

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>7-13-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001023</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc Kost cleared 7/21/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-09</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.			



WILLIAM H. "BILLY" O'DELL

SOUTH CAROLINA STATE SENATE
DISTRICT 4, ABBEVILLE AND ANDERSON COUNTIES
610 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202

803-212-6040

E-MAIL: WHO@SCSENATE.ORG

COMMITTEES

Agency Heads Salary Commission
Banking and Insurance
Finance
General
Invitations
Joint Bond Review
Labor, Commerce and Industry

HOME ADDRESS:

Box 540
Ware Shoals, SC 29692
(864) 861-2222
Toll Free 1-800-342-2843
E-mail: billy@odelcorp.com

July 9, 2009

RECEIVED

JUL 13 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Bryan G. Kost
Legislative Liaison
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202

Dear Bryan:

I am enclosing a copy of a letter that I received from a constituent of mine, Carol A. Rogers requesting to get on Medicaid. I believe that you will find the correspondence to be self-explanatory.

Bryan, could you please look into this request for me? I am sure Carol would appreciate any assistance or guidance that you can offer. As always, I appreciate your continued assistance with my many requests.

Sincerely,

A handwritten signature in cursive script, appearing to read "Billy O'Dell".

William H. "Billy" O'Dell
South Carolina State Senator

WHO/klm
Enclosure

307 Jeanne Dr.
Anderson, S.C.
29624

Senator William O'Dell
P.O. Box 142
Columbia, S.C. 29202

Senator O'Dell,
I am Carol A. Rogers,
writing to you, because
Medicine is so high, I have
to get half of it each month.
and wait until I get my check
to get the rest. It takes almost
all of my check,
I also have diabetes.
I have to take 4 shots a
day. Plus my medication,
and that I hold around full
each morning, along with
my shots. I take 80 units
3x a day, and one at bedtime
to 2 units. Plus other Meds.

I also have a hernia,
and I'm afraid it will burst.
The doctors won't touch
me, because I don't have
insurance. I'm trying
to get on Medicaid to help
me. If you do get on
Medicaid to take the
area where I have diabetes.
Please fix it when it don't
be to high. The insurance
will not touch me, because
I'm ~~diabetic~~.
I am sending you a copy
of my med. I take every
day of my life to live.

Thank you
Carol A. Rogers

P.S.

If you need to
my 55, 10 249-113924
Phone 864 296 0412

Novolog 3X day. chest
Xanthos 1X day at night & 2 units
Flibasteline 10 mg, 1 tab, day
1 Aspirin 1 day
Aspiragolan 0.5 mg.
1 by mouth at bedtime.
1 Libia 10 mg at night
Mettormin 1121500 mg, aday
Zincophid 20 mg 1X day
Clenazepam 2 mg 1X day
E nallor 1X aday
C0 Q 10 for my heart and Cramp.
Simvastatin 40 mg, 1X day
Sertraline 50 mg 1X aday

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/13/09
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 02/03/09 END: PAGE: 0001

NAME: ROGERS CAROL A HH NAME: ROGERS CAROL A
RCP NUMBER: 5047386701 HH NUMBER: 100058926 ACTION TYPE: MAINTENANCE
SSN: 249-11-3924 VC: V APL STATUS: ACTION DATE: 02/05/09
PRIMARY INDIVIDUAL: APL CO: 04 WORKER ID: DKEAT LOCATION: 001
307 JEANNE DRIVE SSCN: 249113924A RRN:

ANDERSON SC 29624- DOB: 09/11/1946 DOD: MARITAL STATUS: M

CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	SPONSOR
-	70017477	03/01/2008	03/01/2009	32	50	FULL	N	Y	1.39	2307
-	50473867	01/01/2001	10/01/2002	32	50				1.03	
-		09/01/1998	10/01/2000	32					1.03	

UPDATED: USER ID: CSMT DATE: 01/16/08 SYSTEM ID: TTR1001 DATE: 01/24/04
ME900063 RECIPIENT RECORD FOUND
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

** Check W/ Re of 51 - Income is more than policy allows.*

Log 0023 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

July 21, 2009

Ms. Carol A. Rogers
307 Jeanne Drive
Anderson, South Carolina 29624

Dear Ms. Rogers:

Senator Billy O'Dell has contacted the Department of Health and Human Services on your behalf regarding Medicaid eligibility and your healthcare needs.

Your coverage through Medicaid's *Aged, Blind or Disabled* program ended March 1, 2009, because your countable income was over the monthly allowable limit of \$1,215 for a couple.

We understand that staff in our Community Long Term Care Division visited you last week and found that you do meet the nursing facility intermediate level of care requirements to receive services in your home. We also understand that you mailed a new HCBS application to Douglas Keaton, your eligibility worker in our Anderson County Office. Once your application has been processed, we will notify you as soon as possible of our eligibility decision. If you have any questions, please contact Mr. Keaton at (864) 260-4541.

In the mean time, we have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization, legal aid and daily living needs. Please call the contact number on each for more information.

We hope this information is helpful. If you have any other questions about the Medicaid program, please contact Denise Epps in Constituent Services at (803) 898-2505.

Sincerely,

Alicia Jacobs
Deputy Director

AJ/cle
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

July 22, 2009

The Honorable William H. "Billy" O'Dell
South Carolina Senate
Post Office Box 142
610 Gressette Building
Columbia, South Carolina 29202

Dear Senator O'Dell:

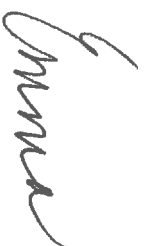
Thank you for contacting our agency on behalf of Ms. Carol A. Rogers regarding her healthcare needs.

A member of my staff has been in direct contact with Ms. Rogers regarding her recent application for Medicaid. We will monitor its progress and notify Ms. Rogers of an eligibility decision as soon as possible.

We also mailed Ms. Rogers information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs.

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

Sincerely,


Emma Forkner
Director

EF/jcle