

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

| | |
|------------------------|----------------------------|
| TO <i>Supra</i> | DATE <i>2-21-14</i> |
|------------------------|----------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER <i>000291</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-5-14</i> |
| <i>Cleared 3/6/14, letter attached.</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. | | | |

Congress of the United States
House of Representatives
Washington, DC 20515-4004

February 19, 2014

RECEIVED

FEB 21 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Department of Health and Human Services
Director Anthony Keck
PO Box 100101
Columbia, SC 29202

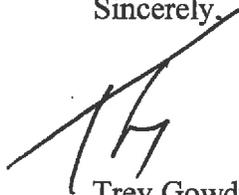
Dear Mr. Keck:

I am writing on behalf of Crystal D. Blanton regarding her South Carolina Medicaid services. I have attached his Privacy Act Release Form. Please update my office on the status of his case. I appreciate your review of Ms. Blanton's file, in strict accordance with governing rules and regulations.

Thank you in advance for your assistance. Please call if you have any questions regarding this request. You can reach me or Jalitha Moore (jalitha.moore@mail.house.gov) of my Spartanburg office at (864) 583-3264.

We look forward to hearing from you soon.

Sincerely,



Trey Gowdy
Member of Congress

TG/JM

Enclosure



Representative Trey Gowdy

Consent for Release of Personal Records

Name: Crystal Dawn Blanton (Pierce)
 Address: 33A Mulligan st
 City: Spartanburg State: SC Zip Code 29303
 Telephone: (home) _____ (cell) 864 559-9681 *Crystal*
 Email Address: JohnJohn@aol.com *Calissa 9682*
 Date of Birth: 3/20/71 Social Security Number: 247-29-8705 *Roger*
 Federal Agency Involved: Medicaid
 Agency Claim Number: _____

Briefly explain the issue, and attach a separate statement and supporting documentation if necessary:

I am and I want to get my explaining
I am fully disabled and I can't
work. I want dispute my case
with them you. About Social
Security and I have no medicaid
and can't go to doctors or have
and have no transportation.
I have no medicaid to go to doctors

Are you currently working with another Member of Congress or Senator?
 Yes _____ No If yes, name: _____

THE PRIVACY ACT OF 1974 PROHIBITS THE GOVERNMENT FROM REVEALING ANY INFORMATION FROM PERSONAL FILES OF INDIVIDUALS WITHOUT THE EXPRESS PERMISSION OF THE PERSON INVOLVED. I HEREBY GIVE MY CONSENT FOR INFORMATION CONCERNING MY FILE TO BE RELEASED TO CONGRESSMAN TREY GOWDY AND/OR A REPRESENTATIVE FROM HIS OFFICE, IN ACCORDANCE WITH THE PROVISIONS OF THE LAW.

Signature: Crystal Dawn Blanton Date: 1-31-2014

Please return this form to one of the district offices below:

Congressman Trey Gowdy
 101 W. St. John St.
 Suite 203
 Spartanburg, SC 29306
 PHONE: (864) 583-3264
 FAX: (864) 583-3926

Congressman Trey Gowdy
 104 S. Main St
 Suite 801
 Greenville, SC 29601
 PHONE: (864) 241-0175
 FAX: (864) 241-0982

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 • Columbia, SC 29202
www.scdhhs.gov

March 6, 2014

Congressman Trey Gowdy
101 West Saint John Street, Suite 203
Spartanburg, SC 29306

Dear Congressman Gowdy:

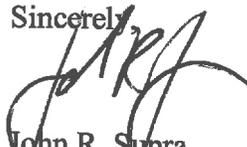
Thank you for contacting our Agency on behalf of Ms. Crystal D. Blanton's Medicaid eligibility.

Medicaid eligibility is based on federal and state requirements. Ms. Blanton was notified on January 3, 2014, that her Medicaid coverage under the Supplemental Security Income (SSI) program ended effective February 1, 2014. Individuals who receive SSI are automatically eligible for Medicaid; however, when their SSI ends, their Medicaid must also end.

On March 3, 2014, Ms. Blanton's SSI was reinstated effective February 1, 2014; therefore, her Medicaid eligibility was reinstated.

If you have additional questions regarding the Medicaid program, you may contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at 803-898-3967.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

John R. Supra
Deputy Director

JRS:j