

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>8-25-06</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000172</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-1-06</i>
2. DATE SIGNED BY DIRECTOR <i>Sen Jim DeMint's letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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. <i>Cleared 9/22/06, letter attached.</i>			
2.			
3.			
4.			

Phone: 803-734-2804  
Fax: 803-734-9142

*Dog-Ries*  
*"Kathy's Sign"*

**Rep. Joseph H. Neal  
South Carolina House  
of Representatives**

# Fax

To: *Robbie Keer*

From: *Joe Neal*

Fax: *255-8235*

Date: *8-25-06*

Phone: *898-2500*

Pages: *2*

Re:

CG:

☒ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

•Comments:

*Attention: Linda*

**RECEIVED**

AUG 25 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

*Thanks for your help.*  
*Joe*

**RECEIVED**

AUG 25 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



**JIM DEMINT**  
SOUTH CAROLINA

DEPUTY MAJORITY WHIP

340 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-6121  
demint.senate.gov

**United States Senate**

August 30, 2006

*Ref. Log #172*  
COMMITTEES:  
COMMERCE, SCIENCE AND  
TRANSPORTATION

ENVIRONMENT AND PUBLIC WORKS  
SPECIAL COMMITTEE ON AGING  
JOINT ECONOMIC COMMITTEE

**RECEIVED**

SEP 01 2006

Mr. Robert M. Kerr  
Director  
Department Of Health And Human Services  
PO Box 8206  
Columbia, SC 29202-8206

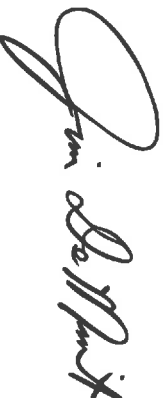
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

I am writing to refer a matter involving my constituent, Annie R. Smith, and her request for assistance obtaining Medicaid benefits from the Department of Health and Human Services. Enclosed is a copy of her letter for your review.

I would greatly appreciate your responding directly to *her* about this issue. I have informed Mr. Kerr that I would refer her to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.  
Sincerely,



Jim DeMint  
United States Senator

**CHARLESTON**  
112 CUSTOMS HOUSE  
200 EAST BAY STREET  
CHARLESTON, SC 29401  
(843) 727-4525

**GREENVILLE**  
105 NORTH SPRING STREET  
SUITE 109  
GREENVILLE, SC 29601  
(864) 233-5366

**COLUMBIA**  
1901 MAIN STREET  
SUITE 1475  
COLUMBIA, SC 29201  
(803) 771-6112

DHHS

213 Woodcote Dr.  
Hastings, SC, 29853-  
August 21, 2006 8479

Dear Sirs;

I need help real bad, I have been on Dialysis around 7 years, and my son Paul just build a house and, took me and my husband in. His name is Paul. He is almost 81 years old, he have Altimera and prostate cancer, it takes what he get to clean up behind him, and, my son have two teen ages, it takes what he get to take care of them.

I lost my medicail, and, I need it real bad! I do not have a ride to Dialysis. I owe thousands of Dollars to Dialysis and, Richland Hospital, I owe a lot for oxygen, Lexington Hospital, in Columbia, S.C., Lexington Medical Center in Sumner, S.C.

Please, please help me, I need help, real, real bad,  
your truly,

Annice K. Smith



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

September 22, 2006

Mrs. Annie R. Smith  
213 Woodcote Drive  
Gaston, South Carolina 29053

Dear Mrs. Smith:

US Senator Jim DeMint and SC Representative Joe Neal asked our agency to assist you with your concerns about your healthcare needs.

Your Medicaid coverage under the Aged, Blind or Disabled program ended because your monthly income exceeds the allowable limit of \$1,069 for a family of two. However, you are covered under Medicaid's Specified Low Income Medicare Beneficiary program that pays your monthly Medicare Part B premium of \$88.50. We are reviewing your application for the Home and Community Based Services waiver program, and we have also mailed your husband an application for this program.

