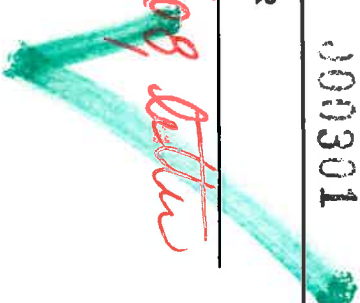


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>12-3-08</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000301</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 12/15/08 letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-12-08</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.			

*Serving Children and Families*KATHLEEN M. HAYES, PH.D.
STATE DIRECTORMARK SANFORD
GOVERNOR

FAX COVER SHEET

Date: December 2, 2008 Number of Pages: (including cover sheet) 4To: Organization: SC DHHSAttention: Jennifer LynchFax Number: 803.255.8350From: Division or County: Office of Constituent ServicesAddress: P.O. Box 1520, Columbia, South Carolina 29202-1520Name: Lenora B. Reese, DirectorFax Number: (803) 898-7652Telephone Number: (803) 898-7700Comments: Jennifer, the attached inquiry is in reference to Medicaid eligibility. As
agreed I am forwarding it to HHS for response and follow up. Thanks for your help.

DEC 03 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Transmitted by: _____

This transmission may contain information that is protected from disclosure by federal and/or state law, or is otherwise privileged or confidential. This communication is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible for delivering this message to the recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited and violations of applicable federal and/or state law may subject you to civil and/or criminal penalties. If you have received this communication in error, please notify the sender immediately by telephone and return this communication by mail to the address shown above.

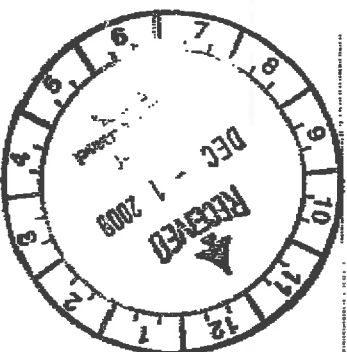
12/11/08

State Director's Correspondence Log

LOG NO.	CORRESPONDENCE DATE	CORRESPONDENCE
12-01	11/21/2008	Ltr from Congressman James E. Clyburn - RE: Correspondence from Gwen Nelson, regarding the reinstatement of her Medicaid benefits in order to have surgery.
REFER DATE 12/01/2008	REFER TO: Ms. Williamson/CS	
DUE DATE 12/08/2008	ACTION Respond for my Signature (RFMS)	SIGN DATE RET'D DATE APPROV. DATE

ADDITIONAL INFORMATION

COMMENTS



Ms. Williamson (Constituent Services) - RFMS - 12/01/08
JAMES E. CLYBURN
 6TH DISTRICT, SOUTH CAROLINA

MAJORITY WHIP

(Chair)
 FAITH WORKING GROUP



COMMITTEE:
 DEMOCRATIC STEERING
 AND POLICY COMMITTEE
 CONGRESSIONAL BLACK CAUCUS

www.house.gov/clb08
 www.mfjnywmda.gov

Congress of the United States House of Representatives Washington, DC 20515-4006

November 21, 2008

RECEIVED
 08 NOV 26 PM 2:32
 CONSTITUENT SERVICES

Kathleen M. Hayes Ph.D.
 State Director
 South Carolina Department Of Social Services
 Post Office Box 1520
 Columbia, SC 29202

RE: Ms. Gwen Nelson
 SS# 248-17-4677

Dear Dr. Hayes:

Enclosed is a copy of the Privacy Act submitted by Ms. Gwen Nelson, regarding the reinstatement of her Medicaid benefits in order to have surgery. I would greatly appreciate your reviewing this matter and providing any assistance possible under the governing statutes and regulations of your agency.

Please forward your findings to my District Office at 1225 Lady Street, Suite 200, Columbia, SC 29201. If you have any questions, or require additional information, please contact Ms. Carole Smith at (803) 799-1100.

Thank you for your attention to this matter.

