

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE  <i>7-10-08</i>
---------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000020</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Claudia 7/29/08 attls attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-08</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.			



## House of Representatives

State of South Carolina

**RECEIVED**

JUL 10 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**J. Roland Smith**

District No. 84 - Aiken County  
183 Edgar Street  
Warrenville, SC 29851

**Committees:**

Ethics, Chairman  
Ways and Means  
Ways and Means Budget and Finance  
Ways and Means Economic Development,  
Capital Improvement and Other Taxes  
Ways and Means Public Education and  
Special Schools Subcommittee, Chairman  
Ways and Means Proviso  
Ways and Means Revenue Policy  
School Bus Specification Committee

July 8, 2008

519-B Blatt Building  
Columbia, SC 29211  
Tel. (803) 734-3114

**Ms. Emma Forkner, Director**  
**SC Department of Health and Human Services**  
**Post Office Box 8206**  
**Columbia, SC 29202-8206**

Re: Ms. Margie Stewart, 3022 Pine Log Road, Warrenville, SC 29851  
DOB: April 5, 1977, SSN: 248-73-4475

Dear Ms. Forkner:

I have been contacted by Ms. Margie Stewart regarding her need for disability. Ms. Stewart has two children, John Taylor Wayne Stewart, DOB January 2, 1999; his SSN 656-05-6768, and Mackenzie Sheryl Stewart, DOB, April 10, 2001, and her SSN 657-16-5513. Ms. Stewart is employed at Robby's Convenience Store and works 32 hours a week at \$8.00 an hour. Her gross pay is \$270 and take home pay is \$212.11 per week.

Ms. Stewart has been on Medicaid for quite a few years and when she was reevaluated, she reported her income, and her rent of \$500 per month. Her light bill usually runs about \$180 per month, and her water bill runs about \$20 per month. She has a vehicle to transport the children to doctors and for groceries, and she has to spend about \$238 per month on the vehicle. They were all on Medicaid until the conclusion of the evaluation. After the evaluation was complete, the children remained on Medicaid, but Ms. Stewart's was discontinued, and she is the one in bad health.

July 8, 2008  
Page Two

I would appreciate it if you would look into her situation and see if there is any additional help that Ms. Stewart can receive.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Roland Smith".

J. Roland Smith

JRS/jhm/July-8-08-3,4



*Log # 0020* ✓

*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

July 29, 2008

The Honorable J. Roland Smith  
South Carolina House of Representatives  
183 Edgar Street  
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for contacting our agency on behalf of Ms. Margie Stewart regarding her Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Stewart to address her questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. We also provided Ms. Stewart with information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions and daily living expenses.

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/jcl



*State of South Carolina*  
*Department of Health and Human Services*

*Log # 0030*

Mark Sanford  
Governor

Emma Forkner  
Director

July 28, 2008

Ms. Margie Stewart  
Post Office Box 123  
Langley, South Carolina 29834

Dear Ms. Stewart:

Representative Roland Smith asked our agency to assist you with questions concerning your Medicaid eligibility and healthcare needs.

Our records indicate your Medicaid coverage under the Transitional Medicaid (TM) category ended May 1, 2008. The transfer to TM took place in May 2006 when your coverage under the Low Income Families (LIF) category ended because your income was more than policy allows. The TM program allows up to 24 months of continuous Medicaid benefits after the loss of LIF. Income is based on gross earnings and does not allow deductions for utilities, car payments, or other living expenses.

We understand your income has changed, and you believe you are now eligible for LIF. Please complete and return the enclosed LIF application to our Aiken County Medicaid Office at P.O. Box 2748, 1410 Park Avenue SE, Aiken, SC 29802. Their telephone number is (803) 643-1938.

Fortunately your children, John and Mackenzie Stewart, currently have Medicaid coverage under the Partners for Healthy Children (PHC) program with an effective date of May 1, 2008. PHC offers full Medicaid benefits to eligible children through the age of 18.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions and daily living expenses. If you have questions about the Medicaid program, please contact Sheila Chavis at (803) 898-2707 or 1-888-549-0820, Ext. 2707 (toll free). We hope this information is helpful.

Sincerely,

*Alicia Jacobs*

Alicia Jacobs  
Acting Deputy Director

AJ/c/c  
Enclosures

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