

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

ACTION REFERRAL

TO <i>Hutto</i>	DATE <i>6-24-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000423</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 7-11-14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-7-14</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.			

RECEIVED

JUN 24 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Dept of Social Services Information Dept ,

My name is Johnny Sutton and I am an inmate of S.C. Dept of Corrections. I have been qualified for Medicaid. I am very interested in getting in contact with the Dept that is in charge of Medicaid. I have some questions about some of the things that is or is not covered under the MEDICAID PROGRAM. Could you please advise me as to the proper person or Dept. that I need to address about Medicaid .

I thank you in advance for your assistance in this matter.

Johnny Sutton 178557

Kershaw 1161 , Lee C. I.

990 Wisacky HWY

Bishopville, SC 29010

29202152020



THE DEPARTMENT OF CORRECTIONS HAS NOT CENSORED
THIS ITEM. THEREFORE, THE DEPARTMENT DOES NOT
ASSUME RESPONSIBILITY FOR ITS WRITTEN CONTENTS.

LEE CORRECTIONAL INSTITUTE
80 DEPARTMENT OF CORRECTIONS



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Log #423



Nikki Haley
Anthony Keck
P.O. Box 8206 Columbia, SC 29207
www.scdhhs.gov

July 11, 2014

Mr. Johnny Sutton, #178557
Dorm: Kershaw 1161
Lee Corrections Institution
990 Wisacky Highway
Bishopville, SC 29010

Dear Mr. Sutton:

Thank you for contacting our Agency for information regarding Medicaid benefits during your incarceration at the South Carolina Department of Corrections.

While you are an inmate of a correctional facility, you are only eligible for inpatient hospital services. If you are admitted for an inpatient hospital stay and assign a prison representative, you and the prison representative may apply for benefits at that time.

We hope the above information will be helpful. If you have questions, please contact us at (803) 898-2635 and someone will be happy to assist you.

Sincerely,

Beth Hutto
Deputy Director for Eligibility,
Enrollment & Member Services

BH:jr