

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>6-24-08</i>
---------------------	------------------------

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>Claudia 7/2/08, Dittus</i> <i>a. H. H. H. H. H.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-8-08</i> DATE DUE _____ <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. Lyeaski, 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 2nd 2008. I was wandering if you could help me I really need the mediacd 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 aohos chirros of the livers. I dont know what else to do

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

THANKS

Kaura R. Davis
Janna R. Davis

736 D Henry Dr
Inman SC 29349



State of South Carolina
Department of Health and Human Services

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 5th 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,

A handwritten signature in blue ink that reads "Alicia Jacobs".

Alicia Jacobs
Acting Deputy Director

AJ/coll

Enclosure

Log # 677



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 that reads "Emma Forkner".

Emma Forkner
Director

EF/jcoll