

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jupra</i>	DATE <i>8-13-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000073</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Lynch</i> <i>Cleared 8/27/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-22-13</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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES
CHAIRMAN, PERSONNEL SUBCOMMITTEE
FOREIGN AFFAIRS
EDUCATION AND THE WORKFORCE
HOUSE REPUBLICAN POLICY

Congress of the United States
House of Representatives

COUNTIES:
AIKEN
BARNWELL
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

RECEIVED

AUG 13 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

August 12, 2013

Ms. Jennifer Lynch
Constituent Services
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Ms. Iva B. Stenson
249-52-6473

Dear Ms. Lynch,

I am writing to you on behalf of a constituent who has contacted me regarding an issue involving her elderly sister-in-law. The family would like to see if there may be any programs which may be of additional help. A copy of the correspondence is enclosed for your convenience.

Your kind assistance would be greatly appreciated. Please respond to Ms. Laura Howell at our Midlands District Office at 1700 Sunset Blvd., Suite 1, West Columbia, South Carolina 29169, or laura.howell@mail.house.gov. The phone number is 803-939-0041. The fax number is 803-939-0078.

It is an honor to represent the people of the Second Congressional District of South Carolina, and I value your input. If I may ever be of assistance to you, please do not hesitate to contact me.

Very truly yours,



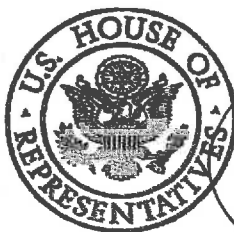
JOE WILSON
Member of Congress

JW/lh

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0078

2229 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
www.joewilson.house.gov

AIKEN OFFICE:
828 RICHLAND AVENUE WEST
SUITE 300
AIKEN, SC 29801
(803) 642-6416
FAX: (803) 642-6418



SISTER-IN-LAW:
IRIS BOUKNIGHT
772-1774

CONGRESSMAN JOE WILSON

Second District of South Carolina

Privacy Release

Consent for Release of Personal Records by Executive Agencies

To Whom It May Concern:

I have sought assistance from the Office of Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Name of Agency: _____

IVA B STENSON
Name (please print)

2-22-22
Date of Birth

112 DRURY LANE
Address (MAILING)

COLUMBIA SC 29212-3202
City Zip

249-52-6473
Social Security Number

E-mail Address

803-772-1774
Telephone Number - Home

Telephone Number - Cell

Iva B. Stenson
Signature

8-5-13
Today's Date

Please briefly explain your concern (use the back if necessary):

Iva's income from Social Security ^{Monthly} \$1354.00
Rent (1B Guest Home) \$1500.00
Banker Life Supplement \$325.05
Medicare Rx Drug Insuranc \$40.70
Drugs \$140.00 - \$200+ ^{monthly}

Does not get enough to cover necessities.

Congressman Joe Wilson (SC-02)
1700 Sunset Boulevard, Suite 1 | West Columbia, SC 29169
Phone: (803) 939-0041 | Fax: (803) 939-0078

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Congress of the United States

House of Representatives

Auto
Return
to
Congress
U.S. House of
Representatives
Washington, DC
20515-4002

*Thanks for all
your help.*

July 26, 2013

Ms. Iris M. Bouknight
112 Drury Lane
Columbia, SC 29212-3200

Dear Ms. Bouknight,

Thank you for contacting my office with your concerns. I certainly regret the difficulties that you are experiencing. I will be happy to try to assist you with your problem.

However, due to the Privacy Act of 1974, I will need your sister-in-law's written permission to look into this matter for you. Therefore, I am enclosing a consent form that will give me the authorization that I need to be of assistance in this matter. Please ask her to complete the form, sign it and mail it to me in the enclosed envelope.

I look forward to hearing from you in the near future. It is an honor to represent the people of the Second Congressional District, and I value your input.

*SISTER-IN-LAW
(CONTACT PERSON)*

Very Truly Yours,

Joe Wilson

JOE WILSON
Member of Congress

JW/LH

*I received forms
from OSS to fill
out and am
sending them in
today also. They
(OSS) said she
gets \$20 too much
for help!*

*Iris M. Bouknight
sister-in-law
112 Drury Lane
Columbia, SC
29212-3200*

ANDLANDS OFFICE:
1700 SUNSET BLVD. (RJS 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0073

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www.joewilson.house.gov

TOLL FREE 1-888-331-1442

Phone 803-772-1774

J B GUEST HOME
An Assisted Living Facility by SCAD Consultants USA, LLC

Admission Medical Examination

Name of Resident: Ira B. Stenson Age: 89 Sex: F

ALLERGIES: _____

Uses: ☒ Walker ☐ Cane ☐ Wheelchair ☐ None

1. General Diagnosis: Depression, Glaucoma, GERD, Hypertension, HBP, Hyperlipids, Asthma

2. Any contagious or infectious disease? ☒ No ☐ Yes, explain below

3. Any conditions or habits which would adversely affect the well-being of the resident or other residents in the facility? ☒ No ☐ Yes, explain below

