

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
DORSET-3-B-152
S.C. DEPARTMENT OF CORRECTIONS
386 REDEMPTION WAY
WCCORMICK, 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

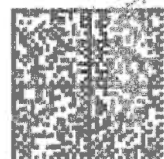
DEAR LADIES & GENTLEMEN OF HEALTH AND HUMAN SERVICES, I AM A INMATE HERE AT WCCORMICK, CORRECTION INSTITUTION, 72 YEARS OLD, AND HAVE HAD MANY MEDICAL PROBLEMS SINCE I BEEN IN PRISON, HEART ATTACK IN 20-1. SURGERY AND ENDURANT ABDOMINAL STENT GRAFT IMPLANTED JULY 1-2011. SHORTLY AFTER THE JULY 2011 SURGERY, 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 THEY 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

Mr. Walter Jackson, 91774
 DASH-3-B-157
 3.C.1. Special Agent - Administrative
 3860 Delmar Road
 Apt C Cambridge, 5C.1. 9899

AUGUST 6, 2014



02 1M
 000800 7260 MAY 14 2014
 MAILED FROM ZIP CODE 29835
 \$00.48

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MAY 16 2014

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

29202+8205

Health and Human Service
 Robert 8206
 Columbia 5C.1. 9902



Do not censor or assume the responsibility for the content of the message. Therefore the Department does not assume the responsibility for the content of the message.

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 MAY 14 2014
 MCCI
 MAIL ROOM

SCDC
 JUN 13 2014
 MAIL ROOM

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,



Beth Hutto
Deputy Director for Eligibility,
Enrollment & Member Services

BH:j