

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>6-25-08</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>000674</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleaved 7/7/08, letter attached. D.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-7-08</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.			

My Name is Dorothy M. Miller, I do not have any drug except for Medication A + B.

My main concern is I'm a diabetic I take 5 shots a day. Right now I'm having 20 lbs my Dr's for samples. I do not have extra money to pay for medication but I do for any supplements. I am married, he pays the house Payment and all the other bills. He's here but he cannot help me at all. I pay light Bill out of my \$298.00 line on next. The joke he had he lost the 35 yrs. and our head over heels in debt. We just do not know whom or who to talk to. Medication said for me to write this letter explain and I should be able to get some help. (I hate what medication said) My Medication is NO is 248-74-30209 my home phone NO per now is 843-493-5512 FAX 843-493-0393 My Name is

Dorothy M Miller  
4812 Peter's Lane  
Cary, N.C. 27583

**RECEIVED**

JUN 25 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

I have been turned down by every one

Please Help



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

July 7, 2008

Ms. Dorothy M. Miller  
4012 Pete's Lane  
Pamplico, South Carolina 29583

Dear Ms. Miller:

Thank you for writing our agency regarding your cost of living and prescription drug expenses.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial and categorical requirements. Your Medicaid application under the Aged, Blind or Disabled (ABD) program was denied on March 27, 2008 because your income and resources are more than the limits allow. Unfortunately, income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses.

Your husband may qualify for the South Carolina Assistance Pharmacy Program for Seniors (GAPS) because he is age 65. To benefit from GAPS, an individual must select a Medicare Prescription Drug Plan (PDP) that is participating with GAPS. A list of participating PDP's is provided. If he chooses to apply, please complete the enclosed GAPS application and return in the enclosed envelope. Making choices regarding your prescription drug coverage can be difficult. Please call Denise Shields in the Florence County Office on Aging for guidance on your options. She can be reached at (843) 383-8633 or toll free at 1-866-505-3331.

We have enclosed information on other programs that may be helpful to you. If you have 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 helps you.

Sincerely,

A handwritten signature in black ink that reads "Alicia Jacobs".

Alicia Jacobs  
Acting Deputy Director

AJ/colc  
Enclosures

Log # 674  
✓