

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>11/14/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000173</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Beck, Lynch</i> <i>cleared 11/26/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11/21/13</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.			

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



522B Blatt Building
P.O. Box 11867
Columbia, SC 29211

Tel. (803) 734-3115

Committees:

Ways and Means, 3rd V.C.
Transportation and Regulatory
Subcommittee, Chairman
Revenue Policy
Invitations & Memorial Resolutions

House of Representatives

State of South Carolina

November 12, 2013

Mr. Anthony Keck, Ex. Director
POB 8206
SC Dept. of Health and Human Services
Columbia, SC 29202-8206

Dear Mr. Keck:

I write on behalf of Ms. Ora Barrett Lowe, (information enclosed) who upon divorce took her maiden name Barrett back. Her children's names are Savannah Lowe, ID 1780910639, and Cheyanne Lowe, ID 4781426387.

Ms. Ora Barrett received a notice from your agency stating that her children had been terminated from Medicaid services, benefits, and their Supplemental Nutrition Assistance Program, "SNAP" and temporary assistance for needy families has been terminated. Ms. Barrett contacted the agency and was informed that it was a mistaken disqualification of her children and the children's benefits had been reinstated. As of October 25, when the children were taken for services, they were told that the Medicaid was not active and had not been reinstated as of that date.

On April 1, Cheyanne became sick and she was taken to the Aiken Regional ER, for high fever and seizure, and was told at that time that Medicaid was inactive. Ms. Barrett states she has contacted the Aiken DHHS office numerous times either by phone or in person and was informed that everything was okay. Apparently, according to Ms. Barrett, this is not the case.

Ms. Barrett also states in her letter that her left breast is very painful and awakes her at night and she lost her father to cancer and Ms. Barrett has also applied for Medicaid and is not employed. She is, by trade, a certified dental assistant and worked for twenty-one years as a dental assistant. She currently receives SNAP benefits, which were recently cut. She is very concerned about her left breast and has no insurance to receive medical care. Please look into her situation and get back to me as soon as possible.

Sincerely,

A handwritten signature in dark ink, appearing to read "Roland Smith", written over a horizontal line.

J. Roland Smith

RECEIVED

NOV 14 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JRS/vhr/2013nov12

Enclosure

cc: Ms. Ora Barrett, 175 Cemetery Road, Warrenville, SC 29851-2923

RECEIVED

NOV 14 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

11-5-13

Dear Mr. Smith,

My name is Ora Barrett.

I am writing you due to no response from medicaid. I have been trying to get medicaid on my self since May of 2013. I have been to the Aiken medicaid office and have filled out the paper work and haven't heard anything back from medicaid. My reason for applying for medicaid is due to my left breast. In May 2013, I noticed itching and discomfort in my left breast. The pain has become worse. It wakes me up at night and this concerns me very much. I have recently divorced and I have 2 small children; Savanna Lowe age 5 and Cheyanne Lowe age 2. At my divorce, I recieved full custody of my 2 children. They also "were" suppose to have medicaid coverage. However, my youngest daughter Cheyanne (1) got very sick with her tonsils back in April. I took her to Aiken Regional ER due to a high fever she had. My daughter also went into a seizure at the ER.

due to her fever getting so high. I was told at the ER Both of my Childrens medicaid was inactive. I called medicaid about this matter. Medicaid told me I would receive some paper work to fill out and mail back to them. I never received any papers to fill out, however I did receive a letter from medicaid stating that my Childrens medicaid should not have been terminated and they mistakenly terminated my Childrens Medicaid. They stated the error had been corrected and their benefits had been restored. On October 25th my oldest daughter had a appointment for booster shots at the Aiken County Health dept. At her appointment, I was once again told both of my Childrens medicaid was inactive. Since then I have continued to get this matter handled. I have been to the Medicaid office 3 times, I've called 2 times and I have applied online. I also have been looking for work Sir. I am 38 yrs. old and a graduate from midlandvalley Highschool. I am

a EKG Tech. and I am a Certified Dental Assistant. I have 21 yrs in Dental Assisting. I am currently receiving Snap benefits and they recently got cut. I have no income coming in at all. I am very, very concerned about my breast Mr. Smith. I need to seek medical attention for this as soon as possible. I am all my 2 little girls have sir. In order to receive the proper medical attention, I need insurance. My father, J. O. Barrett passed away 10 yrs. ago due to cancer. He was diagnosed and passed 25 days after he found out he had cancer. It was devastating to me sir. Please Mr. Smith if there is anyway you can help me with this matter do so. I am desperate sir about my breast and would greatly appreciate your help with this. I have inclosed the letter I recieved from medicaid stating their mistake on my children sir. It's addressed to Ora Lowe, which was my married name. As in

my letter above I am divorced and
I went back to my maiden
name, which is Ora Barrett. Mr.
Smith, feel free to call me if you
need to at (803) 663-4007. My add.
is 175 Cemetery rd. Warrenton, S.C.
29851. Thank you so much for any
thing you can do to help me receive
some ^{Answers} ~~questions~~ and/or Medicaid Sir.

God Bless,
Ora Barrett

**Notice of Benefits Correction
Partners for Healthy Children (PHC)**

AIKEN COUNTY DHHS
P. O. Box 2748
Aiken SC 29802-2748

Date: 08/29/2013
BG#: 92218257
HH#: 100172058



0101004160

0001 0000416 Single-Piece



ORA LOWE
175 CEMETERY RD
WARRENVILLE SC 29851-2923

In April 2013, you may have received a letter from SCDHHS stating that your child's/children's Medicaid eligibility had been terminated. Your child/children's case should not have closed at that time.

Based on information you provided to the Department of Social Services and your child's current eligibility for Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF), we normally can determine Medicaid benefits. However, due to a system error, we mistakenly terminated your child/children's eligibility. We have now corrected this error, and your child/children's Medicaid case has been re-opened and their benefits have been restored.

Benefits will continue for the person(s) listed below:

Beneficiary Name

SAVANNA LOWE
CHEYANNE LOWE

Beneficiary ID

1780910639
4781426387

We apologize for this inconvenience. If you have any questions, please call 1-888-549-0820.

You must inform us within 10 days at 1-888-549-0820 if anyone listed above has a change of address.

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**Notice of Benefits Correction
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Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 > Columbia, SC 29202

www.scdhhs.gov

November 26, 2013

The Honorable J. Roland Smith
Member, SC House of Representatives
183 Edgar Street
Warrenville, SC 29851

Dear Representative Smith:

Thank you for contacting our Agency regarding Medicaid eligibility on behalf of the family of Ms. Ora Barrett.

Ms. Carolyn Roach in our Office of Member Relations has been in contact with Ms. Barrett regarding her family's Medicaid eligibility. If Ms. Barrett has questions regarding the 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, Jr.
Deputy Director

JRS:j

