

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>8-28-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000116</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia Jacobs, et al</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-9-08</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

SENATE BANKING AND INSURANCE
SENATOR DAVID L. THOMAS, CHAIRMAN

FACSIMILE TRANSMITTAL SHEET

TO:

Bryan Kost

FROM:

FAX NUMBER:
255-8235

DATE:
August 27, 2008

COMPANY:
Health and Human Services

TOTAL NO. OF PAGES INCLUDING COVER:
2

PHONE NUMBER

SENDER'S REFERENCE NUMBER

REF:

YOUR REFERENCE NUMBER

Medicaid Request Donald McElhannon

- URGENT
- FOR REVIEW
- PLEASE COMMENT
- PLEASE REPLY
- PLEASE RECYCLE

NOTES/COMMENTS:

Bryan,

Please review letter and let us know what you can do for these folks.

T.Hanks!

Sandra

RECEIVED

AUG 28 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

AUG 28 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Rev. Eugene McElhannon
465 Griffin Road
Greenville, S.C. 29607
August 21, 2008

Senator David . Thomas
305 S. Weston Street
Fountain Inn, S.C. 29644

Dear Sir:

I am, writing to you asking help for my son Donald E. McElhannon who lives at 15 Barnhart Lane, Fountain, S.C. Don has been diagnosed with congestive heart failure, kidney failure and liver failure. We have been taking him to MUSC in Charleston. Don is totally disabled and draws Social Security Disability. **WDD**

He was on Medicaid but we have been notified that he is no longer on Medicaid. Without this help he will not be able to get the needed liver transplant. He was terminated as of August first. We got the necessary papers to the Medicaid office in Greenville on July 30, 2008. We were told that the papers would be sent to his case worker. Apparently she didn't get them by August first.

I am asking for your help to get Don reinstated in the Medicaid program. Without a liver transplant my son will die. Please help us in this situation. Thank you for you help.
Don's Medicaid # is 4780700674.

Sincerely Yours,

Rev. Eugene McElhannon

Rev. Eugene McElhannon
Pastor of Emmanuel Praise & Worship Center
619 Fairview Street, Fountain Inn, S.C. 29644

864-967-8309



State of South Carolina
Department of Health and Human Services

Log # 0116

Mark Sanford
Governor

Emma Forkner
Director

September 19, 2008

The Honorable David Thomas
Member, South Carolina Senate
District No. 8 – Greenville County
P. O. Box 142
Columbia, South Carolina 29202

Dear Senator Thomas:

Thank you for referring Reverend Eugene McElhannon to our agency with his concerns about Medicaid coverage for his son, Mr. Donald McElhannon.

A member of our staff has been in direct contact with Reverend McElhannon and his son and we were pleased to address their questions regarding the Medicaid program. We also provided Mr. McElhannon with information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and inpatient hospitalization.

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 black ink that reads "Emma Forkner".

Emma Forkner
Director

EF/jcolc



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 10, 2008

Mr. Donald McElhannon
15 Barnheart Lane
Fountain Inn, South Carolina 29644

Dear Mr. McElhannon:

At the request of your father, Reverend Eugene McElhannon, Senator David Thomas asked our agency to assist with questions concerning your Medicaid eligibility.

Your Medicaid coverage under the Aged, Blind or Disabled (ABD) program ended August 1, 2008 because we did not receive your yearly review form. However, your current monthly income exceeds the allowable limit for the ABD program at this time.

Our Greenville County Office assessed your application for Medicaid's Home and Community Based Services waiver program and found you eligible based on your medical condition, income and resources. However, before you can begin receiving Medicaid benefits you must meet the Federal requirement of a thirty consecutive day waiting period. This waiting period refers to the time an individual must reside in a medical facility or receive home and community-based services. If you have any questions regarding this requirement, please contact Ms. Diane Baker at (864) 454-1074. Once the waiting period has been met, we will notify you.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and inpatient hospitalization. If you have questions about the Medicaid program, please contact Sheila Chavis at (803) 898-2707 or 1-888-549-0820, Ext. 2707 (toll-free). We hope this information is helpful.

Sincerely,

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

Alicia Jacobs
Acting Deputy Director

AJ/colc
Enclosures