

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>3-5-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101374</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-12-10</i>
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cc: Ms. Forkner</i> <i>cleared 3/12/10, letter</i> <i>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.			



FLORENCE ADDRESS
1817 Pineland Avenue
Florence, South Carolina 29501
(843) 667-1152

HUGH K. LEATHERMAN, SR.
SOUTH CAROLINA STATE SENATE
DISTRICT 31, FLORENCE
AND DARLINGTON COUNTIES

111 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6640

COMMITTEES
Chairman, Finance
Chairman, Operations and Management
Ethics
Interstate Cooperation
Labor, Commerce and Industry
Rules
State House
Transportation

RECEIVED

MAR 05 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

March 3, 2010

Emma Forkner, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Ms. Forkner:

I am enclosing herewith a copy of an e-mail that I recently received from my constituent, Cornell Poston, relative to his son's application for Medicaid. I would very much appreciate it if you would ask your staff to contact Mr. Poston and provide him with any assistance possible under the governing statutes and regulations.

As always, thank you for your assistance.

Very truly yours,


Hugh K. Leatherman, Sr.

HKL:dsm

Enclosure

cc: Mr. Cornell Poston

13-P0/1

From: forms@senatorleatherman.com
Sent: Thursday, February 11, 2010 10:03 AM
To: Senate Finance Committee Mailbox
Subject: Contact Form - SenatorLeatherman.com

Contact Form - SenatorLeatherman.com

RECEIVED

MAR 05 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

First Name: Cornell

Last Name: Poston

Email Address: cornellp956@yahoo.com

Mailing Address: 956 Swan Circle

City: Florence

State: South Carolina

Zip Code: 29501

Phone Number: 843-230-2605/230-2604

Comments or Questions: Mr. Leatherman, I have had some Medicaid coverage for my son denied. I have exhausted all routes that I can think of for help. I wondered if I could set an appointment to discuss my case to see if there is anything your office could possibly do. I know your time is valuable, and any assistance will be greatly appreciated. Very respectfully, Cornell Poston

Date Submitted: 2/11/2010

March 12, 2010

Mr. Cornell Poston
956 Swan Circle
Florence, South Carolina 29501

Dear Mr. Poston:

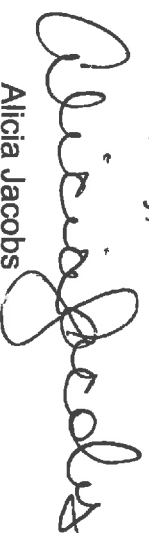
Senator Hugh Leatherman contacted our agency regarding Medicaid eligibility for your son, Calum.

It was recently brought to our attention that Calum resides in the home; therefore, his Medicaid benefits under our Regular Foster Care program will terminate effective April 1, 2010 because he does not meet the eligibility guidelines for this program. We apologize for any confusion this may have caused.

Calum may be eligible for continued Medicaid coverage through another program. Enclosed is information on our Partners for Healthy Children and Healthy Connections Kids programs. If you are interested in applying, please complete the enclosed application and return it to the Florence County Medicaid Office: 2685 South Irby Street, Box 1, Florence, SC 29505. You may also contact them by phone at (843) 673-1761.

If you have additional questions regarding the South Carolina Medicaid program, please contact Jenny Lynch at (803) 898-3965. I hope this information proves helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/rh



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 15, 2010

The Honorable Hugh Leatherman
South Carolina State Senate
District 31, Florence
111 Gressette Senate Office Building
Columbia, South Carolina 29202

Dear Senator Leatherman:

Thank you for contacting our agency on behalf of Mr. Cornell Poston regarding Medicaid eligibility for his son, Calum.

A member of my staff has been in direct contact with Mr. Poston regarding Medicaid eligibility and the rules and regulations governing the program. He was also given the name and phone number of a staff person in our Constituent Services Division should he 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,

A handwritten signature in blue ink, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jh