

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>7-6-06</i>
-------------------	---------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000035	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>7-13-06</i>
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
<i>Same AS log #000038. Close this one.</i>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

"Polatty's Sign."
 ple. log to us!

JUL 6, 2006 3:29PM

NO. 434 P. 1/5



RECEIVED

JUL 06 2006

MARK SANCORO
GOVERNORState of South Carolina
Office of the GovernorDepartment of Health & Human Services
OFFICE OF THE DIRECTOR
OFFICE OF EXECUTIVE
POLICY AND PROGRAMS

FAX TRANSMITTAL COVER

DATE:	7/6/06
FAX TO:	Jan Polatty
FAX #:	898-4515
FROM:	Sue Cooper

Total number of pages:

5

(including this cover sheet)

If you have any problems receiving this document, please contact:

Jan,
 Per our t/c on today's dtd. Enclosed is
 correspondence from Lynn Hensley
 regarding Medicaid eligibility. Thanks!

Office of Constituent Services
 Post Office Box 12287
 Columbia, SC 29211
 TELEPHONE: (803) 734-5198 • FAX: (803) 734-0789
 Sue
 734-9873

07/06/2006 03:33PM

JUL 5, 2006 3:38PM
 Governor Mark Sanford - Governor Request Information form

NO. 434 P. 2/5 Page 1

308476

From: <shensley17@sec.r.com>
 To: <governor@gov.sc.gov>
 Date: Thu, Jun 22, 2006 4:09 PM
 Subject: Governor Request Information form

R

JUN 23 2006

Lynn **3** 550 437-15-8641
 Hensley
 240 weyburn street
 myrtle beach
 sc

Refer to PHC5
 Answered SUE

29579
 8439036688

shensley17@sec.r.com
 Thursday, June 22, 2006

Governor Sanford,

Hello Governor, hope that time finds you well. It is your old writing buddy, Lynn Naomi Hensley. I am still having troubles with getting my Medicaid Insurance, and I can't understand why.

I sent my information in over a month ago, and just sent a fax to the worker I have, and she wasn't even going to let me know whether or not I was approved, until I had reminded her that I was waiting for a decision.

In my opinion, she is sitting in her big comfortable chair, maybe swiveling around a few times, not giving a damn about sick people; she is just trying to make her salary.

Last time I wrote you, I said that I was thinking of contacting the media, regarding the ridiculous treatment I have received from Medicaid. I decided against it at that time, and decided to try again on my own to reapply and continue whatever process I needed to.

This has gotten to be a great burden in my life. I don't know how much fight I have left, but I have to go down swinging, if I go down.

I have pleaded my case to this worker over and over again, and I get denial, after denial, after denial. I am working part time, because my health is deteriorating slowly, and I can barely walk most days. I haven't had my blood pressure medicine in over 5 months, nor my depression medicine, or any of my medicines for that matter.

My husband and I have separated, it's just me and 2 girls, and I am working part time @ \$6 an hour. When I was working more, I still made a bare minimum income; still under what the worker told me was the limit. I have been noticing blood clots whenever I blow my nose for the past two weeks, which tells me my pressure is up. I don't want to get up in the morning, which tells me that the depression is setting in deep. When I do get up, I can barely walk because of my knee and back pains. I used to be a really fun, energetic person, now I can barely walk around my own house. I don't feel as though I can hold on much longer. I think that I will have a stroke any time now. I just want my children to know, when they are older that I fought for what I felt I deserved. They will have a record of it from all the letters I have written to people.

07/06/2006 03:33PM

JUL 6, 2006 3:30PM NO. 434 P. 3/5
Governor Mark Sanford - Governor Request Information form Page 2.

I really don't know if you can help or not, you have tried before, but to no avail, since I am still having this problem. I hope that God has mercy on DHHS & Jacqueline Lombard, who wrote me off like a bad meal. Never did anything to try to see that I got the coverage I so desperately need, just wrote me off.

