

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

**ACTION REFERRAL**

|                        |                        |
|------------------------|------------------------|
| TO<br><i>Singleton</i> | DATE<br><i>4-11-08</i> |
|------------------------|------------------------|

| DIRECTOR'S USE ONLY  |  | ACTION REQUESTED   |  |
|--|--|--|--|
| 1. LOG NUMBER<br><br><i>000530</i>   |  | <input checked="" type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE <i>4-18-08</i>  |  |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>Cleaved 4/18/08, letter attached.</i> |  | <input type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE _____<br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><input type="checkbox"/> Necessary Action |  |

| APPROVALS<br>(Only when prepared for director's signature) | APPROVE | * DISAPPROVE<br>(Note reason for disapproval and return to preparer.) | COMMENT |
|--|---------|---|---------|
| 1.   |         |   |         |
| 2.   |         |   |         |
| 3.   |         |   |         |
| 4.   |         |   |         |



House of Representatives  
Washington, DC 20515

BOB INGILIS  
4TH DISTRICT, SOUTH CAROLINA

SCIENCE AND TECHNOLOGY  
FOREIGN AFFAIRS

April 7, 2008



APR 11 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Emma Forkner  
State Director  
SC Dept of Health and Human Services  
PO Box 8206, 1801 Main Street  
Columbia, SC 29202-8206

Dear Ms. Forkner:

I am writing on behalf of my constituent, Della L. Whitt, about her allegation of Medicaid fraud. Enclosed is a copy of her letter for your review.

I would greatly appreciate your addressing the questions and concerns mentioned in Della's correspondence with respect to your agency's governing rules and regulations. I have assured Della that I would write to emphasize my interest in her case and to help obtain a reply from your office.

Thank you, in advance, for your help and please feel free to call Dwayne Hatchett of my Spartanburg office if you have any questions or need further information. Dwayne can be reached at 864-582-6422.

I look forward to hearing from you soon.

Sincerely,

Bob Inglis  
Member of Congress

BI/dh

Enclosure

cc: Della L. Whitt

WASHINGTON, DC  
380 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
PHONE: (202) 225-6035  
FAX: (202) 225-1177

SPARTANBURG, SC  
464 EAST MAIN STREET, SUITE E  
SPARTANBURG, SC 29302  
PHONE: (864) 582-6422  
FAX: (864) 575-6276  
COLUMBIA, SC  
PHONE: (864) 477-6100  
WWW.HOUSE.GOV/INGILIS

GREENVILLE, SC  
105 NORTH SPRING STREET, SUITE 111  
GREENVILLE, SC 29601  
PHONE: (864) 232-1141  
FAX: (864) 232-2160

MEMO 1

Mr. Bot. Anglin

I want to thank you for  
calling me back like you said  
you would. I am going to  
send you some paper to let  
you know what I am talking  
about. My mother

She has money from 7 with  
Citizens Band where her  
before my brother and sister  
told her into taking it  
and putting in their names.  
My mother were divorced  
with my sister is now.  
The 2/28/02. The

money were took out of  
her home 07/15/2002.  
when they put her in  
the nursing home they  
got to get that and I would  
the money there now  
as

MEMO

2

Mama had all this money  
in the C.D's  
she had about 12.000.000  
at the Clubbing in the  
left, actually they  
took out of the 13 and  
before the put her on  
Medicaid

she worked in the  
mill at General Electric  
she had 401k.

she had one more her  
was a Power of att.

Roger & his wife took  
over everything the  
day my Brother died  
and took money and  
all up to his house.

The money was in  
Rennie 80. and  
Roger Wade 80. and after  
Rennie died they put it in the  
Sipary

# MEMO

3

Rosen Dale Sperry S.A.  
He lives in Danville S.C. Spencer Rd  
Midland Wm Sperry  
Union S.C. Berry Farm Rd  
8 mile 7 age road  
Deep Water Rd Union  
Peggy Henderson.  
108 1/2 Ave St Danville S.C  
Will Adams. He lives  
off Lantana Hwy Pee Ridge Rd.

The reason they are mad  
at me is cause I  
agreed with my mother  
saying my Brother has  
some leukemia a car  
accident with his legs  
burned off and what  
he did the fence went  
to his son Ronnie Jr.

