

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hutto</i>	DATE <i>10-20-14</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000416	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Extend until 7/11/14 per Libby. See attached e-mail</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-1-14</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. <i>Cleared 7/11/14, letter attached</i>			
2.			
3.			
4.			

RECEIVED

June 18, 2014

JUN 20 2014

South Carolina Dept.
Department of Health & Human Services
OFFICE OF THE DIRECTOR
of Health and Human Services

Keith Wayne Black #142190

Hirkland Correct. Inst.

Jefferson Square Plaza, 1801 Main Street E-A-1-27

P.O. Box 8206

4344 Broad River Rd.

Columbia, S.C. 29202-8206

Columbia, S.C. 29210

RE: Medicaid + Medicare Coverage Services

For an inmate: Please send info Package Medicare

Dated: June 18, 2014

To who it may Concern:

Back in 2012, + 2013, an application was filed on my behalf by a Mr. Wilson for the Dept. of Corrections. I never heard if my application was approved (or) disapproved.

If my application was approved, can you please send or forward some information about what all my Medicaid covers. Also, was an application filed for Medicare? If not, can I file an application for Medicare bearing an inmate with the South Carolina Dept. of Corrections? Please find Below more information on me:

Keith Wayne Black

Race White

D.O.B. 3-22-58 Age 56

Date incarcerated 10-14-87

S.S. # 249-08-6643

Sentence: Life

Widower / Male

Sincerely,

Disable / U.S. Citizen

Keith W. Black #142190

Language English

Hirkland Correct. Inst.

E-A-1-27

4344 Broad River Rd.

Columbia, S.C. 29210

and
Medicare

THE DEPARTMENT OF CORRECTIONS
HAS NOT CENSORED THIS ITEM
THEREFORE THE DEPARTMENT DOES
NOT ASSUME RESPONSIBILITY FOR
THE CONTENTS.



THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT



Brenda James

To: Libby Powers
Subject: RE: Log Letter 000416 MJ's Due Date: 07/27/14 Keck's Due Date: 07/01/14

Good morning Libby, new due date is 7/11/14. Thx, bj

Brenda James
Administrative Coordinator I
JAMESBR@scdhhs.gov
803.898.2580
www.scdhhs.gov



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From: Libby Powers
Sent: Wednesday, July 02, 2014 3:33 PM
To: Brenda James
Subject: FW: Log Letter 000416 MJ's Due Date: 07/27/14 Keck's Due Date: 07/01/14

Brenda,

Can we possibly get an extension on this Log Letter – maybe another week? Carolyn Roach is working on this one, but she is on vacation this week.

Thanks.

Libby Powers
Administrative Coordinator
Powersl@scdhhs.gov
803.898.1035
www.scdhhs.gov



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From: Sharon Mondier
Sent: Wednesday, June 25, 2014 2:27 PM
To: Carolyn Roach
Cc: Libby Powers
Subject: Log Letter 000416 MJ's Due Date: 07/27/14 Keck's Due Date: 07/01/14

For appropriate action. Blue sheet has been placed in your mailbox for pickup. Thanks.

Sharon Mondier
Administrative Assistant
MONDIER@scdhhs.gov
803.898.3985
www.scdhhs.gov



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From: Libby Powers
Sent: Wednesday, June 25, 2014 11:44 AM
To: Sharon Mondier; Carolyn Roach
Subject: Log Letter 000416

Ladies,

Please find attached Log Letter 000416 from Mr. Keith Wayne Black regarding his Medicaid Application. Please note the Due Date of 7-1-14.

I apologize for getting it to you late. I received it yesterday, but could not forward because email was down all day.

Thank you.

Libby Powers
Administrative Coordinator
Powersl@scdhhs.gov
803.898.1035
www.scdhhs.gov



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Subject: FW: Log Letter 000416 MJ's Due Date: 07/27/14 Keck's Due Date: 07/01/14
Attachments: Log Letter 000416.pdf

Ask Libby About
MJ's due date
Due date
extended until
7/14/14

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Thanks.

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Nikki Haley
Anthony K-K
P.O. Box 8205 Columbia, SC 29202
www.scdhs.gov

July 11, 2014

Mr. Keith Wayne Black, SCDC# 142190
Kirkland Correctional Institution
Dorm: E-A-1-27
4344 Broad River Road
Columbia, SC 29210

Dear Mr. Black:

Thank you for contacting our Agency regarding the status of your Medicaid application.

Our records indicate you applied for the Aged, Blind or Disabled (ABD) program on August 29, 2012. Your application was denied on March 7, 2013, because you were determined not to be disabled. Medicaid uses the same disability guidelines as the Social Security Administration when determining eligibility for the ABD program.

You should contact the Social Security Administration to request assistance in getting your questions answered regarding Medicare. The address is:

Columbia Social Security
Strom Thurmond Federal Building
1835 Assembly Street
Columbia, SC 29201

We hope the above information will be helpful. If you have questions, please contact us at (803) 898-2635 and someone will be happy to assist you.

Sincerely,

Beth Hutto, Deputy Director
Eligibility Enrollment & Member Services

BH:lm

Log# 416 ✓