

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

EA

**ACTION REFERRAL**

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

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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



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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

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