MEMO

4

if

When they put name,  
it Ellen Susan Manning  
Rosen Dale - Mollard Sping  
and Shirley got together  
and checked her  
checking account which  
were about

2000.00

My sister Peggy told me this  
Mama had about 10 or 12  
other insurance policies &  
don't know who they went to

what I would like  
to see that all are  
made to pay this money  
back to Medicaid

if they cannot find  
any thing at Governor's  
Bank they please put  
it Another State Bank  
in Union

MEMO

Went to Nursing Home Aug 26  
Book

Rosen Dale Street  
Spencer Rd Geneva

Midland Street  
Berry Farm Rd Union

Shiley Moss  
Deep Water Rd Union

Peggy Henderson  
Geneville St 108 Hannie St

Gail Adams

This is like all got the money

UCI 28 2007

County Registrar

## STATE BIRTH NUMBER

13. DEEDENDOR'S LEGAL NAME (include &K&L if any). (First, Middle, Last)

|  |  |   |  |  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|---|--|--|--|--|--|
| 1. NAME OF DECEASED<br><b>Marv Pearl Lipsey</b>  |  | 2. AGE LAST BIRTHDAY<br><b>91</b>   |  | 3. AGE UNDER 1 YEAR<br><b>Months</b>   |  | 4. UNDER 1 DAY<br><b>Hours</b>  |  | 5. DATE OF BIRTH<br><b>04/22/1915</b>  |  | 6. BIRTHPLACE (City and State or Foreign Country)<br><b>Female 251-28-7665</b>   |  |
| 7a. RESIDENCE STATE<br><b>S.C.</b>   |  | 7b. COUNTY<br><b>Union</b>  |  | 7c. CITY OR TOWN<br><b>Union</b>   |  | 7d. STREET AND NUMBER<br><b>1817 Jonesville Hwy.</b>  |  | 7e. APT. NO.<br><b>29379</b>   |  | 7f. ZIP CODE<br><b>29379</b>   |  |
| 8. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 9. MARITAL STATUS AT TIME OF DEATH<br><input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown |  | 10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)<br><b>Ada Matthe Sanders</b>  |  | 11. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)<br><b>Ada Matthe Sanders</b>  |  | 12. CITY OF BIRTH<br><b>Union</b>  |  | 13. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| 13a. INFORMANT'S NAME<br><b>Roger Lipsey</b>   |  | 13b. RELATIONSHIP TO DECEASED<br><b>Son</b>   |  | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br><b>322 Spencer Rd. Jonesville, S.C. 29353</b>   |  | 14. PLACE OF DEATH (Check only one - see instructions)<br><input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL<br><input checked="" type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL<br><input type="checkbox"/> Home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify) _____ |  | 15. FACILITY NAME (If institution, give street and number)<br><b>Ellen Sage Nursing Home</b>   |  | 16. CITY OF TOWN STATE AND ZIP CODE<br><b>Union, S.C. 29379</b>  |  |
| 18. METHOD OF DISPOSITION<br><input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) _____            |  | 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)<br><b>gilead Baptist Church Cemetery</b>  |  | 20. NAME AND ADDRESS OF FUNERAL HOME<br><b>Holcombe Funeral Home, Inc. 310 W. South St. Union, S.C. 29379</b>  |  | 21. LICENSE NUMBER (or Facility)<br><b>29379</b>  |  | 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT<br><b>[Signature]</b>   |  | 23. EMBALMER LICENSE NUMBER<br><b>2657</b>   |  |
| 24. DATE PRONOUNCED DEAD (MM/DD/YYYY)<br><b>03-02-2007</b>   |  | 25. TIME PRONOUNCED DEAD<br><b>9:06 PM</b>  |  | 26. DATE SIGNED (MM/DD/YYYY)<br><b>March 2, 2007</b>   |  | 27. TIME SIGNED<br><b>9:06 PM</b>   |  | 28. SIGNATURE OF DEATH (Specify Month)<br><b>March 2, 2007</b>   |  | 29. CAUSE OF DEATH (See instructions and examples)<br><b>Chronic Abdominal Pain</b>  |  |
| 30. DATE OF INJURY (Specify Month)<br><b>March 2, 2007</b>   |  | 31. TIME OF INJURY<br><b>4:15 PM</b>  |  | 32. DATE OF INJURY (Specify Month)<br><b>March 2, 2007</b>   |  | 33. TIME OF INJURY<br><b>4:15 PM</b>  |  | 34. DATE OF INJURY (Specify Month)<br><b>March 2, 2007</b>   |  | 35. TIME OF INJURY<br><b>4:15 PM</b>   |  |
| 36. DATE OF INJURY (Specify Month)<br><b>March 2, 2007</b>   |  | 37. TIME OF INJURY<br><b>4:15 PM</b>  |  | 38. DATE OF INJURY (Specify Month)<br><b>March 2, 2007</b>   |  | 39. TIME OF INJURY<br><b>4:15 PM</b>  |  | 40. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)<br><b>Home</b>   |  | 41. INJURY AT WORK/PLAY?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 42. LOCATION OF INJURY: State<br><b>S.C.</b>   |  | 43. CITY OR TOWN<br><b>Union</b>  |  | 44. ASSESSMENT NUMBER<br><b>29379</b>  |  | 45. ZIP CODE<br><b>29379</b>  |  | 46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER<br><b>[Signature]</b>  |  | 47. NAME OF CERTIFIER<br><b>[Signature]</b>  |  |
| 48. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)<br><b>801 W. Main St. Union S.C. 29379</b>   |  | 49. LICENSE NUMBER<br><b>29379</b>  |  | 50. DATE CERTIFIED (MM/DD/YYYY)<br><b>04/03/2007</b>   |  | 51. FOR REGISTRAR ONLY: DATE FILED (MM/DD/YYYY)<br><b>04/03/2007</b>  |  | 52. NAME OF CERTIFIER<br><b>[Signature]</b>  |  | 53. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER<br><b>[Signature]</b>  |  |
| 54. IF TRANSPORTATION INJURY, SPECIFY:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____ |  | 55. IF TRANSPORTATION INJURY, SPECIFY:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____  |  | 56. IF TRANSPORTATION INJURY, SPECIFY:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____ |  | 57. IF TRANSPORTATION INJURY, SPECIFY:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____  |  | 58. IF TRANSPORTATION INJURY, SPECIFY:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____ |  | 59. IF TRANSPORTATION INJURY, SPECIFY:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____ |  |



