delayed. He has been on state aid for medication due to my Step-Daughter being unable to afford insurance that will cover his medication as an employee of Wal-Mart. At the end of this year, my daughter has had to re-apply for coverage and has encountered several problems. The main issue is that state aid is no longer covering my grandson's medication and has determined that he does not need it. I do not know who is making the decision that my grandson does not need the medication nor do I know if they have been talking to his doctors before making these decisions. I do know that due to the issues with the health care being debated, state aid is making some cuts in coverage. My grandsons medication costs approx \$700 per month and my step-daughter can't afford that on her coverage now.

While my grandson is on his medication he is controllable and able to attend school and has a chance at making a living and learning what he needs for life. Without his medication, he has no chance at being controllable and no chance at making a living. I am asking that you two get together and do something about what is going on in Washington and get things fixed. I do think that out health system needs to be fixed but not in the way that our president wants to go it. As for my current situation, can one of you look into things and see what is going on with this coverage?

Thank you both
Anthony Sneed

Mr. Anthony Sneed
2008 Davant Circle
Mount Pleasant, SC 29464-1018
843-849-9104
Sneed849cbell@gmail.com

Mr. Anthony Sneed
* Pamela Gregory
Charleston Office
12:08 on 2-2-10
* left message

Log 03233 ✓

February 11, 2010

Mr. Anthony Sneed
2008 Davant Circle
Mount Pleasant, South Carolina 29464-6278

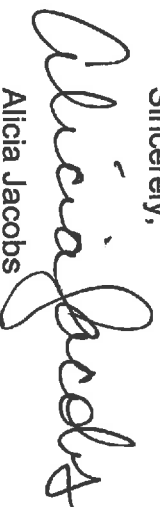
Dear Mr. Sneed:

United States Senator Jim DeMint asked our agency to assist with your questions regarding your grandson's medications.

A member of our staff has been in direct contact with Ms. Janet Steele to address her concerns about getting the needed prescriptions for her son, Marcus Steele.

If you have questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707. We hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/rhc

February 11, 2010

Ms. Janet Steele
2008 Davant Circle
Mount Pleasant, South Carolina 29464-6278

Dear Ms. Steele:

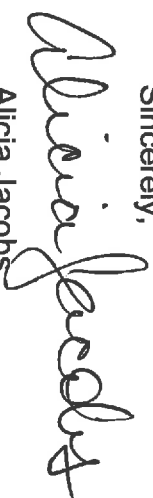
At the request of your stepfather, Mr. Anthony Sneed, United States Senator Jim DeMint asked our agency to assist with your questions regarding your son's medications.

Your son, Marcus Steele, currently has Medicaid coverage under the Supplemental Security Income program and receives Medicaid services through the Carolina Crescent Health Plan, a managed care organization. Carolina Crescent Health Plan issued an override for one month only for the following two medications: Invega 9 mg and Focalin XR 15 mg. Prior authorizations will be needed for Marcus to continue to receive these medications in the future. To find out more about the authorization process, please contact Carolina Crescent Health Plan at (803) 748-8661.

An individual has 90 days to choose another health plan if dissatisfied with his or her plan choice; however, your son's 90 days have expired. Therefore, he will not be eligible to change health plans until his anniversary date of November 1, 2010. To find out more information about choosing a health plan, please contact South Carolina Healthy Connections Choices toll-free at (877) 552-4642.

If you have questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707. We hope this information is helpful.

Sincerely,


Alicia Jacobs
Deputy Director

AJ/r/c