


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Jacobs</i>	DATE <i>10-24-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>100225</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-4-08</i>	
2. DATE SIGNED BY DIRECTOR  <i>Cleaved 11/10/08, letter attached.</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.			

10/22/2008 15:27

803/340799

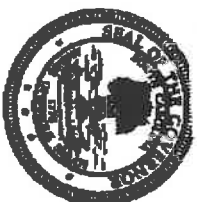
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09:31:50 p.m.

10-23-2008

1/2

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**State of South Carolina**  
**Office of the Governor**

MARK SANFORD  
 GOVERNOR

**RECEIVED**

OCT 24 2008

Department of Health & Human Services  
 OFFICE OF THE DIRECTOR

OFFICE OF EMERGENCY  
 POLICY AND INTERSTATE

**FAX TRANSMITTAL COVER**

DATE:	10/22/08
FAX TO:	Ken
FAX #:	255-8350
FROM:	Denise

*Note -  
 this is  
 sent to  
 255-9350*

Total number of pages:

(including this cover sheet)

If you have any problems receiving this document, please contact:

Office of Constituent Services  
 Post Office Box 12287  
 Columbia, SC 29211  
 TELEPHONE: (803) 734-6046 • FAX: (803) 734-0700

10/24/2008 09:34AM

4/8/22/2008 15:27 8037340799

COMBUDSMAN

PAGE 02

RECEIVED

OCT 24 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTORSouth Carolina Office of the Governor  
ATTN: Governor Mark Sanford  
1206 Pendleton Street  
Columbia, South Carolina 29201Maryle C. Greve  
208 Chetwilde Road  
Irmo, SC 29063

Thursday, October 16, 2008

Dear Governor Sanford,

I am writing on behalf of Jessica Niso who is 17 years old and 28 weeks pregnant. She would have been classified as a senior this year but is currently pursuing her GED and is not working. She lives with her parents and, very much like my daughter's situation, Jessica is without maternity coverage and has been working tirelessly to obtain Medicaid. However, she is continuously denied.

It is very upsetting to know that there are real needs not being met simply because assistance is not readily available to individuals applying for Medicaid. Jessica simply needs some guidance so that she can correctly and completely submit the application. Jessica's parents are not in a financial position to afford the increasing medical costs associated with the pregnancy. ~~Her father, Daniel Niso, has been unemployed since 2001 and her mother, Brenda Niso, has been unemployed since 2001.~~

I, as well as Jessica and her family, would greatly appreciate any assistance you may be able to provide. Jessica may be reached at the following:

Jessica's Cell Phone: 803-680-6822

Father - Daniel Niso - Cell Phone: 803-361-0861

Mother's - Brenda Niso - Cell Phone: 803-361-0862

Boyfriend - Shane - Cell Phone: 803-760-6294

Jessica Niso

100 Huckleberry Court

Irmo, SC 29063

Should you need to reach me you may do so by calling my cell phone at 803-686-8223 or my home at 803-761-0827.

Thank you again for your prompt attention to this matter.

Most Sincerely,

  
Maryle C. Greve

10/24/2008 09:34AM



Log # 0025  
✓

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

Mark Sanford  
Governor

Emma Fortner  
Director

November 10, 2008

Ms. Jessica D. Naso  
100 Huckleberry Court  
Irmo, South Carolina 29063

Dear Ms. Naso:

At the request of Meryle C. Greve, Governor Mark Sanford contacted our agency on your behalf regarding your concerns about the Medicaid application process.

Your most recent application for Medicaid's Optional Coverage for Women and Infants (OCWI) was approved effective October 1, 2008. OCWI offers the full range of Medicaid covered services.

Your previous applications for OCWI were "assumptively" approved for the months of June 1, 2008 through August 1, 2008 and September 1, 2008 through October 1, 2008. Assumptive eligibility is given to pregnant women at the time of application so they may access prenatal care as quickly as possible. These applications were denied and your coverage ended when it was determined that your family income was above the allowable limit and information needed to process your case was not received. Since you were not 18 at the time of application, we were required to include your parents' income in our eligibility determination.

If you have any questions about the Medicaid program, please contact Ms. Jennifer Lynch in Constituent Services at (803) 898-3965. We hope this information is helpful.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs  
Acting Deputy Director

AJ/ccl  
Enclosures