


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs	12-16-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000314	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 12/22/08, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>12-31-08</u> <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.			

RECEIVED

DEC 15 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

December 12, 2008
ABI SUPREME GOD ALLAH sec 195678
Allendale Correctional Institution
Post Office Box 1151
Jasper F-5 cell-A421
Fairfax, South Carolina 29827

% Ms. Susan Bowling
c: Jefferson Square Plaza
1801 Main Street
Post Office Box 8206
Columbia, South Carolina 29202-8206

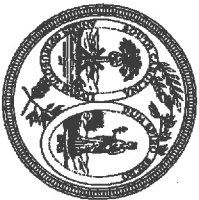
Please be advised that this contact to your office is of utmost important! If I have in any way interrupted you, then please excuse me for being aggressive. The information that I need to obtain from your office is very essential for decisions in the future.

I am under the presumption that you can disclose to me the "Poverty Guidelines established and revised. This is done annually by the United States Department of Health and Human Services. This is the reason I contact your office for this information if it possible to obtain.

Please response as soon as time permits. I also would like to know more about your services you provide. I will be awaiting your response in the near future. Thanks!

Sincerely,

ABT



State of South Carolina
Department of Health and Human Services

Log # 0314
✓

Mark Sanford
Governor

Emma Fortner
Director

December 22, 2008

Mr. Adi Allah, # 145078
Allendale Correctional Institution
Post Office Box 1151
Jasper F-5 cell-A, #211
Fairfax, South Carolina 29827

Dear Mr. Allah:

Thank you for writing our agency regarding information on the Federal Poverty Guidelines and services offered through the Department of Health and Human Services (DHHS).

DHHS administers the Medicaid program that provides health insurance coverage for low-income families and aged, blind or disabled residents of South Carolina. Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial and categorical guidelines. A Medicaid eligibility worker can determine if you qualify based on the information provided on an application if you decide to apply. Medicaid coverage is limited to "inpatient services only" for inmates meeting the eligibility criteria for one of our coverage groups. Inpatient services are medical services in an acute care hospital, nursing facility, juvenile psychiatric facility or intermediate care facility.

We have enclosed an overview of the Medicaid program, which includes the current program financial limits. Also enclosed is the 2008 Federal Poverty Guidelines, which increase each March.

We hope this information proves helpful to you. If you have questions about the Medicaid program, please call toll-free 1-888-549-0820, or visit our website at www.scdhhs.gov.

Sincerely,

Alicia Jacobs
Alicia Jacobs
Deputy Director

AJ/col
Enclosures

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