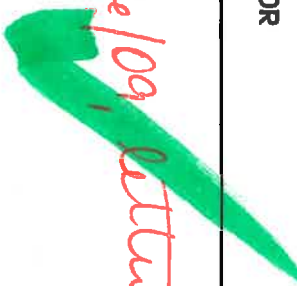


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>3-6-09</i>
---------------------	---------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED		
1. LOG NUMBER <i>200490</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-17-09</i>	<input type="checkbox"/> FOIA DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Kost cleared 3/16/09, letter attached.</i>				<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.			

RECEIVED

MAR 06 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Bryan Kost
To: Brenda James
Date: 3/6/2009 1:22 pm
Subject: log letter - Fwd: here's the Rep. Rice letter.

please log thanks,

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhs.gov

>>> "MARCUS AQUINO" <AQUINOM@SCHOUSE.ORG> 3/5/2009 6:23 PM >>>
Thanks,
Marc

Marcus D. Aquino
Budget Research Analyst
SC House of Representatives
Ways & Means Committee
525 Blatt Building
Columbia, SC 29201
Tel. 803.734.3144

>>> <WM@scstatehouse.net> 3/5/2009 1:16 PM >>>

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MAR 06 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: ROSE WRIGHT <westsidelady42@yahoo.com>
To: <RFR@schouse.org>
Date: 3/5/2009 9:28 AM
Subject: PLEASE READ I NEED HELP.

JERRY LEE WRIGHT & ROSE L SENTELL-WRIGHT
1103 gordon st. ext.
GREENVILLE SC 29611
USA
Home Phone 864-269-8181

March 5, 2009

TO WHOM EVER IT CONCERNS,

MY HUSBAND IS 63 YEARS OLD HE HAS A TERMINAL ILLNESS CALLED CIRRHOSIS OF THE LIVER IT IS HEREDITARY FROM HIS MOTHER WE HAVE PROVEN THIS BY HER AUTOPSY REPORT SHE HAD THE VERY SAME PROBLEMS THAT MY HUSBAND HAS THE BLEEDING ESPOGUS, ULCERS OF THE STOMACH AND BLEEDING ULCERS, ENLARGED SPLEEN, INLARGED PANCREAS, AMMONIA ON THE BRAIN, MY HUSBAND HAS THE SAME EXACT SYMPTOMS, AND HIS MOTHER NEVER DRANK A DROP OF ALCOHOL, HIS OLDEST SISTER DIED FROM THE SAME THING SHE NEVER DRANK ALCOHOL, HE HAD TWO BROTHERS THAT HAD THE SAME THING AND DIED BUT THEY DID DRINK OVER THE YEARS NOW IM NOT SAYING THAT DRINKING MIGHT HAVE MADE IT WORSE BUT NONE OF THEM KNEWED THAT THEY HAD THIS DISEASE WHEN THEY WERE DRINKING. ANY WAY MY HUSBAND NEEDS A LIVER HE IT DESPERATE. NOTHING ELSE CAN BE DONE THEY ARE REFUSING TO PUT HIM ON THE LIST BECAUSE HE DRANK ALCOHOL OVER THE YEARS NOW. THIS IS A DISEASE ALSO THEY TOLD HIM HE HAD TO TAKE ALCOHOL CLASSES, HE WENT TO BE ASSESSED AND

THEY DENIED TO LET HIM TAKE THESE CLASSES BECAUSE HE WAS NOT MENTALLY NOR PHYSICALLY ABLE TO TAKE THIS CLASS AT THIS TIME. THEY TOLD ME TO SIGN HIM UP WITH MEDICAID BECAUSE HE WILL NEED LOTS MORE MEDICATIONS IF HE DOES GET THE SURGERY THAN HE IS ALREADY ON AND THAT IS 16 PRESCRIPTIONS BUT IT IS LIKE A ACT OF CONGRESS TO GET HIM MEDICAID BECAUSE WE OWN PROPERTY WHICH IS RENTAL PROPERTY IF IT WAS NOT FOR THAT WE COULD NOT LIVE WITHOUT THE RENT, BECAUSE I HAVE TO BE HERE TO TAKE CARE OF HIM AND WE HAVE CUSTODY OF OUR 9 YEAR OLD GRANDSON THAT I ALSO HAVE TO TAKE CARE OF AND I CAN ONLY WORK ON WEEKENDS WHEN I CAN GET SOMEONE TO STAY WITH THEM. SO NOW BECAUSE WE HAVE PROPERTY THEY DONT WHAT TO GIVE US MEDICAID. AND BECAUSE HE DRANK OVER THE YEARS THEY ARE DENYING TO GIVE HIM A LIVER. WHEN HE CAME HOME FROM THE HOSPITAL THEY OUT HIM UNDER HOSPICE CARE AND NOW THEY CANNOT CONTINUE BECAUSE MEDICARE WILL NOT PAY FOR THEM AND THE LIVER SPECIALIST AT THE SAME

