

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>5/27/08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000611</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>E.C. Jacobs</i> <i>cleared 6/2/08</i> <i>attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6/5/08</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:
COMMERCE, SCIENCE AND
TRANSPORTATION

CHAIRMAN, SENATE STEERING COMMITTEE

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

ENERGY AND NATURAL RESOURCES
FOREIGN RELATIONS

JOINT ECONOMIC

May 22, 2008

RECEIVED

MAY 27 2008

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 Ms. Forkner,

I am writing to refer a matter involving my constituent, Ms. Julie Hord Firpo, and her request for assistance with obtaining Medicaid coverage. Enclosed is a copy of her letter for your review.

I would greatly appreciate your responding directly to Ms. Firpo about this issue. I have informed Ms. Firpo that I would refer her 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

*MS. JULIE HORD FIRPO
P.O. BOX 124
NEWRY, SC 29665*

April 30, 2008

Honorable Jim DeMint
United States Senator
340 Russell
United States Senate
Washington, DC 20510

Dear Senator DeMint,

I am writing you to seek your assistance with a matter that has caused me great concern. I am a single parent with a young son and I suffer from chronic back pain caused by scoliosis. When I had Medicaid in the past, I could afford to have shots in my back to help with the pain, but that has become impossible now. I work as a hairstylist three days a week at Mallia's Salon in Seneca, South Carolina. I do not remember a day when I am working that I do not suffer from back pain. I am told that I can no longer qualify for Medicaid which I truly need in order to obtain the medications and visits to a physician to help me continue to work and support my young son Derrick J. Firpo. He is my life and I want to be able to enjoy a quality of life that will enable me to be the best possible parent to him. I am hoping that you can help me in obtaining Medicaid once again. I simply cannot afford to go to the doctor and fill the prescriptions since the cost of healthcare is so high.

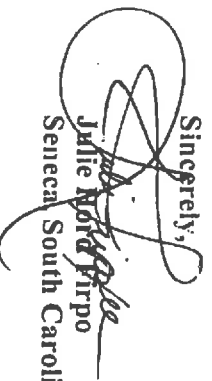
I divorced my son's father years ago due to him being charged with molesting our son Derrick. I am committed to giving my son the best life that I can, and he is receiving Medicaid and has undergone counseling and continues to receive counseling so that he can try and overcome what he endured at a very young age.

I am a responsible single parent, and I feel that no matter how hard I try at the local level to get assistance that I am met with resistance in continuing to receive Medicaid, so I am contacting you. My date of birth is 1/28/59 and my Social Security number is 250-02-4917. If you need additional information concerning my situation, you may contact me at (864) 723-1111.

I have always heard good things about you in my hometown and have spoken with people who have shared their stories with me about your helping them.

I would be grateful for any assistance that you could give me. I look forward to hearing from you.

Sincerely,


Julie Hord Firpo
Seneca South Carolina

Log # 0611



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

June 2, 2008

Ms. Julie Hord Firpo
P.O. Box 124
Newry, South Carolina 29665

Dear Ms. Firpo:

Senator Jim DeMint asked our agency to assist with questions concerning your Medicaid eligibility and your healthcare needs.

Our records indicate that you applied for Medicaid's Low Income Families (LIF) program on January 28, 2008. Your application was denied because your income exceeded the allowable limit. We understand your income has changed, and you believe you are now eligible for LIF. Please complete and return the enclosed LIF application to our Oconee County Medicaid Office at 223 B Kenneth Street, Walhalla, SC 29691. Their telephone number is (843) 381-8260.

If you do not qualify for LIF, you may qualify for our Working Disabled (WD) program, which provides Medicaid benefits to individuals who are under age 65, disabled, working and whose countable income is below \$2,917 (for a family of two). Please keep in mind that you must meet the Social Security definition of disability. If you wish to apply, please also complete the enclosed WD application, Form 3218 and sign 921 Forms. Please return all this documentation to the Division of Policy and Planning, PO Box 2364, Columbia, SC 29202.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services and prescriptions. If you have additional questions about the Medicaid program, please contact Sheila Chavis at (803) 898-2707 or toll free at 1-888-549-0820, Ext. 2707. We hope this information is helpful.

Sincerely,

Alicia Jacobs
Alicia Jacobs
Executive Consultant

AJ/colc
Enclosures