I do hope that you win the upcoming election. I hope that the people, especially my people realize that you have provided TRUE equal opportunity to our community. When it comes to politics, they must realize that you don't vote your party all the time...you don't vote for the man whose skin matches yours...you vote for the best man for the job, and let that person's record of accomplishment speak for itself. Good Luck and Best Wishes

Thank you for your time,

L. Nicol Hensley

07/06/2006 03:33PM

JUL 6 2006 3:30PM

NO. 434 P. 4/5

Page 003

To: Gov. Mark Sanford

From: 00355672

8/1/01 80-22-447 pml\cmr

Low Income Families (LIF)

The Low Income Families program is for parents and children who meet Family Independence (FI) financial eligibility criteria, but who do not receive a cash payment. A family with little or no income could be eligible for Medicaid under this group as long as the parent is not under a work sanction and the family meets eligibility criteria.

Eligibility

- Have gross income at or below 185% of the Family Independence (FI) need standard, currently \$1,491 for a family of four (4).
- Have countable net income at or below the appropriate needs standard for the family's size, currently \$806 monthly for a family of four (4).
- Have a dependent child living in the home.

Non-Financial Requirements

- State residency
- Identity
- Citizenship
- Social security number
- Specified degree of relationship
- Assign rights to and cooperate in seeking medical support

Benefits

Individuals who are eligible will receive all Medicaid covered services.

Effective Date

Coverage for this group is effective September 1, 1998

Stat. and Application

Applications may be obtained from the Department of Health and Human Services or from out-stationed locations such as the County Health Department, federally qualified rural health centers, most hospitals and the county Department of Social Services. Applications for Medicaid may be filed in person or by mail.

10/01/03

08 0000

ACTION: TOWN

2:00PM 07/06/2006 03:33PM

JUL 6, 2006 3:30PM

NO.434 P.5/5

400 8824

To-Gov. Mark Sanford

229808-0014

01:01 90-02-007 PALISSAY

Low Income Families (LYF)

October 3, 2008

Family Size	Gross Income Limit	Net Income Limit
1	\$738	\$588
2	\$916	\$534
3	\$1,259	\$670
4	\$1,491	\$808
5	\$1,742	\$942
6	\$1,992	\$1,077
7	\$2,244	\$1,213
8	\$2,495	\$1,349

Notes: For family sizes over 8, add \$135.00 for each extra person to the net income limit for 8.

To calculate the gross income limit, multiply the net income limit by 185%.

PAGE 04

ACTION: TODAY

 8:20PM 07/06/2006 03:33PM
 07/06/2006 03:33PM

7/16 Sue Faking info -7

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/06/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 04/05/06 END: PAGE: 0001

NAME: HENSLEY LYNN N HH NAME: HENSLEY LYNN N
RCP NUMBER: 2260882301 HH NUMBER: 100177623 ACTION TYPE: MAINTENANCE
SSN: 437-15-8641 VC: V APL STATUS: ACTION DATE: 04/17/06
PRIMARY INDIVIDUAL: APL CO: 26 WORKER ID: JLOMB LOCATION: 011
240 WEYBURN STREET SSCN: RRN:

MYRTLE BEACH SC 29579- RACE: 02 SEX: F MARITAL STATUS: X
DOB: 08/02/1972 RELATION: SELF
DOD:

CORRECT RCP NUMBER: LTV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
	58248210	01/01/2004	01/01/2006	11	30	FULL	N	N	.00	
	22608823	11/01/2001	01/01/2004	59	30	FULL			.83	

UPDATED: USER ID: RENEG DATE: 01/31/06 SYSTEM ID: TTR1001 DATE: 10/24/02
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

From: SHHSFC.faxapi."."
To: SHHSFC.DHHS(POLATTYJ)
Date: 7/6/2006 3:30:52 PM
Subject: Incoming Fax Message

-----Reception Fax Report-----

TSI Received: 8037340799
Pages Received: 003
Connect Time: 00192
Receive Time: 07/06/06 15:26
DID Received: 8235
Caller ID:
Fax Port: 01
Error Code: 0000
Job ID: 7785
Faxcom: 1 at 10.57.2.82

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

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JUL. 6. 2006 3:29PM

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MARK SANFORD
GOVERNOR

State of South Carolina
Office of the Governor
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OFFICE OF THE DIRECTOR
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POLICY AND PROGRAMS