TIME. EITHER HE DIES OR HE TRY TO GET HELP BUT HE CANT DO BOTH. WHAT DO THEY EXPECT ME TO DO JUST SIT HERE AND WATCH MY HUSBAND DIE KNOWING THEY COULD HELP HIM BUT THEY WILL NOT. AND LET HIM DO WITH OUT HIS MEDICINES BECAUSE WE HAVE BOTH WORKED ALL OUR LIVES AND PAID OUR TAXES AND WE OWN SOME PROPERTY. SO WE CAN NOT GET ANY HELP. I AM BEHIND ON ALL MY BILLS HOUSE PAYMENT, PROPERTY TAXES, POWER BILLS, WATER BILLS. PHONE BILLS. AND I CANT WORK CAUSE I HAVE TO TAKE CARE OF HIM NOW WHAT CAN I DO. I NEED HELP BUT NO ONE WILL HELP ME BECAUSE I HAVE WORKED AND I HAVE PROPERTY, IF I WAS TRASH AND DONT EVEN TRY TO WORK AND DIDNT

HAVE PROPERTY I COULD GET ALL THE ASSISTANCE IN THE WORLD OFF OF MY TAX MONEY NOW THIS IS NOT RIGHT. JUST LIKE REFUSING TO GIVE MY HUSBAND A LIVER IS NOT BECAUSE HE DRANK IN HIS LIFE IS NOT RIGHT SO NOW TELL ME WHAT I NEED TO DO. I DON'T KNOW WHAT TO DO OR WHERE TO TURN AND HE IS GETTING WEAKER BY THE DAY HE TELLS ME HE

DON'T KNOW HOW MUCH LONGER HE CAN STAND THIS. THIS MAN HAS BEEN FIGHTING THIS DISEASE SINCE 1996. AND HE IS A VERY STRONG MAN BUT HE IS GETTING WEAKER BY THE MINUTUE. NOW WHAT AM I SUPPOSE TO DO SIT HERE AND WATCH HIM DIE KNOWING THAT SOMEONE COULD HELP HIM TO ME THAT IS CALLED (MURDER). SO COULD YOU TELL ME WHAT TO DO IN THIS GREAT COUNTRY WE CALL AMERICA. IF WE LIVED IN SOME OTHER COUNTRY AND COME OVER HERE WE COULD GET ALL KIND OF HELP BUT IF YOU WHERE BORN AND RAISED HERE AND PAID YOUR TAXES YOU CAN'T GET NO HELP. AND GOD BE WITH YOU IF YOU INHERIT A DISEASE CAUSE YOU ARE DOOMED. THEY ACT LIKE MY HUSBAND KILLED SOMEONE AND HE IS ON DEATH ROLL. PLEASE HELP ME I DON'T KNOW WHAT TO DO.

Sincerely,

ROS L. WRIGHT

ROSE LORAIN SENTELL-WRIGHT



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 16, 2009

The Honorable Rex Rice
South Carolina House of Representatives
Post Office Box 11867
418A Blatt Building
Columbia, South Carolina 29201

Dear Representative Rice:

Thank you for contacting our agency on behalf of Mr. Jerry Wright regarding his Medicaid eligibility and healthcare needs.

A member of my staff has been in direct contact with Mrs. Rose Sentell-Wright, his wife, to address her questions and concerns regarding their application and the information needed to complete the determination. We also provided Mr. Wright with information on other programs and organizations that can assist residents in South Carolina with their healthcare needs and prescriptions.

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/jclc



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 16, 2009

Mr. Jerry Wright
1103 Gordon Street Ext.
Greenville, South Carolina 29611

Dear Mr. Wright:

Representative Rex Rice asked our agency to assist you with your questions about Medicaid eligibility and your healthcare needs.

Our Greenville County Medicaid Office is currently reviewing your application for coverage under our Aged, Blind or Disabled (ABD) program. Your eligibility worker, Ms. Lisa McCarson, mailed you a letter on March 11, 2009, requesting some additional information. We cannot make an eligibility determination until we have received all of the information that Ms. McCarson has requested. It is important you return this information as quickly as possible. Please call Ms. McCarson at (864) 467-7900 if you have any questions about the information she has requested.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare needs and prescriptions. If you have questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707. We hope this information is helpful.

Sincerely,

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

Alicia Jacobs
Deputy Director

AJ/clc
Enclosures