4. Is this person able to self-administer medication? ☒ No ☐ Yes

5. Does this person have the ability to engage in light, specially designed, low level Geriatric exercise? ☐ No ☒ Yes

6. Is this person ambulatory; able to enter and exit the facility unassisted? ☐ No ☒ Yes

7. Does this person require the daily care of a registered or licensed practical nurse? ☒ No ☐ Yes

8. Diet: ☒ Regular ☐ Regular - no added salt ☐ Regular - no concentrated sweets

9. The Assistant Living Facility provides room, board, medication administration, assistance with all ADL's, meals, and snacks. Degree of personal care provided is less than that provided to skilled care nursing facilities. Based on your examination, can this person be adequately cared for in an Assisted Living Facility? ☐ No ☒ Yes

10. Please attach a list of all medications, dosage, route, and times of administration. Signed physician orders or signed prescriptions for each medication is required.

Physician's Signature

Date

Address

Telephone Number

COLUMBIA EYE CLINIC, P.A.

OPHTHALMOLOGY

1920 Pickens Street • Columbia, SC 29201 • 803-779-3070
 Hwy. 378 at Palmetto Park Boulevard • Lexington, SC 29072 • 803-806-0080
 100 Summit Centre Drive • Columbia, SC 29229 • 803-252-8566
 TOLL FREE 1-800-922-6057
 www.columbiaeyeclinic.com

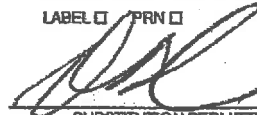
Hal H. Crosswell, Jr., M.D.
 William A. Johnson, M.D.
 William Cain, Jr., M.D.
 William F. Crosswell, M.D.
 Lynn Hicks Snoddy, M.D.

Edward G. Mintz, M.D.
 R. Mitchell Newman, Jr., M.D.
 Charles D. Finley, M.D.
 H. Holland Crosswell, III, M.D.

Gamer J. Wild, M.D.
 William A. Johnson, Jr., M.D.
 Derek L. Barker, M.D.
 D. Reynell Harder Smith, D.O.

For Iva Stenson Age _____
 Address _____
 Date 8/2/13
 Rx

Legally Blind both eyes
Permanent

REFILL 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NR ☐LABEL ☐ PRN ☐


DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

R05-12/2007

Iva B. Herson

J B Guest Home
(PO Box 278, Polson SC 29123-0278)

Income \$ 1354

→ Social Security

Outgoing - monthly

Rent \$1500

Drugs \$140 \$200+

Rx Medicare Ins \$ 40.70

Bankers Life \$ 325.05
MediGap

as of
August 1,
2013

Plus her personal items and clothes

Thanks for Amy and all the help!!

by Iris M. Banknight
sister in law

112 Drury Lane
Columbia, SC 29212-3200

Phone 772-1774

Also for Sister

Joyce Bates
2700 Bush Rd - B1
Columbia SC 29210
Phone 750-1117

Congress of the United States
House of Representatives
Washington, DC 20515-4002

OFFICIAL BUSINESS

PRINTED ON RECYCLED PAPER

Joe Wilson
M.C.

RECEIVED

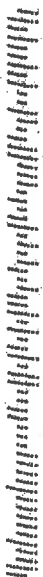
AUG 19 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Jennifer Lynch
Constituent Services
S.C. Dept. of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206



2920238206 B044



August 27, 2013

Ms. Laura Howell
Midlands District Office
1700 Sunset Blvd., Suite 1
West Columbia, SC 29169

Dear Ms. Howell:

Congressman Joe Wilson asked that our Agency respond directly to you regarding Ms. Iva B. Stenson's application for Medicaid benefits.

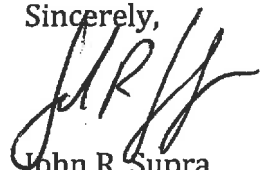
Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet income guidelines. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses.

Ms. Stenson's application for Medicaid's Optional State Supplementation (OSS) Program was denied, because her income exceeded the allowable limit of \$1,293 monthly. She has a pending application for Nursing Home assistance which is being reviewed for an eligibility determination. Ms. Carolyn Roach in our Office of Member Relations will monitor the processing of the application.

If Ms. Stenson's authorized representative, Ms. Iris Bouknight, has any questions regarding the application process or Medicaid Program, she may contact Ms. Roach and she will be happy to assist her. Ms. Roach can be reached at (803) 898-3967.

We appreciate your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,


John R. Supra
Deputy Director and CIO

JRS:j