You receive Medicare benefits that cover a portion of your dialysis services and pay for other healthcare services. You expressed concern about transportation services to your treatments, and we mailed you a list of charitable organizations in Richland and Lexington Counties that may be able to help. You may also want to contact local churches or civic groups in your community to see if they could assist.

We contacted Midtown Dialysis Center on your behalf to discuss other options to help meet the cost of your treatments. Ms. Missy McCawley has assured us that she will be pleased to explore all available options to assist with your costs. She can be reached at 803-771-0107.

I hope this information proves helpful in meeting your healthcare needs.

Sincerely,

Gary Ries  
Deputy Director

GR/joh

172 ✓



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

October 19, 2006

The Honorable Joseph H. Neal  
Member, South Carolina House of Representatives  
Post Office Box 5  
Hopkins, South Carolina 29061

Dear Representative Neal:

Thank you for contacting us regarding the healthcare needs of Mrs. Annie Smith.

The current income limit for the Aged, Blind or Disabled Medicaid program is \$1100 for a family of two. If the family's income exceeds this level, the applicant would be ineligible.

We have been in contact with Mrs. Smith and mailed her an application for our Home and Community Based Services waiver program, which has different eligibility requirements. This program covers individuals who need nursing home care but who choose to stay at home. Furthermore, Mrs. Smith's provider has agreed to work with her to explore other payment options to assist in meeting the remaining cost of her treatments. We also mailed material on possible sources of transportation assistance for her medical appointments.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. Kerr".

Robert M. Kerr  
Director

RMK/joh

Office of the Director

P.O. Box 8206 • Columbia, South Carolina 29202-8206  
Phone (803) 898-2504 • Fax (803) 255-8235

<b>LEGISLATIVE LOG #</b>	0172
<b>LEGISLATOR/INQUIRER</b>	Representative Joseph H. Neal/ Rcvd inquiry from Demint also on 9/5
<b>CONSTITUENT</b>	Annie K. Smith
<b>SSN</b>	
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	8/25/2006
<b>DATE DRAFT DUE GR</b>	8/31/2006

<b>LOG LETTER DUE DATE</b>	9/1/2006
<b>DATE REFERRED TO BC</b>	8/25/2006

Robby  
Deirdra + I chatted about  
this one. She indicates  
this is about as far as we  
can go without a release.  
Basically, the husband  
started getting a pension  
which knocked them off.  
\$8000 GPR

Date	Staff Person	Phone #	Action Taken
8/25/2006	Jan	8-2502	Jacobs box.
8/28/2006	Jill	8-3936	To Mark (10:30am)
8/28/2006	Valerie	83103	Reviewed MEDS. Contacted Mrs. Smith. Her Medicaid just terminated because their income is more than policy allows. Her husband is now receiving a pension payment that put them over the limit. She is on Medicare and needs help with her dialysis bills and transportation to treatment. Prepared draft. Gave to Mark for review.
9/5/2006	Valerie	83103	Recvd inquiry from Jill (Demint also received a copy of this letter from Ms. Smith.)
9/5/2006	Mark		To Gary
9/12/2006	Denise	8-2505	Made edit to Valerie's response letter from DeMint which is going to 11th Floor today for Robby's signature.
9/13/2006	Jan	8-2502	Folder to Gary
9/14/2006	Jan	8-2502	Back to AJ w/Questions...
3/14/2006	Jill	8-3936	Gave to Alicia (4pm)
9/15/2006	Mark	8-2749	Rec'd returned log from Alicia with ? from Gary.
9/15/2006	Mark		spoke to Deirdra - only real violation is disclosing Medicare eligibility. But she also offered some ideas on improving future letters.
9/15/2006	Mark		given to Valerie to explore HCBS
9/19/2006	Valerie		Spoke to eligibility worker, Bonte Osborne. Ms. Smith has a pending application for HCBS. Mr. Osborne is waiting on a level of care and 30 consecutive days for Ms. Smith. I mentioned to the worker that Mr. Smith may also be a candidate for HBCS as well, he tried to contact them by phone and also sent an application to Mr. Smith.
9/19/2006	Jill	8-3936	Brought to 11th floor (4:25pm)
9/20/2006	Jan	8-2502	To Gary - 10/2 Gary taking to depts for rk sign
10/2/2006	Jan	8-2502	Back to Mark for additional information to Neal Ltr
10/3/2006	Mark		Back to Gary for discussion w Robby
10/5/2006	JAN		Back to Mark for edits
	Jenny		Edits completed. To Gary.

