

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

ACTION REFERRAL

TO <i>Hutto</i>	DATE <i>5-16-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000385</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 6/2/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-27-14</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.			

MR. WALTER JACKSON #91774
DORNF-3-B-152
S.C. DEPARTMENT OF COLLECTIONS
386 REDEMPTION WAY
MCCORMICK, S.C. 29899

5-14-2014

HEALTH AND HUMAN SERVICES
P.O. Box 8206
COLUMBIA, S.C. 29202

RECEIVED

MAY 16 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

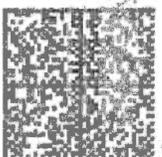
DEAR LADIES & GENTLEMEN OF HEALTH AND HUMAN SERVICES, I AM A INMATE HERE AT MCCORMICK CONNECTION INSTITUTION, 72 YEARS OLD, AND HAVE HAD MANY MEDICAL PROBLEMS SINCE I BEEN IN PRISON, HEART ATTACK IN 20-1. SURGERY AND ENDURANT ABDOMINAL STENT GRAFT IMPLANTED JULY 1-2011 SHORTLY AFTER THE JULY 2011 SURGERY, I WAS APPROVED FOR MEDICAID, BUT I HAVE BEEN IN PRISON FOR OVER 36 YEARS, AND STILL IN PRISON. SO I WILL APPRECIATE YOU LETTING ME KNOW WHO OR GETTING THE MEDICAID BENEFITS, BECAUSE I DO NOT GET ANY BENEFIT FROM MEDICAID EXCEPT HEALP PAY HOSPITAL BILLS. YOUR HELP REGARDING A REPRESENTATIVE IN THIS MATTER WILL BE GREATLY APPRECIATED. I AM TREATED AS ALL OTHER INMATES WITH NO PROBLEMS REGARDING HEALTH NOT AS SICK OR DISABLE.

THANK YOU IN ADVANCE
RESPECTFULLY

Walter Jackson

Mrs. Betty Gaskin, 91774
DASH-3-B-157
3, C.I. Spashwood - Asheville
386 Raleigh Road
Asheville, NC 28899

AUGUST 20, 2014 PM



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000800 7260
MAILED FROM ZIP CODE 29835

\$ 00.48⁰⁰

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MAY 16 2014

Department of Health & Human Services
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29202+8205

Health and Human Service
P.O. Box 8206
Columbia, SC 29202



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cannot be held responsible for the
accuracy of the information provided.
The Department does not assume the
responsibility for the accuracy of the
information provided.

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MAY 14 2014

MCCI
MAIL ROOM

SCDC
JUN 13 2014
MAIL ROOM

Log # 385



Nikki Haley
Anthony Keck
P.O. Box 8206 • Columbia, SC 29202
www.scdhhs.gov

June 2, 2014

Mr. Walter Jackson, SCDC# 91774
Dorm: F-3-B-52
S.C. Department of Corrections
386 Redemption Way
McCormick, SC 29899

Dear Mr. Jackson:

Thank you for contacting our Agency for information regarding Medicaid benefits during your incarceration at the South Carolina Department of Corrections.

While you are an inmate of a correctional facility, you are only eligible for inpatient hospital services. If you are admitted for an inpatient hospital stay and assign a prison representative, you and the prison representative may apply for benefits at that time.

We hope the above information will be helpful. If you have questions, please contact us at (803) 898-2635 and someone will be happy to assist you.

Sincerely,

A handwritten signature in cursive script that reads "Beth Hutto".

Beth Hutto
Deputy Director for Eligibility,
Enrollment & Member Services

BH:j