

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>6-26-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER  <i>000677</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleand 7/2/08, attu</i> <i>a4thacke D.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-8-08</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.			

FAX COVER SHEET



S. C. HOUSE OF REPRESENTATIVES  
COMMITTEE ON EDUCATION AND PUBLIC WORKS  
FAX # (803) 734-2827

DATE: June 26, 2008

TO: Medicaid Eligibility Office  
ATTN: Lena

FROM: Julie Lybrand

FAX NUMBER: 255-8235

PHONE NUMBER:

PAGES: 3

MESSAGE:

Lena.

Representative Walker has received another request for assistance that I believe is something your office might best look into. Any information or assistance you can provide his constituent will be very much appreciated.

Thank you,

Julie Lybrand  
Research Assistant

IF YOU DO NOT RECEIVE ALL OF THE SHEETS INDICATED, PLEASE  
CONTACT THE COMMITTEE ON EDUCATION AND PUBLIC WORKS  
AT (803) 734-3053.

Postmark 6/9/08

Bob Walker

My name is Laura R. Davis  
I was ~~acc~~ getting SSI and medicad  
they give it to me and take it  
away and give it back and Take it  
away again. My doctors name is  
Doctor Mark A. Lyeask, I have to  
get EGD with banding every 6 months  
But now I can't pay for it. My  
husband not been with me sence  
may 2<sup>nd</sup> 2008. I was wandering if  
you could help me I really need  
the medicad my SS# is 258-53-7818  
my address is 736 O Henry Dr INMAN  
SC 29349 my phone# is 864-472-6989  
[ if I can keep it on if it is off  
my mothers # is 864-599-8767, If you  
could help soon because I am about  
out of my meds. I would be out  
if I took them every day I would  
be out. I need to be able to  
go to the doctor and get some  
refills on my meds, I have diabetes  
and non acholic chirros of the livers  
I don't know what else to do ]

But worry about having another  
Bleed out and bleeding to death  
#0 if you could me and my son  
would both be grateful

THANKS

Laura R. Davis  
Laura R. Davis

736 D Henry Dr  
Inman SC 29349



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

*Log # 677*  
*✓*

Mark Sanford  
Governor

Emma Forkner  
Director

July 2, 2008

Ms. Laura R. Davis  
736 O Henry Drive  
Inman, South Carolina 29349

Dear Ms. Davis:

Representative Robert E. Walker asked our agency to respond to your concerns about Medicaid eligibility.

I am pleased to inform you that you continue to receive Medicaid under the Supplemental Security Income (SSI) program. Medicaid benefits are available automatically to individuals who are SSI eligible.

Our records indicate that your SSI benefits are inconsistent because whenever there is a 5<sup>th</sup> week in a month the Social Security Administration (SSA) assumes your husband receives an additional income check and terminates your SSI payment. Your Medicaid benefits have not been affected. If there is a change in your Medicaid benefits the South Carolina Department of Health and Human Services will send a separate notification. The SSA governs the rules and guidelines of the SSI program. If you have any questions about the amount of your monthly SSI payments, please call 1-800-772-1213.

We have also enclosed information about our Lifeline Assistance Program. This program assists South Carolina residents in paying a portion of their residential telephone bill. For more information about the Lifeline Assistance Program, please call (803) 737-5234. If you have additional questions about Medicaid, please contact Bob Liming at (803) 898-2621. I hope this information is helpful to you.

Sincerely,

Alicia Jacobs  
Acting Deputy Director

AJ/coll

Enclosure



*Log #677*

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

Mark Sanford  
Governor

Emma Forkner  
Director

July 8, 2008

The Honorable Robert E. Walker  
South Carolina House of Representatives  
P O Box 11867  
Room 429, Blatt Building  
Columbia, South Carolina 29211

Dear Representative Walker:

Thank you for referring Ms. Laura R. Davis to our agency with her concerns regarding Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Davis and we were pleased to address her questions and concerns regarding the Medicaid program.

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 blue ink, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/jcoll