

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs/Lawley	9/17/09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000135	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 9/24/09
2. DATE SIGNED BY DIRECTOR Emma Jacobs Cleared 9/23/09, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature 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.			

JIM DEMINT
SOUTH CAROLINA

CHAIRMAN
SENATE STEERING COMMITTEE
340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

COMMITTEES:
BANKING, HOUSING, AND
URBAN AFFAIRS
COMMERCE, SCIENCE AND
TRANSPORTATION
FOREIGN RELATIONS
JOINT ECONOMIC

OFFICE OF SENATOR JIM DEMINT

105 N. SPRING STREET, SUITE 109
GREENVILLE, SC 29601

PHONE: (864) 233-5366

FAX: (864) 271-8901

FACSIMILE TRANSMITTAL SHEET

TO: <i>Ms Emma Fisher, Director</i>		
COMPANY: <i>SC DALLS</i>	DATE: <i>9/17</i>	
FAX NUMBER: <i>803-255-5235</i>	NO. OF PAGES, INCLUDING COVER: <i>3</i>	
PHONE NUMBER:	SENDER'S PHONE NUMBER:	
	<i>(864) 233-5366</i>	
	SENDER'S FAX NUMBER:	
	<i>(864) 271-8901</i>	
RE: <i>Bentley Appeal</i>		
<input checked="" type="checkbox"/> SETH BLANTON	<input type="checkbox"/> JESSI KNIGHT	<input type="checkbox"/> MARK COTHRAN
<input type="checkbox"/> DANIELLE GIBBS	<input type="checkbox"/> WILL WHARTON	<input type="checkbox"/> DEB BLICKENSTAFF
<input type="checkbox"/> JESSICA SIMPLER	<input type="checkbox"/> SUSAN AIKEN	<input type="checkbox"/> TIM KEESSE

NOTES/COMMENTS:

Please review and advise. I look forward to your response.

Best regards

CHARLESTON
112 CUSTOM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4535

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

09/16/2009 22:36 FAX

SENATOR-DEMINT-GVILLE

002/003

JIM DEMINT
SOUTH CAROLINA

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JOINT ECONOMIC

September 17, 2009

Ms. Emma Forkner

Director

South Carolina Department of Health and Human Services

PO Box 8206

Columbia, SC 29202-8206

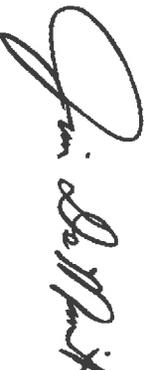
Dear Friend,

I am writing on behalf of my constituent, Tina M. Bentley, about her request for reconsideration of their original denial of benefits. Enclosed is a signed Privacy Act Release for your review.

Mrs. Bentley has informed me of their appeal to your recent denial for benefits. They have sent new information to their case manager to consider, showing the Bentleys' loss of much of their income over the course of 2009. I would greatly appreciate your addressing the questions and concerns mentioned in Mrs. Bentley's correspondence, with respect to governing rules and regulations. I have assured Tina that I would write to emphasize my interest in her case and to help obtain a reply from your office.

Thank you for your help. Please feel free to call Seth of my staff at 864-233-5366 if you have any questions or need additional information. I look forward to your prompt reply to our Greenville office.

Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTON HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

09/17/2009 10:24AM



The Office of U.S. Senator Jim DeMint

Privacy Act Release Form

Please complete the information below and mail or fax this form with any supporting documentation to one of the following three state offices in South Carolina.

Charleston
Senator Jim DeMint
112 Custom House
200 East Bay St
Charleston, SC 29401
P: 843-727-4525
F: 843-722-4923

Columbia
Senator Jim DeMint
1901 Main St
Suite 1475
Columbia, SC 29201
P: 803-771-6112
F: 803-771-6455

Greenville
Senator Jim DeMint
105 North Spring St
Suite 109
Greenville, SC 29601
P: 864-233-5366
F: 864-271-8901

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, Tina Marie Bentley, do hereby authorize Senator Jim DeMint and/or his staff to access the information necessary to assist me.

Signature: Tina Marie Bentley
Name: Tina Marie Bentley
Address: 731 Chesnee Hwy
Spartanburg, SC 29303

Telephone: 864.699.9668
Social Security No.: 460.39.9417

Brief explanation of situation: We are expecting a baby in December 2009 who has several heart defects. We are applying for Medicaid benefits as we do not have maternity insurance and have been denied Medicaid coverage. Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes X No

If Yes, which Member? _____



Shog 0125 ✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 23, 2009

The Honorable Jim DeMint
United States Senate
105 North Springs Street
Suite 109
Greenville, South Carolina 29601

Dear Senator DeMint:

Thank you for contacting our agency on behalf of Ms. Tina Bentley regarding her Medicaid eligibility and healthcare needs.

A member of my staff has been in direct contact with Ms. Bentley. Our Spartanburg County Medicaid Office is currently working with Ms. Bentley, and we will notify her once a decision has been made. She was also given the name and phone number of a staff person in our Constituent Services Division should she have questions in the future.

We appreciate 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 cursive script that reads "Emma Forkner".

Emma Forkner
Director

EF/jlc



September 23, 2009

Ms. Tina Bentley
731 Chesnee Highway
Spartanburg, South Carolina 29303

Dear Ms. Bentley:

US Senator Jim DeMint asked our agency to assist with your questions regarding Medicaid eligibility.

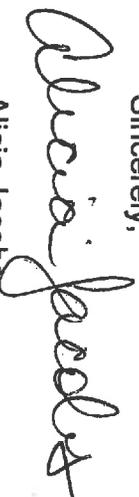
Our records indicate that you applied for Medicaid's Optional Coverage for (Pregnant) Women & Infants (OCWI) program on August 19, 2009. You were assumptively approved for the months of August 1, 2009 through October 1, 2009. Assumptive eligibility is given to pregnant women at the time of application so they may access prenatal care as quickly as possible. Your assumptive eligibility will end on October 1, 2009 because your income exceeded the allowable limit.

Our Spartanburg County Medicaid office is currently reassessing your eligibility for our OCWI program because you stated your household income has changed since your last application. We cannot make an eligibility decision until we receive a statement from your CPA regarding the 2nd quarter wages of 2009. If you have any questions regarding the requested information please contact Ms. Terrell Jones at (864) 596-2714 Ext. 112. Once the income verification is received, we will notify you with our decision.

We have also enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living expenses.

If you have additional questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707. We hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/c