

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-23-09</i>
---------------------	-------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100187</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/30/09, Active checked.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-30-09</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.			

Denise Epps - i've got another one that needs to be logged

From: Denise Epps
To: Lena Girgis
Date: 10/22/2009 3:06 PM
Subject: i've got another one that needs to be logged
CC: Jennifer Lynch; Sheila Chavis

i'll bring it up shortly.

inquiry from: cong. wilson's office
regarding: mr. and mrs. miller of gilbert, sc.

normally i go ahead and handle these when they come directly to me, but i'm covered up...

please log it and return to us.

thank you,
denise

RECEIVED

OCT 23 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
RANKING, PERSONNEL SUBCOMMITTEE
FOREIGN AFFAIRS
EDUCATION AND LABOR
HOUSE POLICY

Congress of the United States House of Representatives

October 20, 2009

OCT 22 2009

ELIGIBILITY POLICY
& OVERSIGHT

RECEIVED

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
W. ERIC DELL
CHIEF OF STAFF
AND COUNSEL

Ms. Denise M. Epps
Constituent Services
SC Dept. of Health and Human Services
PO Box 8206
Columbia, South Carolina 29202

RECEIVED

OCT 23 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Mrs. Gail Miller
1004 Spool Wheel Rd
Gilbert, SC 29054

Dear Denise,

I am writing to you on behalf of the above named constituent who has contacted me regarding an issue involving the SC Dept. of Health and Human Services. Enclosed is correspondence from Mrs. Miller further explaining the concerns. Your kind attention in this matter would be greatly appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input. Thank you for your time and concern in this and all other matters.

Please respond to the Midlands District Office at 1700 Sunset Blvd., Suite 1, West Columbia, South Carolina 29169. The phone number is 803-939-0041. The fax number is 803-939-0078. The e-mail address is Brad.Leake@Mail.House.Gov

Very truly yours,



JOE WILSON
Member of Congress

JW:BL

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
Fax: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
Fax: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. Box 1538
BEAUFORT, SC 29901
(843) 521-2530
Fax: (843) 521-2535

TOLL FREE 1-888-381-1442



CONGRESSMAN JOE WILSON

Second District of South Carolina

Privacy Release

Consent for Release of Personal Records by Executive Agencies

To Whom It May Concern:

I have sought assistance from the Office of Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

S.S. ^{Disability} ~~Medical~~ ^{DHHS} ~~Medicare~~ & ~~Medicaid~~

Name of Agency: Gail O. Miller Date of Birth 10-10-56

Name (please print) Gail O. Miller City Gilbert, SC Zip 29054

Address 1004 Spaul Wheel Rd.

250-11-2589

Social Security Number

803-892-4627

Telephone Number - Home

Telephone Number - Cell

Signature Gail O. Miller Today's Date 10-16-09

Please briefly explain your concern (use the back if necessary): I feel that

because I am on disability - that these
agency should not count my husbands S.S.
as part of my income. I have worked all
my life, and father and mother in Medicare, now

that I need help, I feel my state has let me down. I am afraid my condition will get worse and without Medicare + Medicaid it will be too late. Please help me and others who face these kind of problems.

I am only 53 and deserve the right to live as long as I can. Without medical insurance that will not be possible. Thank-you for listening.

My disability: \$950.00
My husband: \$1787.00

~~After~~ The DHHS says we make too much. How can we live on 1737.00 a month, without their services we hardly can anything left at the end of the month.

Sincerely,
Hail O. Miller



Copy # 0187 ✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 30, 2009

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169


Dear Congressman Wilson:

Thank you for contacting our agency on behalf of Ms. Gail O. Miller regarding Medicaid eligibility and her healthcare needs.

A member of my staff has been in direct contact with Ms. Miller to address her questions regarding Medicaid eligibility and the rules and regulations governing the program. 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,


Emma Forkner
Director

EF/jcle

October 30, 2009

Ms. Gail Miller
1004 Spool Wheel Road
Gilbert, South Carolina 29054

Dear Ms. Miller:

United States Congressman Joe Wilson's office contacted our agency on your behalf regarding Medicaid eligibility and your healthcare needs.

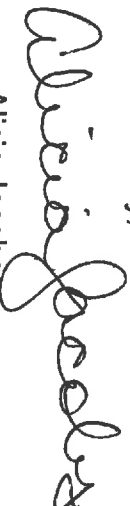
Your Medicaid *Aged, Blind or Disabled* (ABD) application was denied on November 5, 2009, because your income is more than policy allows. The financial requirements for the ABD program are determined by the federal government. When an applicant applies for ABD whose spouse lives in the home and does not receive Supplemental Security Income, the couple's income and resources must be used in determining eligibility.

If you feel your application was denied in error you may contact your Medicaid eligibility worker, Marilyn Roberts in our Lexington County Office, either orally or in writing within 30 days of the date on the denial notice to request a fair hearing. Ms. Roberts may be reached at (803) 785-2930. If you have any questions regarding the appeals process, please contact the Division of Appeals and Hearings at (803) 898-2600.

An alternate health insurance option through Augco Benefits offers a variety of health insurance plans from top-rated insurance carriers. You may wish to look over the enclosed brochure and contact them at 1-866-273-5613 to see if they can be of assistance. Also enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs.

If you have questions about the Medicaid program, please call Denise Epps in Constituent Services at (803) 898-2505. I hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/cle
Enclosures