

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

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>9-15-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>00121</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claud 9/20/11, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-20-11</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.			



House of Representatives

State of South Carolina

Grady A. Brown
District No. 50 – Lee-Sumter Counties
106 East Cedar Lane
Bishopville, SC 29010

304-B Blatt Building
Columbia, SC 29201

Committee:

Labor, Commerce and Industry
Rules

September 12, 2011

Tel. (803) 734-2934
Fax (803) 734-2925

Ms. Amber Kerr, Program Coordinator 1
State Recovery Department
SC Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202

Dear Ms. Kerr:

I sincerely hope this correspondence finds all going well for you and the upcoming fall season will bring good health, happiness and prosperity to you and yours. I am writing today in regards to a constituent, Ms. Julia N. Bells, who resides in the district I represent in the South Carolina House of Representatives.

Ms. Bell asked me to write you concerning recent correspondence from you with regards to her mother's home, which was listed in the name of Ms. Rosa L. Mason, Case Number 2011-ES-31-01, and the claim in the amount of \$11,170.93. Your letter dated June 15 to Ms. Bell was actually written to Ms. Bell's sister, Ms. Alice M. Boykin, and your denial of the waiver was dated August 9 to Ms. Boykin.

Ms. Bell feels like there were extenuating circumstances when this information was submitted and believes this will create a hardship. Once again, she would like to respectfully request the consideration of a waiver. Due to Ms. Bell's being incarcerated for some time prior to her mother's death, she was not able to live with her mother and take care of her as she had before.

If you would carefully reconsider this hardship waiver again, I know the family would be most appreciative of your efforts. Ms. Bell has nowhere to live, and at this time, has no meaningful way of supporting herself and finding a home. If I can provide you with any further information pertaining to this request, please feel free to contact me in my Bishopville or Columbia office. Thank you in advance for your assistance in this matter. With best regards, I remain

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Grady A. Brown".

Grady A. Brown

RECEIVED

SEP 13 2011

GAB/dkh/2011sept12-1

ESTATE RECOVERY

cc: Ms. Julia N. Bell, 131 South Calhoun Street, Bishopville, SC 29010

Jan, 9/13/11

This was received in
Estate Recovery today.
Bruce said that it
probably needed to be
forwarded as a log letter.

Thanks,
Amber

RECEIVED

SEP 14 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

208 letter 121

September 20, 2011

The Honorable Grady A. Brown
House of Representatives
304-B Blatt Building
Columbia, SC 29201

Dear Representative Brown:

Thank you for referring Julia N. Bells' concerns regarding the Medicaid Estate Recovery Program to our Department.

Although Ms. Bells does not meet the requirements within the statutory guidelines for a waiver, there may be other means available to the family without selling of the home. Staff from our Estate Recovery Unit has been in touch with Attorney Julia Cheeks regarding the various options available and settlement of the claim.

If you have any questions or need further assistance, please contact Melinda Clark at (803) 898-2862.

Sincerely,



Anthony E. Keck
Director

AEK/cjbn