

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>9-23-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000139	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 9-30-10		
2. DATE SIGNED BY DIRECTOR <i>Cleared 9/27/10, [Signature]</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			



House of Representatives

State of South Carolina

RECEIVED

SEP 23 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Log. JACOBS

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

519-B Blatt Building
Columbia, SC 29211
Tel. (803) 734-3114

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Economic Development,
Capital Improvement and Other Taxes
Ways and Means Public Education and
Special Schools Subcommittee, Chairman
Ways and Means Proviso
Ways and Means Revenue Policy
School Bus Specification Committee

September 22, 2010

The Honorable Emma Forkner, Director
SC Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

RE: Ms. Angela Prather, 141 Carter Street, Warrenville, SC 29851 (803-380-9086-home and 803-226-5009-cell), SSN: 527-33-8961

Dear Ms. Forkner:

I am writing this letter on behalf of my constituent, Ms. Angela M. Prather, who has serious back problems. Due to the lack of insurance and money, she cannot have the major surgery necessary to give her relief.

Ms. Prather has applied for disability, as well as Medicaid. I would appreciate it if your office would look in this matter and determine if there is any way to expedite her case.

If I can provide any additional information pertaining to this request, please feel free to contact me. Thank you for your assistance in this matter.

Sincerely,

J. Roland Smith
J. Roland Smith

JRS/dkh/2010sept22-3

cc: Ms. Angela Prather, 141 Carter Street, Warrenville, SC 29851



Log # 137

September 27, 2010

Ms. Angela Prather
141 Carter Street
Warrenville, South Carolina 29851

Dear Ms. Prather:

Representative Roland Smith asked our agency to assist with questions concerning Medicaid eligibility and your healthcare needs.

Your application for Medicaid's Aged, Blind or Disabled (ABD) program was received on August 31, 2010 and is currently under review to determine if you meet the disability criteria. Medicaid uses the same disability guidelines as the Social Security Administration when determining eligibility for it's ABD program. Once a decision is made, your eligibility worker, Ms. Verta Johnson, will notify you.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, inpatient hospitalization and daily living expenses. If you have questions about the Medicaid program, please contact Ms. Jenny Lynch in Constituent Services at (803) 898-3965. I hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/jgl
Enclosures



Log # 1307

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 4, 2010

The Honorable J. Roland Smith
South Carolina House of Representatives
P.O. Box 11867
519-B Blatt Building
Columbia, South Carolina 29211

Dear Representative Smith:

Thank you for contacting our agency on behalf of Ms. Angela Prather regarding her Medicaid eligibility and healthcare needs.

A member of our staff has been in direct contact with Ms. Prather to address her questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. She was also provided with contact information for a Constituent Services staff member should she need assistance in the future.

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 cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/fjg1