

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|------------------------|
| TO <i>Supra</i> | DATE <i>6-11-12</i> |
|--------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|--|
| 1. LOG NUMBER <i>1011476</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Singh, Post, Lynch Cleared 6/20/12, letter attached</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-21-12</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. | | | |



Lindsey O. Graham

United States Senator • South Carolina

RECEIVED

JUN 11 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

530 Johnnie Dodds Blvd.

Mt. Pleasant, SC 29464

(843) 849 3887

Fax (843)971 3669

FAX TRANSMISSION

To: SC Dept of Human Services----Medicaid

Fax 803 255 8235

From: Patricia Sykes

Page 19 excluding cover sheet

I would appreciate your reviewing Ms. Rodko's letter and determine if your agency can be of any assistance. Thank you.

AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize _____ (agency name) to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: Ruth Ann Rodko Phone: 843-291-9273

Address: (MAIL) 1249 Hawthorne Circle

City: HAWAHAU State: SC Zip: 29410

Social Security Number: 249-86-7052 VA Number (if applicable): _____

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of the form).
Please see included / Attached

Authorization Form plus 11 pages

PL Notice of use return 6/16/2011

Medicare Medically Nedy 6/21/2011

Medicare drug 4/2/2012

SC Notice of Action 3/29/2012

Signed: [Signature] Date: 6-10-2012

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name _____

Please return form to: _____

U.S. Senator Lindsey O. Graham
530 Johnnie Dods Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464
Phone: (843) 849-3887
Fax: (843) 971-3669

FAX: 803
255 8235
BVI
8972865 A

5/29/2012

The State of Florida is ~~canceling~~
my ~~Medicare B~~ Premium (Deduce Medicare
Assistance). I cancelled it in writing,
and Person on ~~approval~~ with the Lake
City ~~State~~ Social Security office. (Included/attached)

I cancelled it so and on ~~3/30/2012~~
by phone - sitting in Social Security's
parking lot (Cassidy's), after being
told by Social Security that Florida
lets ~~stop~~ paying it.

Received letters from Florida, well Par
that my ~~Medicare B~~ assistance would
be ~~stop~~. Medically Nedy = 3/31/2012.
Low Income Medicare Part B - 4/30/2012.
Florida stated reasons for cancellation
As a written request to send to as receiving
Part B's in ~~Arkansas~~ state (Part B's in Ark.)

pg 2

This is not so regarding getting
Benefits in another state. (copies
included/attached) I'm not eligible.

Im 63 - disabled (Lupus (SLE) / Strepitis
Syndrome / degenerative disc / joint disease
COPD w/ Restrictive Airway Disease
My Blood Pressure spikes (90/145) My
Kidneys show to stop / etc / etc.

My Triggers are Petroleum & Petroleum
Preparats (cigarettes/tobacco - alkalist/Gomes
Pesticides - glue - Plastics - New paint -
New carpet - carpet cleaners - window &
Other cleaners - hair spray - fabric softners -
deodorants - dyes - food preservatives -
Wheat - soy - aspartame - yeast - etc - etc

I've been homeless for 10 yrs - my SSDI
isn't enough to pay for Rent/Utilities/
Food/etc. B-4 2009 & my SSDI, I
was homeless & worked off land now,

I had been working in Oseola
National Forest, since late March 2011.
Some time in May 2011 & for 3 mos

Pg 4

our summer, for A/C or heat. A lot of nappers are smokers or have dogs - (I have a cat) I can't be near or downwind of them. Above. They also stop or retard hair fires. with gasoline / fire starter / plastic, etc

The week B-4 Sept 14, 2011 I was sick, lying on my back, soot (I have vomiting / diarrhea → nausea - headaches - Thied spacing - Blood Blisters - Bruising - Large Blisters (size of my hand) etc when exposed to petroleum.) When a small SUV flew by my vehicle. I got up (Adrenaline) got into the front seat & moved my vehicle to the left. It's almost 200 ft long & blocked the trail.

When they came back & asked me to move, I told them to go out the other way. At the time I thought a vehicle could get out that way. The trail curved back towards the road, since they were in such a hurry to get back

pg 5

There.

They stayed in the back but didn't go out. After about 5 minutes, I moved my vehicle out of the way.

Still. They didn't leave. I said the driver talking on the phone at thought they were calling friends to block me in.

