

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

**ACTION REFERRAL**

TO	DATE
<i>Supra</i>	<i>3-26-13</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <div style="text-align: right; font-size: 1.2em;"><b>000300</b></div>	<input type="checkbox"/> Prepare reply for the Director's signature  DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <div style="font-size: 1.2em;"> <i>cc: Mr. Heck, Post Lynch</i>  <i>Cleared 4/1/13, letter</i>  <i>attached.</i> </div>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature  DATE DUE <i>4-5-13</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.			

**RECEIVED**

MAR 25 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Syglenda Smith Saziru

198 Dobson Heights Rd.

Spartanburg, SC 29307

(864) 921-2112

March 21, 2013

Dear Sir/Madam,

I need your help desperately. My husband, Nathan K. Saziru had a massive stroke in December 2012. He is also in Congestive Heart Failure. He is permanently disabled both physically and mentally. It also left him legally blind. He needs help with everything!!!! This including bathing, feeding, changing his diapers, etc..., and someone must be with him 24/7. I have been asking for help since his getting out of the hospital. I continue to receive no answers. He is truly in need of Medicaid. I am disabled also and our daughter who lives with us is both mental and physically disabled. I need help for him, before my body breaks down from exhaustion. Please help today.

Please write or call me back. My vision is not too good, but you can also e-mail me. Thank you.

Sincerely,

  
Syglenda Smith Saziru

Cc: Director of Medicaid, Senator Lindsey Graham, Rep. Trey Gowdy, Vice President Joe Biden,

Mrs. Sylglenda Smith Saziru  
198 Dobson Heights Rd.  
Spartanburg, SC 29307

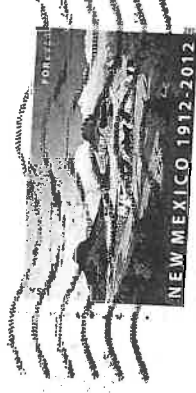
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RECEIVED

MAR 25 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



Attn: Director → Medi cald  
Health & Human Services  
PO Box 8206  
Columbia, SC 29202



April 1, 2013

Ms. Sylglenda Smith Saziru  
198 Dobson Heights Road  
Spartanburg, SC29307

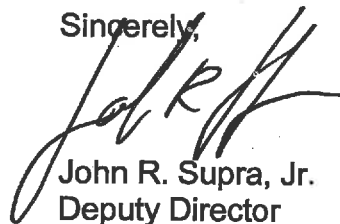
Dear Mrs. Saziru:

Thank you for contacting our Agency regarding Medicaid eligibility and the healthcare needs of your husband, Mr. Nathan Saziru.

I am aware that our Member Relations Leader, Ms. Carolyn Roach, has been in direct contact with you regarding the Home and Community Based Waiver Services (HCBWS) Program. She has informed you that to be eligible for Medicaid benefits through the HCBWS Waiver Program, individuals must meet financial guidelines and the required medical level of care determined by the Community Long-Term Care (CLTC) Office. Ms. Roach has mailed an application for you to complete for your husband at your convenience.

If you have any additional questions regarding the Medicaid program, please contact Ms. Roach at (803) 898-3967. We hope this information proves helpful.

Sincerely,

  
John R. Supra, Jr.  
Deputy Director

JRS:j