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DATE:	7/6/06
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FAX #:	898-4515
FROM:	Sue Cooper

Total number of pages:

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(including this cover sheet)

If you have any problems receiving this document, please contact:

Jan,
Per our tlc on today's dtd. Enclosed is
correspondence from Lynn Hensley
regarding Medicaid eligibility. Thanks!
Sue
Office of Constituent Services
Post Office Box 12257
Columbia, SC 29211
TELEPHONE: (803) 734-5048 • FAX: (803) 734-0780
734-9873

07/06/2006 03:33PM

JUL 5, 2006 3:39PM
 Governor Mark Sanford - Governor Request Information form

NO. 434 P. 2/5
 Page 1

308475

From: <shensley17@sc.rr.com>
 To: <governor@gov.sc.gov>
 Date: Thu, Jun 22, 2006 4:09 PM
 Subject: Governor Request Information form

Lynn 3 552 437-15-8641
 Hensley
 240 weyburn street
 myrtle beach
 sc

29679
 8439036888
 shensley17@sc.rr.com
 Thursday, June 22, 2006

Governor Sanford,

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R

JUN 23 2006

Referred to HMOS
 Answered Shue

07/06/2006 03:33PM

TUE 6/6/2006 3:30PM NO. 434 P. 3/5 Page 2
Governor Mark Sanford - Governor Request Information form

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I do hope that you win the upcoming election. I hope that the people, especially my people realize that you have provided TRUE equal opportunity to our community. When it comes to politics, they must realize that you don't vote your party all the time.. you don't vote for the man whose skin matches yours.. you vote for the best man for the job, and let that person's record of accomplishment speak for itself. Good Luck and Best Wishes

Thank you for your time,

L. Naeol Hensley

07/06/2006 03:33PM

JUL 6, 2006 3:38PM

NO.434 P.4/5

NO. 434 To-Go: Mark Sanford 2788806-raw/d 81:81 80-22-INT pma/usa

Low Income Families (LIF)

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- Have a dependant child living in the home.

(22)

Non-Financial Requirements

- State residency
- Identity
- Citizenship
- Social security number
- Specified degree of relationship
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Benefits

Individuals who are eligible will receive all Medicaid covered services.

Effective Date

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Statistical Application

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10/01/03

08 2004

ADDITIONAL TOWN

27000607/06/2006 03:33PM

JUL - 6, 2006 3:30PM

NO.434 P.5/5

400 0874 Tom. Mark Sanford

2298800-0014

01:01 90-22-JMF 06/19/06

Low Income Families (LYF)

October 1, 2005			
Family Size	Gross Income Limit	Net Income Limit	
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2	\$876	\$634	
3	\$1,259	\$870	
4	\$1,491	\$808	
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6	\$1,992	\$1,077	
7	\$2,244	\$1,213	
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PAGE 84

ATTENTION: TOMAN

2470007/06/2006 03:33PM

7/16 Sue Faking info ->

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/06/06
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MEMBER PERIOD START: 04/05/06 END: PAGE: 0001

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RCP NUMBER: 2260882301 HH NUMBER: 100177623 ACTION TYPE: MAINTENANCE

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PRIMARY INDIVIDUAL: APL CO: 26 WORKER ID: JLOMB LOCATION: 011

240 WEYBURN STREET SSCN: RRN:

RACE: 02 SEX: F MARITAL STATUS: X

TPL INSURANCE: N RELATION: SELF

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CORRECT RCP NUMBER: LTV ARRANGEMENT: HOME INCOME TRUST:

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58248210	01/01/2004	01/01/2006	11	30	FULL	N	N		.00	
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PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

From: SHHSFC.faxapi."."
To: SHHSFC.DHHS(POLATTYJ)
Date: 7/6/2006 3:30:52 PM
Subject: Incoming Fax Message

-----Reception Fax Report-----

TSI Received: 8037340799
Pages Received: 003
Connect Time: 00192
Receive Time: 07/06/06 15:26
DID Received: 8235
Caller ID:
Fax Port: 01
Error Code: 0000
Job ID: 7785
Faxcom: 1 at 10.57.2.82