I left - found one of the guys on the main road. He said there was going to jail and had to stay where it was. I got out of my vehicle and tried to talk to him. He said I had a gun & to stay away. NO GUN - IN MY SHELTER. TRUNK LOCKED TO - I had a pellet rifle - NO GUN -

I left & went to the campground approx 1 to 1.5 miles away & started cleaning up. (going to jail, I needed to be clean).

page

Two (2) Sheriff cars pulled up B-d.

I got finished washing my hair. They ran my fags - played w/ pup deppers & license (California) - told me I couldn't Block roads or trails - that the 2 guys were hunters & worked for the Fire Dept - then left.

On 9-14-2011 - I went to the campground to clean up (I had started doing that a couple months B-d) - more privacy, I hoped.

As soon as I backed into a spot & started covering my handbags, etc. A Ranger drove up (I was brushing my teeth)

I was told that I had to leave Osceola National Forest - that I could stay for only 2 weeks at a time. That I had to leave the forest camp by I could go to Ocala or Shepherd for only 2 weeks. That he said I shouldn't bring his gun & divide it up & spread it out.

pg 7

his holster. That is he caught me again. He would put me in jail charge me \$10000 - Impound my truck - Put my car in a cage. Justice he said this.

Then (I forgot his landing words) he would have me on the ground with his gun at my throat, Be soe I knew what happened.

There was someone in the back seat of his SUV - while I finished brushing my teeth (with DERMISOL) he went back to his truck - opened the Drivers side door & put the Passenger window down. I tried to see who, but couldn't see much of a face. (IT WAS ABOUT 11 AM)

He gave me a warning ticket. Then left.

I cleaned up - went to LAKE CITY FL - cancelled my Medicaid. APTA ANOVA - 1 year for not paying for Original 1994-1995 No. 1124

pg 8

It told Frank not to take out Ned
B. Payment from my check - I
couldn't afford it. I did laundry -
filled up w/ fuel & headed for
Jacksonville, FL.

I was followed the whole way

The guy who had been standing
in the woods, where I dumped,
worked on motorcycles at the
CHRISTIAN SERVICE CENTER ON WASHINGTON
ST. IN LAKE CITY, FL.

I told my cousin's wife the whole
story - she said to go, CAREFUL -
they live south of JACKSONVILLE -
I couldn't stay w/ them because
they smoke.

I slept behind a SARE - A - lot store
at night (with permission), stayed at
parks - parking lots, etc during the days

Left for BOYL. CAROLINA on 10-3-201
After 7:00 AM (Nov 1)

pg 9

I'm only 5'3" - Age 63 - disabled
(SPINAL DAMAGE / COPD / LUPUS / Sjogrens
etc)

The Paper was left Plus - 2008 -
IN His 30's (I think) Bad at
guessing Age

The Above (Proceedings) is a little
history on why I left so suddenly -

IF I remember correctly what Florida
legislator said - It's a felony &
punishable by jail time to receive
ASSISTANCE from Florida while living
in another state -

I hope you can clean this up -

I did not use the Medicaid
ASSISTANCE while in Florida (didn't
have \$75300 / 75400 per month (my
part) plus co-pays & deductibles

I went to ER on 5/12/2012 -
I had been sick for a while
NR 7/11/2012 NO. FROM

Pg 10

Went Because I don't have a regular physician yet - didn't plan on having coverage until July 2012 when Medicare B Coverage started again (had Major Blister (Blood))

I don't think I owe Med B payments until May 2012 - Florida made the errors -

What are the rules regarding this?

If I have to pay back the money that Florida paid w/out my permission will it be taken out of my check(s) all at once or will they let me make payments?

Can I get a letter from Florida that states they made the error & have corrected it?

I was told by Florida DNR in 2010 that I could hang anywhere I wanted & was give a front yard

9/14/2011

I'm cancelling my Medicare assistance

because you are breaking federal

law by requiring me to pay

~~\$~~754.00 or more per month ~~\$~~ not counting deductible and co-pays

to possibly get assistance in paying my medical bills

I have no costable resources under federal law - Page 90 Medicare if you - 2011 year

I only get \$1098.00 per month

which means you are discriminating against me

SEP 14 2011
AB

Paul A. Reales

9/14/2011 (Wednesday)

Notice of Action

From: ~~BERKELEY COUNTY DHS~~
P. O. Box 13748
Charleston SC 29422-0000

Date: ~~06/29/2012~~
Worker Name: ~~MARY ALI GAARD~~
Telephone: ~~943-740-5931~~
BG#: 12092563
HH#: 101554635

To: RUTH A RODKO
1249 HAWTHORNE CIRCLE
HANAHAN SC 29410

Beneficiary Name:
RUTH A RODKO

Beneficiary ID:
6781397070

Your application has been denied for ~~AGED, BLIND, DISABLED~~ 

Reason for denial:
~~Your income is more than policy allows.~~

Denied for the month(s) of: 02/2012

Manual/policy reference supporting this action: 303.01.03

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter ~~within 90~~ days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.

