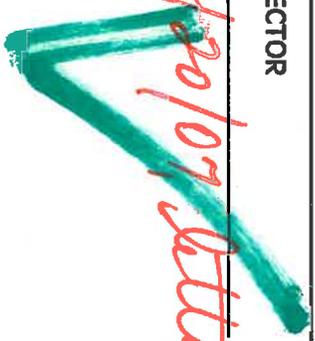


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>12-10-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000286	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 12/20/07 letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-20-07</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.			

JIM DEMINT
SOUTH CAROLINA

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION

CHAIRMAN, SENATE STEERING COMMITTEE

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

ENERGY AND NATURAL RESOURCES
FOREIGN RELATIONS
JOINT ECONOMIC

December 7, 2007

*Log: jacobus
"copy" wgn
-11*

RECEIVED
DEC 10 2007

Mr. Robert M. Kerr
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206

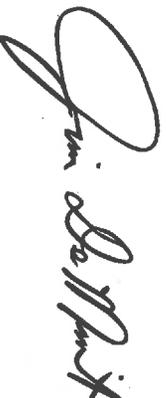
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

I am writing to refer a matter involving my constituent, Suanne Jimenez, and her request for assistance obtaining Medicaid benefits. Enclosed is a copy of her letter for your review.

I would greatly appreciate your responding directly to Ms. Jimenez about this issue. I have informed Ms. Jimenez that I would refer her to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards,
Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

Knight, Jessica (DeMint)

From: Blickenstaff, Deb (DeMint)
Sent: Friday, December 07, 2007 9:10 AM
To: Knight, Jessica (DeMint)
Subject: FW: United States Senator - Jim DeMint || Casework Assistance

Deb Blickenstaff
Constituent Service Director
Office of Senator Jim DeMint
105 N. Spring Street
Suite 109
Greenville, SC 29601
(P) (864) 233-5366
(F) (864) 271-8901
Email deb_blickenstaff@demint.senate.gov

From: itsmeagain1982@yahoo.com [mailto:itsmeagain1982@yahoo.com]
Sent: Friday, December 07, 2007 1:11 AM
To: Blickenstaff, Deb (DeMint)
Subject: United States Senator - Jim DeMint || Casework Assistance

United States Senator - Jim DeMint || Casework Assistance - submitted on 12/07/2007 at 01:09:59 AM:

Full Name: Suzanna Jimenez
Email Address: itsmeagain1982@yahoo.com
Address 1: 369 B Anderson Ridge RD
Address 2:
City, State Zip: Greer , South Carolina 29651
Phone: 8642973555
Best Contact Phone: 8642973555

Agency or Agencies at issue:

Short Description or Concern: I am only 25 years old but I have been sick for 3 years now and havent been able to work. I have a blood clotting disorder that keeps me in and out of the hospital and I have alot of other health probs. I have applied for disability and I have a lawyer but I still dont even have a court date. I filed for medicade ... I only recive 600 \$ a month from my bables father and they said that was too much money to recive help. This disorder I have is hard to explain ... my blood valins are weak and they dont pump my blood like they should and if my flood isnt pumping right then my body also feels with fluid causeing congestive heart faller. I am scared of dieing because the clinic said I have to see a speccilist and I cant afford it and I cant offorsd my meds either. Sometimes I go a week before I can find help to get my meds. I have a 11 month old son and I want to get better so I can be here for him. Please help me.

12/7/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

closed

TO <i>Jacobs</i>	DATE <i>12-10-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000286</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-20-07</i> DATE DUE _____		
		<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>[Signature]</i>	<i>12/19/07</i>		
2.				
3.				
4.				



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

December 20, 2007

Ms. Suzanna Jimenez
369 B Anderson Ridge Road
Greer, South Carolina 29651

Dear Ms. Jimenez:

Senator Jim DeMint asked our agency to assist with your questions and concerns regarding Medicaid eligibility and healthcare needs.

Medicaid eligibility is based on federal and state requirements in which an individual must meet certain financial guidelines and categorical requirements. Unfortunately, your recent application for coverage under the Low Income Families (LIF) Program was denied because your family's income is above the \$570 allowable limit. You continue to receive limited Medicaid benefits through our Family Planning program.

We will process your most recent application to determine eligibility for our Aged, Blind or Disabled (ABD) Medicaid program, a program for disabled individuals whose income is under 100% of the Federal Poverty Level and who meet disability criteria. While it appears you may be eligible based on your income, you must also meet resource guidelines and disability criteria. Medicaid and the Social Security Administration (SSA) use the same criteria to determine disability. If SSA reverses their decision, you may be eligible for retroactive Medicaid benefits up to three months prior to the ABD application date. Your eligibility worker, Ms. Toni Shoaf, mailed you a request for information needed to process your ABD application. Please provide all requested information to the Greenville County Medicaid Office by January 8, 2008. If you have additional questions about this process, please contact Ms. Shoaf at (864) 467-7926.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs. If you have additional questions about the Medicaid program, please contact Jennifer Dabbs at (803) 898-3965 or (toll free) 1-888-549-0820 Ext. 3965. I hope this information is helpful.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/cod
Enclosures

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