#### CHECKLIST

Family Size   
Income/Resources

#### Other Resources:

Communicare   
FQHCs

#### Programs:

ABD	(32)	<input type="text"/>
Foster Children	(31,60)	<input type="text"/>
General Hospital	(14)	<input type="text"/>
HCBSWS	(15)	<input type="text"/>
LIF	(59)	<input type="text"/>
MBCCP	(71)	<input type="text"/>
Nursing Home	(10)	<input type="text"/>
OSS	(85,86)	<input type="text"/>

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/31/06  
 MEDSPROD RECIPIENT INFORMATION ACTION:  
 MEMBER PERIOD START: 02/11/06 END: PAGE: 0001  
 NAME: SMITH ANNIE R HH NAME: SMITH PAUL  
 RCP NUMBER: 7327244701 HH NUMBER: 100711454 ACTION TYPE: MAINTENANCE  
 SSN: 249-62-8268 VC: V APL STATUS: ACTION DATE: 11/03/05  
 PRIMARY INDIVIDUAL: APL CO: 32  
 213 WOODCOTE DRIVE WORKER ID: MMCKE LOCATION: 001  
 SSCN: 249628268A RRN:

GASTON SC 29053-  
 CORRECT RCP NUMBER: \_\_\_\_\_  
 DOB: 10/27/1929 DOD:  
 TPL INSURANCE: N RELATION: SPOUSE  
 LIV ARRANGEMENT: HOME INCOME TRUST:  
 PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
S NUMBER	ELIG	ELIG						LEVEL	NUMBER
09014698	11/01/2005		48	10	LIMITED	N	N	1.23	
73272447	05/01/2001	11/01/2005	32	10	FULL	Y		1.75	
	09/01/2000	05/01/2001	32					1.75	
	09/01/1999	09/01/2000	32			Y		1.75	
	04/01/1999	09/01/1999	32					1.75	

UPDATED: USER ID: MICHA DATE: 01/31/05 SYSTEM ID: BUY1000 DATE: 11/16/05  
 PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV  
 PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

Missy McCawley  
 waiver  
 insurance  
 coverage

Missy McCawley  
 Social workers  
 at Midtown  
 771-0107

AEHDMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/29/06  
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 02/11/06 END:

NAME: SMITH ANNIE R HH NAME: SMITH PAUL

RCP NUMBER: 7327244701 HH NUMBER: 100711454 ACTION TYPE: MAINTENANCE

SSN: 249-62-8268 VC: V APL STATUS: ACTION DATE: 11/03/05

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 10/27/1929 AGE: 76 SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: MEDICARE COVERAGE(Y/N): Y 249628268A

SEX: F FEMALE RACE: 02 AFRICAN AMER SS CLAIM NUMBER(Y/N): Y 249628268A

REL: S01 SPOUSE RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: M MARRIED PROVIDER NAME:

STUDENT STATUS: GRADE: ADMISSION DATE:

PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): Y RSP(Y/N): CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: 05/01/1986 VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): Y

VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G

US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): N

UPDATED: USER ID: DATE: SYSTEM ID: TTR1004 DATE: 08/06/06

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

4EDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/29/06  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 08 / 2005 THRU: \_ / \_ PAGE: 2 OF 3

HH NAME: PAUL SMITH HH NUMBER: 100711454

BG NUMBER: 73272447 CATEGORY: ABD ACTION TYPE: MAINTENANCE

BG: C BGP: C WKR: MMCKE MARGARET LESLIE ACTION DATE: 10/21/05

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 1877.00 COUNTABLE RESOURCES: 5630.00

