


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>11-14-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000251	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-26-07</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 11/29/07 after attached</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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. <i>-</i>			
4.			



House of Representatives

State of South Carolina

RECEIVED

NOV 14 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Economic Development,
Capital Improvement and Other Taxes
Ways and Means Public Education and
Special Schools Subcommittee, Chairman
Ways and Means Proviso
Ways and Means Revenue Policy
School Bus Specification Committee

519-B Blatt Building
Columbia, SC 29211

Tel. (803) 734-3114

November 13, 2007

*Log: [unclear]
du [unclear]*

Ms. Emma Forkner, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Re: Mr. Gary Robert Jones, 321 Seminole Drive, North Augusta, SC 29841
Tel. (803) 221-1360; SSN: 251-31-7184;

Dear Ms. Forkner:

Mr. Jones is retired and on total disability. His total monthly income is \$624.00. He has numerous, serious medical problems with his back being the major of them. He receives Medicare and is attempting to get Medicaid. His grandchildren, Hayden D. Jones and Shannon N. Burke, live with him.

I informed him that I would provide Health and Human Services with this information and request that your office review his case and, hopefully, get him approved for Medicaid. His medical costs are consuming his monthly income. Medicine is extremely expensive and does not take into account what he may have to pay a physician.

Thank you for your consideration of this request, and I look forward to hearing from you soon.

Sincerely,

J. Roland Smith
J. Roland Smith

JRS/sse/nov13-07-5

cc: Mr. Gary Robert Jones, 321 Seminole Drive, North Augusta, SC 29841

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

ACTION REFERRAL

TO Jacobs	DATE 11-14-07
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000251	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 11-22-07
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

APPROVALS (Only when prepared for director's signature)	APPROVE	DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. [Signature]	11/24/07		
2. [Signature]	11/26/07		
3. -			
4.			



#251

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 29, 2007

The Honorable Roland Smith
South Carolina House of Representatives
183 Edgar Street
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for writing our agency on behalf of Mr. Gary Robert Jones regarding his concerns about Medicaid eligibility.

A member of our staff has been in direct contact with Mr. Jones to assist with his healthcare needs and Medicaid questions.

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.

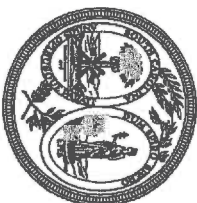
Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcdc

#251



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

November 29, 2007

Emma Forkner
Director

Mr. Gary R. Jones
321 Seminole Drive
North Augusta, South Carolina 29841

Dear Mr. Jones:

Representative Roland Smith asked our agency to assist with your questions and concerns regarding Medicaid eligibility and your healthcare needs.

We are pleased to inform you that your application for Medicaid coverage under the Aged, Blind or Disabled program was approved retroactively to August 1, 2007. You should be receiving the approval letter within the next two weeks. Your Medicaid card will be mailed to you and may be used immediately for Medicaid covered services. Medicaid will also begin paying your Medicare Part B premium of \$93.50 monthly.

If you have additional questions about the Medicaid program please contact Sheila Chavis at (803) 898-2707 or toll free at 1-888-549-0820. I hope this information is helpful.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/codc

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