With kindest regards, I am

Sincerely,

James E. Clyburn
 James E. Clyburn
 Member of Congress

JEC:cs

2135 RAYBURN HOUSE OFFICE BUILDING
 WASHINGTON, DC 20515-4006
 (202) 225-3315
 (202) 225-2313 FAX

H-028, FIVE CAPTOL
 WASHINGTON, DC 20515, 6503
 (202) 226-3210
 (703) 225-0253 FAX

1225 LADY STREET
 SUITE 200
 COLUMBIA, SC 29201
 (803) 799-1100
 (803) 799-0960 FAX

101 EAST EVANS STREET
 FLORENCE, SC 29506
 (843) 682-1212
 (843) 682-9474 FAX

176 BROOKER BOULEVARD
 SUMMER, SC 29142
 (803) 864-1700
 (803) 864-4900 FAX

427 AMELIA STREET
 CHANGEMING, SC 29115
 (803) 535-1000
 1ST & 2ND MONDAYS

21 NORTH MAIN STREET
 SUMMITER, SC 29110
 (803) 491-2500
 2ND & 4TH MONDAYS

12/02/2008 05:12PM

6TH DISTRICT, SOUTH CAROLINA

MAJORITY WHIP

CHAIR

FAITH WORKING GROUP

LEGISLATIVE COUNCIL
AND POLICY COMMITTEE

CONGRESSIONAL BLACK CAUCUS

www.house.gov/blackcaucus
www.mediawatchlive.gov

Congress of the United States

House of Representatives

Washington, DC 20515-4006

District Office
1225 Lady Street
Suite 200
Columbia, S.C. 29201
(803) 799-1100

Dear Congressman Clyburn:

In response to my request for assistance, you have informed me that the Privacy Act of 1974 requires you to have authorization in writing to inquire into this matter on my behalf.

I hereby authorize you to obtain the necessary information for the purpose of assisting me from:

DSS Medicaid Dept.
Name of Agency

6-21-61
Date of Birth

Barndolyn B. Nelson
Print Name in Full

248-17-4677
Social Security #

Barndolyn B. Nelson
Signature in Writing

11-14-08
Date

203 Memorial St.
Current Mailing Address

Manning S.C.
City State

29162
Zip Code

803-435-2773
Area Code Phone Number

Clarendon
County

Briefly state your request below:

I still have a part inside my body, and
it needs to come out. So I hoping that they
will still reinstate my Medicaid card so that
I can get the part out.

2136 RAYMOND HOUSE DIRECT BUILDING
WASHINGTON, DC 20515-4006
(202) 225-3315
(202) 225-3313 Fax

H-228, THE CANTON
WASHINGTON, DC 20515-0553
(202) 225-3210
(202) 225-8253 Fax

1225 LADY STREET
SUITE 200
COLUMBIA, SC 29201
(803) 799-1100
(803) 799-9050 Fax

181 EAST EVANS STREET
FLORENCE, SC 29506
(843) 662-1212
(843) 662-8474 Fax

8833 OLD HIGHWAY 6
SAVATEE, SC 29142
(803) 854-4700
(803) 854-0900 Fax

437 AMELIA STREET
ORANGEBURG, SC 29115
(803) 539-1000
1st & 3RD MCDONALD'S

21 NORTH MAIN STREET
SUMMITT, SC 29160
(803) 485-2500
2ND & 4TH MCDONALD'S

Log-0301



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

December 15, 2008

Ms. Gwendolyn Nelson
203 Memorial Street
Manning, South Carolina 29102

Dear Ms. Nelson:

Congressman James Clyburn contacted our agency on your behalf regarding concerns about Medicaid eligibility and your healthcare needs.

Your Medicaid eligibility under the Breast and Cervical Cancer Program (BCCP) ended November 1, 2008 because your cancer treatment has been completed. You applied for coverage under the Aged, Blind or Disabled (ABD) program on October 7, 2008. To qualify for ABD, an individual must meet certain income and resource requirements. In addition, an individual under age 65 must also meet the Supplemental Security Income definition of blindness or disability as determined by the Social Security Administration (SSA). Medical consultants with the SSA are currently reviewing your claim. Since Medicaid uses the same rules as SSA to determine disability, we must await their decision before we can determine if you qualify for our ABD program.

In the meantime, we will continue your Medicaid benefits without a break in coverage until an ABD eligibility decision is made. If you are found ineligible for ABD, your Medicaid benefits will end; however, you will not have to repay Medicaid for services received.

If you have any questions about the Medicaid program, please contact Jennifer Lynch at (803) 898-3965 or toll-free at 1-888-549-0820, Ext. 3965.

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs
Deputy Director

AJ/col



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

December 17, 2008

The Honorable James E. Clyburn
United States House of Representatives
Midlands District Office
1225 Lady Street, Suite 200
Columbia, South Carolina 29201

Dear Congressman Clyburn:

Thank you for contacting our agency on behalf of Ms. Gwendolyn Nelson concerning her healthcare needs and Medicaid eligibility.

We were unable to reach Ms. Nelson by phone, but mailed her information regarding Medicaid and provided her with a contact person should she have any questions.

We appreciate 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/fcol