Augeo Benefits is a one-stop shop to help you find health insurance made just for you, that you can afford. For more information on health insurance plans that include Major Medical, Limited Medical, Dental and Savings on Prescriptions call Augeo Benefits at 866-273-5613 or visit online at www.AugeoBenefits.com/sc.

DEPT CHILDREN & FAMILIES
1389 W. US HWY 90, STE 110
LAKE CITY FL 32055

Notice of Case Action
State of Florida Department
of Children and Families



Case: 1336040904

Phone: (866) 762-2237

RUTH A RODKO
NATIONAL FORREST
1249 HAWTHORNE CR
HANAHAN SC 29410

Dear Ruth A Rodko

The following is information about your eligibility.

Medically Needy

Your Medically Needy benefits for the person(s) listed below will end on March 31, 2012.

Name

Ruth Rodko

Reason: We received your written request to end this benefit

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.205

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1336040904, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

If we denied your application only because you did not give us verification we asked for, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

Special Low-Income Medicare Part B Medicaid

We have reviewed your eligibility and you are no longer eligible for the Special Low Income Medicare Part B Program effective April 30, 2012. The state will no longer pay your Medicare Part B premiums because:

Name

Ruth Rodlko

Reason: You received benefits in another state

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S409.903

Did you know you now have an on-line account with us? Go to www.myFlorida.com/accessflorida. You will need your case number, 1336040904, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

DEPT CHILDREN & FAMILIES
1389 W. US HWY 90, STE 110
LAKE CITY FL 32055

Notice of Case Action
State of Florida Department
of Children and Families



~~June 21, 2011~~

Case: 1336040904

Phone: (866) 762-2237

RUTH A RODKO
CHRISTIAN SERVICE CENTER
PO BOX 2285
LAKE CITY FL 32056

Dear Ruth A Rodko

The following is information about your eligibility.

Medically Needy

Your Medically Needy Share of Cost will increase from \$753.00 to \$754.00 as of August 01, 2011.

| Name | Status |
|------------|----------|
| Ruth Rodko | Enrolled |

Reason: Due to a change in social security benefit

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), 65A-1

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1336040904, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

CHILDREN & FAMILIES
W. US HWY 90, STE 110
LAKE CITY FL 32055

Notice of Case Action
State of Florida Department
of Children and Families



06/11/2012 09:59 FAX 843 971 3669

Case: 1336040904

Phone: (866) 762-2237

RUTH A RODKO
CHRISTIAN SERVICE CENTER
PO BOX 2285
LAKE CITY FL 32056

Dear Ruth A Rodko

The following is information about your eligibility.

Medically Needy

Your application for Medically Needy dated June 15, 2011 is approved. You are enrolled with an estimated share of cost for the months listed below.

| Name | Jun, 2011 |
|---------------|-----------|
| Ruth Rodko | Enrolled |
| Share of Cost | \$753.00 |

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1336040904, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is \$500 and you go to the hospital on May 10th and receive a bill for \$1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill.
This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Special Low-Income Medicare Part B Medicaid

Your application for Medicaid dated June 15, 2011 to pay your Part B Medicare premiums is approved. You are eligible for the months listed below:

| | | |
|------------|-----------|-----------|
| Name | Jun, 2011 | Jul, 2011 |
| Ruth Rodko | Eligible | Ongoing |
| | Eligible | Eligible |

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1336040904, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

It may take up to three months for the State to begin paying your premiums. You will receive a reimbursement for the premiums you pay beginning with the first month of your eligibility.

