

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|-----------------------|
| TO <i>Supra</i> | DATE <i>3-5-13</i> |
|--------------------|-----------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|--|
| 1. LOG NUMBER 000271 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>Cleaveland 3/14/13, letter attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-14-13</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. | | | |

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



522-B Blatt Building
P.O. Box 11867
Columbia, SC 29211

Committees:

Ways & Means, 3rd V.C.
Transportation and Regulatory
Subcommittee, Chairman
Revenue Policy
Invitations & Memorial Resolutions

House of Representatives

State of South Carolina

RECEIVED

MAR 05 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 28, 2013

Mr. Anthony E. Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear Director Keck:

I am writing to you on behalf of Ms. Louise Merriweather. Ms. Merriweather contacted my office requesting assistance with finding somewhere for her disabled son to live. Ms. Merriweather states she has recently started having seizures and at times will 'black-out' and is unable to care for her 58 year old son, Ronald Merriweather, who is mentally disabled.

I am requesting any assistance you can provide to Ms. Merriweather and her son. Thank you for your assistance in this matter.

Respectfully,

J. Roland Smith
House District 84

cc: Louise Merriweather, 424 Newberry St., NW, Aiken, SC 29801
Phone- 803.979.4288

J. Roland Smith
Member, House of Representatives
183 Edgar Street
Warrenville, SC 29851

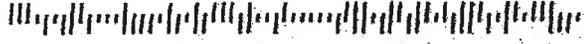
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MAR 05 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony E. Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

BY-Y-SMP 29202



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Log Letter 271

March 14, 2013

The Honorable J. Roland Smith
South Carolina House of Representatives
P.O. Box 11867
519-B Blatt Building
Columbia, South Carolina 29211

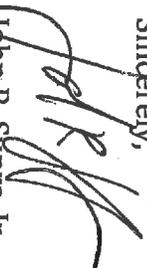
Dear Representative Smith:

Thank you for contacting our agency on behalf of Ms. Louise Merriweather regarding the healthcare needs of her son, Ronald Merriweather.

Ms. Merriweather is interested in the Optional State Supplementation Program for Ronald. Our Member Relations Leader, Ms. Carolyn Roach, has been in direct contact with Ms. Merriweather to address her questions and concerns. Ms. Roach has mailed her a Medicaid application, an overview of the OSS Program and a list of Community Residential Care Facilities in Aiken County. She was also provided with contact information for Ms. Roach should she need assistance in the future.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,


John R. Supra, Jr.
Deputy Director

JRS:j