# First Citizens Bank

Member F.D.I.C.

## Certificate of Deposit Book Entry Receipt

### Payee(s):

RONNIE E LIPSEY SR  
ROGER D LIPSEY SR  
328 SPENCER RD  
JONESVILLE, SC 29353

Account No. 754116998886

Date 07/15/2002 Branch 443

Interest Rate: 3.92 APY: 4.00

Type: Automatically Renewable

Amount: \$72,335.59

Term: 24 Months

Interest Payment Frequency: Annually

Maturity Date: 07/15/2004

Interest Payment Method: Compound to CD

Patty Morrison  
Authorized Signature

### Early Withdrawal Penalties

Any withdrawal prior to maturity will be permitted only with our consent which must be obtained at the time the request for early withdrawal is made. The advance consent and penalty provisions (outlined below) will not apply in the following situations: (1) death or mental incompetence of depositor; (2) request for withdrawal of accrued interest or interest paid to CD (if any) during the current term; (3) request to close a Convertible-CD ninety (90) days after opening/renewal to purchase another Convertible CD or 12-Month or greater CD, for the same or greater principal amount.

We reserve the right to charge a substantial bank penalty if you withdraw any portion of the principal amount of a CD prior to maturity. If the penalty amount exceeds the amount of accrued interest, a reduction in principal may be necessary to meet the penalty requirement. The following penalty provisions will apply to the principal amount withdrawn prior to maturity:

- \* for CDs with a term of 12 months or less, the penalty is three months' simple interest.
- \* for CDs with a term greater than 12 months, the penalty is six months' simple interest.

Refer to the CERTIFICATE OF DEPOSIT DISCLOSURE for additional terms, conditions, and disclosures.

# First Citizens Bank



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

April 18, 2008

The Honorable Bob Inglis  
House of Representatives  
330 Cannon House Office Building  
Washington, DC 20515

Dear Congressman Inglis:

Thank you for your letter on behalf of your constituent, Ms. Della L. Whitt. Please be assured that we will investigate this allegation, and will also seek recovery of any Medicaid funds if we determine they have been inappropriately paid. To this end I have forwarded Ms. Whitt's complaint to our Division of Program Integrity and our Estate Recovery Department.

I truly appreciate your support of the South Carolina Medicaid program.

Sincerely,

A handwritten signature in cursive script, reading "Emma Forkner".

Emma Forkner  
Director

EF/ssm