DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs	9/15/08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 080145	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____ c: Kost, Junkins Cleared 9/26/08, letter attached.	[X] Prepare reply for appropriate signature DATE DUE 9-22-08 [ ] FOIA DATE DUE _____ [ ] 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.			

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State of South Carolina

LegisFax

Please deliver at once to:

Name Bryan G. Kost, Senior Consultant

Office Dept of Health & Human Services

Phone No. 803 8982865

Fax No. 803 255 8235

This is page 1 of a 2 page transmission.

☐ Call _____ at (____) _____ to acknowledge receipt of this Fax.

☐ Comments Please assist John Sanders in his desire to have his medicaid assistance reinstated.

Thank you.

☐ Sent by Edie Irwin for

☐ Sent by Rep Kit Spires Sept 15, 2008

Kit Spires
District No. 96
Counties
P. O. Box 396
Pelion, SC 29123

For return FAX, dial (803) 734 3104

Committee:
Medical, Military, Public
and Municipal Affairs

326-D Blatt Building
Columbia, SC 29211

Tel. (803) 734-3010
8036065749

Letter of Proposed Medicaid Action
LOW INCOME FAMILIES

LEXINGTON COUNTY DHHS
605 W. Main Street
Lexington SC 29072-2503

Date: 09/15/2008
Worker Name:
LYNELLE PRICE
Telephone: 803 785-2991
BG #: 20111015
HH #: 101123138
32 LYNEP

JOHN A SANDERS
234 CATHERINE DRIVE
PELION SC 29123

We regret to inform you that Medicaid will stop on 09/01/2008 for the following people:

Recipient Name:	Recipient ID:
JOHN T. SANDERS	4630227609
AMY S. SANDERS	7326941801
JOHN A. SANDERS	8780597856

Reasons for action:
Your income is more than policy allows.
You will continue to be eligible in another coverage group.

Manual/Policy Reference Supporting this Action. A copy of the referenced material is available upon request from the county department:

205.04,101.04.01

X As a condition of eligibility when you applied for medical assistance, you assigned to the state your rights to any medical support or other payments for medical care and you agreed to cooperate with the state in establishing paternity for the minor children, if any, for whom you applied and to cooperate in obtaining third party payments.

X If your Medicaid is being terminated because you have been discharged from a nursing home and you receive State Retirement benefits, you must contact your Medicaid worker or the S.C. State Retirement System at the end of six (6) months from your date of discharge if:

1) You have not been admitted to a nursing facility or,
2) You have not been admitted to a hospital. You may be eligible to receive an increase in your State Retirement check.

X You may ask for a fair hearing before the Department of Health and Human Services if you believe your Medicaid is being stopped in error.

To Request A Fair Hearing From the Department of Health and Human Services

- Ask your Medicaid worker in writing within 30 days of the date on this letter. Attach a copy of this letter to your request.
- Ask in ten days and Medicaid will not stop
- Pay back Medicaid if you lose your fair hearing

To Get Help With Your Fair Hearing

- You can hire an attorney to help you
- You can have someone you know come to the hearing and speak for you
- Contact your Medicaid worker in person or by phone to get help in asking for a hearing.

You must tell your Medicaid worker in ten days if you have a change in:

- Where you live
- Income
- Resources
- Family size (someone moves in or out)
- Any news that would change your case

Log #145

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 26, 2008

The Honorable Kit Spires
South Carolina House of Representatives
Post Office Box 396
Pelion, South Carolina 29211

Dear Representative Spires:

Thank you for referring John A. Sanders to our agency with his concerns regarding Medicaid eligibility.

A member of our staff has been in direct contact with Mr. Sanders and we were pleased to address his questions regarding the Medicaid program. We also provided Mr. Sanders with information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescription medications and inpatient hospitalization.

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/jcoll

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 25, 2008

Mr. John A. Sanders
234 Catherine Drive
Pelion, South Carolina 29123

Dear Mr. Sanders:

Representative Kit Spires asked our agency to respond to your concerns about Medicaid eligibility.

Your Medicaid coverage under the Low Income Families (LIF) program ended September 1, 2008, because your monthly income exceeded the allowable limit. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses. Fortunately, coverage for your two children will continue under the Partners for Healthy Children program.

Since you anticipate a reduction in your unemployment compensation next month you may wish to reapply for LIF in October. An application is enclosed. If you have any questions about this process, please contact Ms. Lynelle Price with the Lexington County Medicaid Office at (803) 785-5047.

We previously mailed you information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and inpatient hospitalization.

If you have other questions about the Medicaid program, please contact Bob Liming at (803) 898-2621. We hope this information is helpful to you.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Acting Deputy Director

AJ/coll
Enclosure

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235