

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

EA

ACTION REFERRAL

TO <i>Hutto</i>	DATE <i>9-4-14</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000055</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kost, Lynch</i> <i>Close 9/4/14 per Jenny Lynch.</i> <i>See note on letter. 9-4-14</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-11-14</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.			
2.			
3.			
4.			



The House of Representatives

STATE OF SOUTH CAROLINA

TED MARTIN VICK

CHESTERFIELD COUNTY DELEGATION,
CHAIRMAN

AGRICULTURE, NATURAL RESOURCES
AND ENVIRONMENTAL AFFAIRS
COMMITTEE

WILDLIFE SUBCOMMITTEE,
CHAIRMAN

INTERSTATE COOPERATION
COMMITTEE, CHAIRMAN

STATE HOUSE
333-C BLATT BUILDING
P. O. BOX 11867
COLUMBIA, SC 29211
TEL. (803) 734-2999

200 WEST MAIN STREET
CHESTERFIELD, SC 29709
TEL. (843) 623-5001

**9/4: Spoke w Michelle in
delegation office to provide
update. Matter closed.*

- Jenny Lynch

August 28, 2014

Ms. Jenny Lynch
SC Dept. of Health & Human Services
Medicaid Dept.
PO Box 8206
Columbia, SC 29202

RECEIVED

SEP 04 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Lynch,

First let me thank you for your recent help with one of my close friends, Ms. Shirley Haire, who needed shock treatment on her throat and Medicaid was the holdup. Your immediate attention helped speed this process up for her and I am very grateful.

I now am in need of assistance on another matter. Melissa Lynn Melton (561 Surfwind Drive West, Murrells Inlet, SC 29576) has a 3 year old child who was denied Medicaid three times. The child's name is Kolton Dewayne Gwinn. His date of birth is 12/13/2010 and the last four digits of his Social Security number is 1380. It's my understanding that Kolton has 4 other siblings on Medicaid and I am confused as to why he has been denied and not able to receive these benefits.

Please look into this matter and do all you can to help this child receive these benefits from Medicaid. If you need further information about Kolton, please contact his mother at (843) 318-8314.

Any assistance would be appreciated and if there is anything I can do to help, please let me know. I look forward to hearing from you.

Sincerely,

Representative Ted M. Vick
S.C. House District 53

RECEIVED

SEP 02 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ted Martin Vick
Member, House of Representatives
200 W. Main Street
Chesterfield, SC 29709



RECEIVED

SEP 04 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Jenny Lynch
SC Dept. of Health & Human Services
Medicaid Dept.
PO Box 8206
Columbia, SC 29202

2920288206 B044



08/28/2014
US POSTAGE

\$00.48

FIRST CLASS MAIL



ZIP 29709
041111230133