

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2/2/2009</i>
---------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000416</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>2/9/09</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Sakher</i> <i>Cleared 2/12/09, letter attached.</i>	<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. <i>Also letter dated 2/13/09 to Rep. Scott signed by Emma</i>			
2.			
3.			
4.			

Feb. 2. 2009 2:34PM

RESPECTFULLY REFERRED  
NOT ACKNOWLEDGED*Senator Paul  
Campbell*Congressman Henry Brown  
5900 Core Ave. #401  
N. Charleston, SC 29406*1 803-212-6299*Anna M. Floyd  
256 Amy Drive  
Goose Creek, SC 29445-5971*Rep. Jim Marshall*Re: Anna M. Floyd  
Medicaid ID#4728717701*1-803-734-2925*

Dear Congressman Brown,

I was informed today, January 28, 2009, that my Medicaid coverage will be reduced and it will no longer cover bloodwork or doctor visits. The reason I was given, for this action, stems from the fact that I have been receiving some financial assistance from family members for my living expenses. This was a necessity, due to the fact that I have been unable to pay my monthly expenses without their help.

I am currently undergoing treatment for Multiple Sclerosis at the MUSC in Charleston and am under the care of the Neurology Department. This care consists of a form of Chemotherapy called Novotron which is administered at the Hollings Cancer Center. Prior to and after each treatment, I am required to have bloodwork. I must also have an EKG and an Echo Cardiogram done before each infusion. I am also on several medications which I take on a daily basis.

I have been unable to work since March 2005 and without the help of family members, I have struggled to keep out of debt each month. Because they have assisted me, I am now being penalized by having my coverage reduced. I will be unable to pay for medical bills that will result because of this action.

I am writing to you for assistance with this matter. What can be done to prevent the reduction of my Medicaid coverage? I desperately need this to continue my care for a disease which I have been battling for 13 years (since I was 21).

I was informed of the above decision by my Case Worker, Noel Arnold, at Charleston County DHHS, P.O. Box 13748, Chas., SC 29422-0000, Telephone # 843-740-5968.

Any assistance from your office will be greatly appreciated and I eagerly await your reply.

Sincerely,

*Anna M. Floyd*  
Anna M. FloydOFFICE OF THE DIRECTOR  
SERVICES UNIT & UNIT TO SUPPORT

6002 &amp; 0 BEJ

DETAILED

Feb. 2. 20

Congr  
5900 C  
N. ChNOT REFERRED  
ACKNOWLEDGEDSenator Paul  
Campbell

1-803-212-6299

Rep. Jim Marshall

1-803-734-2925

Anna M. Floyd  
256 Amy Drive  
Goose Creek, SC 29445-5971Re: Anna M. Floyd  
Medicaid ID#4728717701

Dear Congressman Brown,

I was informed today, January 28, 2009, that my Medicaid coverage will be reduced and it will no longer cover bloodwork or doctor visits. The reason I was given, for this action, stems from the fact that I have been receiving some financial assistance from family members for my living expenses. This was a necessity, due to the fact that I have been unable to pay my monthly expenses without their help.

I am currently undergoing treatment for Multiple Sclerosis at the MUSC in Charleston and am under the care of the Neurology Department. This care consists of a form of Chemotherapy called Novantron which is administered at the Hollings Cancer Center. Prior to and after each treatment, I am required to have bloodwork. I must also have an EKG and an Echo Cardiogram done before each infusion. I am also on several medications which I take on a daily basis.

I have been unable to work since March 2005 and without the help of family members, I have struggled to keep out of debt each month. Because they have assisted me, I am now being penalized by having my coverage reduced. I will be unable to pay for medical bills that will result because of this action.

I am writing to you for assistance with this matter. What can be done to prevent the reduction of my Medicaid coverage? I desperately need this to continue my care for a disease which I have been battling for 13 years (since I was 21).

I was informed of the above decision by my Case Worker, Noel Arnold, at Charleston County DHHS, P.O. Box 13748, Chas., SC 29422-0000, Telephone # 843-740-5968.

Any assistance from your office will be greatly appreciated and I eagerly await your reply.

Sincerely,

Anna M. Floyd

Anna M. Floyd

**From:** "fax" <fax@scdhhs.gov>  
**To:** "POLATTYJ@scdhhs.gov" <POLATTYJ@scdhhs.gov>  
**Date:** 2/2/2009 2:35 PM  
**Subject:** Received Fax From: 8032126298  
**Attachments:** DHHSBUREAUOFIT\_0902021937500760.TIF

This message was received via FAXCOM, a product from Biscom Inc. <http://www.biscom.com/>

-----Fax Reception Report-----

Received Time: 02/02/2009 14:37  
Result: OK  
Description: All pages received OK  
Result Code: 0000  
Pages Received: 1  
Remote TSI: 8032126298  
Connect Time: 0 minutes, 50 seconds  
Routing ID: 8235  
Caller ID:  
Unique ID: DHHSBUREAUOFIT\_0902021937500760  
Fax Line: 2  
Fax Server: 127.0.0.1

The fax is included as a TIF image attachment



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

Mark Sanford  
Governor

Emma Forkner  
Director

February 12, 2009

The Honorable Henry Brown  
United States House of Representatives  
5900 Core Avenue, Suite 401  
North Charleston, South Carolina 29406

Dear Congressman Brown:

Thank you for referring Ms. Anna M. Floyd to our agency regarding her Medicaid eligibility and healthcare needs.

A member of our staff has been in direct contact with Ms. Floyd, and we were pleased to address her questions regarding Medicaid eligibility and rules and regulations governing the program.

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, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/jcl

Log 416  
✓



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

Mark Sanford  
Governor

Emma Fokner  
Director

February 9, 2009

Ms. Anna M. Floyd  
256 Amy Drive  
Goose Creek, South Carolina 29445-5971

Dear Ms. Floyd:

Congressman Henry Brown asked our agency to assist with your questions about your Medicaid eligibility.

We are pleased to inform you that your Medicaid benefits will continue under our Aged, Blind or Disabled (ABD) program without a break in coverage. You may use your current Medicaid card immediately for any Medicaid covered services. If you have not already received an approval letter, you will receive one shortly.

We apologize for the inconvenience this process has caused you. If you have additional questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707.

Sincerely,

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

Alicia Jacobs  
Deputy Director

AJ/clc



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

Mark Sanford  
Governor

Emma Forkner  
Director

February 13, 2009

The Honorable Tim Scott  
South Carolina House of Representatives  
1405 Ashley River Rd  
Charleston, South Carolina 29407

Dear Representative Scott:

Thank you for referring Ms. Anna M. Floyd to our agency regarding her Medicaid eligibility and healthcare needs.

A member of our staff has been in direct contact with Ms. Floyd, and we were pleased to address her questions regarding Medicaid eligibility and rules and regulations governing the program.

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, reading "Emma Forkner".

Emma Forkner  
Director

EF/jclc

*Ref. log 0416*  
A large red checkmark.