We will review your continued eligibility in May, 2012.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the

Pg 11

I got mail @ 1249 Hawthorne Circle
Gardner, SC 29340

My Cell - 843-291-9273

Thank you
for Ann Proctor

291-9273

Walter + Barbara Simon

898-2580 SC cell

BT-

ARTICLE III SCOPE OF SERVICES

For and in consideration of the promises herein made by SCDHHS, USC agrees to provide the following:

A. Premise of this Contractual Agreement

SCDHHS outlined three goals in the proposal for the WSS grant as follows:

Improve access to work support benefits for eligible South Carolina (SC) citizens:
The state will increase access points by employing a “one front door” environment. Citizens will be able to apply for Medicaid, SNAP, and FI with a single application. Families will be able to file the application for these programs through various options—online, mail, telephone, fax, local SCDDSS/SCDHHS offices, sponsored sites, or through the agencies’ community partners such as The Benefit Bank of South Carolina <http://www.thebenefitbank.org/southcarolina>) and the Palmetto Project (<http://palmettoproject.org/>). Eligibility workers in both agencies will be trained in all programs to assist citizens with the application and renewal processes for any of the three programs. Due to the complexity of the eligibility and renewal processes, specialized workers will process Medicaid institutional and federal demonstration project cases as well as ESAP and SCCAP cases.

Streamline eligibility and renewal policies and processes to reduce burden on citizens and on state agencies: The state will streamline and standardize policy and documentation requirements and re-engineer business processes to reduce the administrative burdens on low income families and the agencies. Citizens will be asked to provide the minimum required information and verifications that the agencies cannot directly obtain through data sharing or third party sources. The agencies plan to screen and determine eligibility for all programs, and they intend to accept each other’s eligibility determinations. Organizational restructuring and redesign will support aligned business processes across programs.

Improve outcomes for SC families: SCDDSS and SCDHHS believe that improved access to streamlined and standardized work support programs, in conjunction with other community services and benefits, will enhance the ability of low-income families to transition to work, re-enter the workforce, or attain a higher level of earnings allowing them to become self-sufficient. Additionally, SCDDSS and SCDHHS expect the process improvements will lead to increased internal efficiency and accuracy.

USC Arnold School of Public Health to develop a comprehensive, ongoing quality improvement initiative for SCDHHS during the implementation years of the grant. The initiative has three major components:

Provide staff support. USC will commit personnel to the teams and workgroups established by DHHS and DSS. This will include the services of a Program Manager, Policy and Process Leader, Project and Grant Administrator, and Administrative Support.

Grant Project Management and Administration: The agencies will have leadership teams, core committees and stakeholder groups working on the project. USC will coordinate activities with Project Teams, Technical Assistants, Evaluation Teams, the Urban Institute and WSS Grant Funders.

Facilitation and Documentation of Meetings and Workshops: USC will facilitate meetings of Interagency Workgroups, Project Team Leaders, and External Stakeholders. USC will provide documentation of meetings and workshops, assign and track action items for grant activities, and communicate progress to the Governance Team and to Urban Institute representatives through the TA Portal.

B. Project Methods and Procedures

Scope of Work for Implementation Phase

The specific objectives are:

Institutionalize Commitment to Organizational Transformation at all Levels:

- Address the root causes that have created ownership, trust, and control issues between agencies to enhance leadership commitment to change.
- Develop and communicate messages that reflect leadership commitment to proposed changes.
- Develop and implement training for staff on change management principles.

Create an "Interagency Infrastructure" for Organizational Transformation:

- Increase access points for cross-program screening and eligibility.
- Identify and train community partners to assist in the application process.
- Cross-train eligibility workers for cross-program screening and eligibility.
- Align processes for cross-program screening and eligibility.

Simplify and Standardize Eligibility Policies and Procedures across Programs:

- Compare and evaluate current program policy requirements and business processes.
- Reduce, standardize, and/or align policy and documentation requirements for application and renewal processes.
- Align, where possible, business processes.

- Train eligibility workers on revised policy and documentation requirements and aligned business processes.
- *Develop Technology and Data Reporting Systems:*
 - Identify, collect, and report data to monitor policy/process effectiveness and efficiency.
 - Build technology systems that support policy and process changes.

As set forth in the grant proposal SCDHHS, SCDSS and USC will work together to fulfill the obligations committed to for the implementation phase. Regular meetings will be scheduled with representatives from SCDHHS, SCDSS and USC to ensure that deadlines are being met with regard to the objectives, and adjustments are made when objectives or strategies are identified as being counterproductive in reaching the goals of the grant. A minimal of quarterly meetings will be held with the agencies' leadership team and external stakeholders to report progress during the planning year.

ARTICLE IV

SCDHHS RESPONSIBILITIES

For and in consideration of the promises herein made by USC, SCDHHS agrees to the following:

SCDHHS shall be responsible for:

- A. Maintaining access to state staff, clients and relevant data related to Medicaid, SNAP or FI eligibility determination process needed by USC to fully complete all deliverables.
- B. Providing access to all activities, reports and documentation of activities related to the grant.
- C. Reviewing and approving all deliverables. SCDHHS will have up to ten (10) business days to review and approve deliverables.
- D. Providing copies of all relevant Medicaid, SNAP and FI policies and procedures to USC staff.

ARTICLE V

USC RESPONSIBILITIES

For and in consideration of the promises herein made by SCDHHS, USC's responsibilities include, but are not limited to:

- A. USC will provide project coordination, quality improvement and management for the WSS grant.

- B. USC will coordinate calls, webinars, reports, conference participation, site visits with Project Teams, External Stakeholders, Technical Assistants, Evaluation Teams, the Urban Institute and WSS Grant Funders.
- C. USC staff will participate as members of the WSS Project Team, Governance Board, External Stakeholders and Interagency Workgroups.
- D. USC will provide facilitation, meeting documentation, and action item assignments during meetings and workshops of the Governance Board, Project Teams, External Stakeholders and DHHS-DSS workgroups.
- E. USC will lead joint agency efforts to roll out Express Lane eligibility for Medicaid for SNAP/TANF eligible clients.
- F. Providing all software, hardware, personnel, technical, logistical and statistical support and services to fully complete all deliverables.

ARTICLE VI

CONDITIONS FOR REIMBURSEMENT BY SCDHHS

SCDHHS agrees to purchase from USC and to pay for the services provided pursuant to this Contract in the manner and method herein stipulated:

A. Reimbursement

Total estimated cost under this Contract, shall be based on the Provider's actual documented cost, not to exceed Two Hundred Eighty-Two Thousand, Three Hundred Thirty Seven Dollars (\$282,337). Total amount to be reimbursed to USC, shall not exceed Two Hundred Eighty-Two Thousand, Three Hundred Thirty Seven Dollars (\$282,337). USC agrees that it shall be solely responsible for any costs that are not in accordance with the State Plan, and SCDHHS Medicaid policies and regulations. SCDHHS shall not participate in any costs, which are not allowable under Medicaid laws, CHIP, rules, or regulations or under SCDHHS policy.



Log # 4710

June 20, 2012

Ms. Ruth Ann Rodko
1249 Hawthorne Circle
Hanahan, South Carolina 29410

Dear Ms. Rodko:

United States Senator Lindsey Graham contacted this agency on your behalf regarding Medicaid eligibility.

According to your letter, it appears that you are also disputing Florida Medicaid's decision to charge a premium through their Medically Needy program. Because each state has different Medicaid programs and guidelines you will need to contact the Florida Medicaid program directly at (850) 412-4000 or (888) 367-6554 to answer your questions.

Your application for South Carolina Medicaid's Aged, Blind or Disabled program was denied in March 2012 due to your countable income. You may be eligible for Medicaid's Qualifying Individual program which has a higher income and pays eligible individual's Medicare Part B monthly premium. Enclosed is an application should you choose to apply for this program.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions and inpatient hospitalization.

I hope this information is helpful.

Sincerely,


John R. Supra, Jr.
Deputy Director

Enclosures
JS/I

Log # 4710

 South Carolina Department of
Health & Human Services



Anthony E. Keck • Director
Nikki R. Haley • Governor

June 20, 2012

The Honorable Lindsey Graham
United States Senate
530 Johnnie Dodds Boulevard, Suite 202
Mount Pleasant, South Carolina 29464

Dear Senator Graham:

Thank you for contacting this agency on behalf of Ms. Ruth Ann Rodko regarding her Medicaid concerns.

According to Ms. Rodko's letter, she is disputing Florida Medicaid's decision to charge her a premium through their Medically Needy program. Because each state has different Medicaid programs and guidelines, we referred Ms. Rodko to the Florida Medicaid program to appropriately answer her questions.

Ms. Rodko was denied Medicaid through South Carolina's Aged, Blind or Disabled program in March 2012 due to her countable income. We sent her a letter explaining this decision and provided her with information on other South Carolina Medicaid programs with higher income limits for which she may qualify.

We appreciate your continued interest and support of the South Carolina *Healthy Connections* Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Anthony E. Keck
Director

AEKI