INCOME LIMIT: 1069.00 RESOURCE LIMIT: 6000.00

POV-LVL: +1.75 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 10/21/05

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 10/22/06

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) \_ CONTINUE BENEFITS? (Y/N): \_  
APPEAL REQUEST DATE: \_ COUNTY DECISION UPHELD? (Y/N): \_

UPDATED: USER ID: MMCKE DATE: 10/20/05 SYSTEM ID: ELD3000 DATE: 10/21/05

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

EDHMS4 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/30/06  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 02/11/06 END: PAGE: 0001

NAME: SMITH ANNIE R HH NAME: SMITH PAUL

RCP NUMBER: 7327244701 HH NUMBER: 100711454 ACTION TYPE: MAINTENANCE

SSN: 249-62-8268 VC: V APL STATUS: ACTION DATE: 11/03/05

PRIMARY INDIVIDUAL: APL CO: 32 WORKER ID: MMCKE LOCATION: 001

213 WOODCOTE DRIVE SSCN: 249628268A RRN:

RACE: 02 SEX: F MARITAL STATUS: M

TPL INSURANCE: N RELATION: SPOUSE

DOB: 10/27/1929 DOD:

GASTON SC 29053- LIV ARRANGEMENT: HOME INCOME TRUST:

CORRECT RCP NUMBER: PROVIDER:

BG	BEG	END		BENEFITS	QMB	RETRO	% OF POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	09014698	11/01/2005		48	10	LIMITED	N	N	1.23	
-	73272447	05/01/2001	11/01/2005	32	10	FULL	Y		1.75	
-		09/01/2000	05/01/2001	32					1.75	
-		09/01/1999	09/01/2000	32			Y		1.75	
-		04/01/1999	09/01/1999	32					1.75	

UPDATED: USER ID: MICHA DATE: 01/31/05 SYSTEM ID: BUY1000 DATE: 11/16/05

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV  
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

MEDELDD00 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 08 / 2006 THRU: \_\_\_\_ / \_\_\_\_ PAGE: 1 OF 3

HH NAME: PAUL SMITH HH NUMBER: 100711454  
 BG NUMBER: 79346778 CATEGORY: MAOWV QCAT: \_\_\_\_ ACTION TYPE: MAINTENANCE  
 BG: P BGP: P WKR: BOSBO BONTE OSBORNE ACTION DATE: 08/31/06

REQUIREMENTS ANNIE S PAUL S  
 APPLYING: A NA  
 CITIZENSHIP: P N/A  
 RESIDENCY: P N/A  
 SSN: P N/A  
 PREGNANCY: N/A  
 AGE: P N/A  
 RELATIONSHIP: N/A  
 IDENTITY: P N/A  
 DISABLED/BLIND: P N/A  
 ASSIGNMENT OF RIGHTS: P N/A  
 REFERRAL TO OTHER BENEFITS: P  
 LIVING ARRANGEMENTS: N/A  
 UPDATED: USER ID: BOSBO DATE: 08/31/06 SYSTEM ID: \_\_\_\_ DATE: \_\_\_\_  
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND  
 PF1->HELP PF3->NEXT SCR PF5->HH MBR DTL PF6->RETURN PF10->MENU PF13->FIELD HELP  
 PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST+

MEDEL001 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/18/06  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 DATES-FROM: 08 / 2006 THRU: / PAGE: 2 OF 3  
 HH NAME: PAUL SMITH HH NUMBER: 100711454  
 BG NUMBER: 79346778 CATEGORY: MAOWV ACTION TYPE: MAINTENANCE  
 BG: P BGP: P WKR: BOSBO BONTF OSBORNE ACTION DATE: 08/31/06  
 COUNTABLE BG MEMBERS:         
 COUNTABLE INCOME:        COUNTABLE RESOURCES: 0.00  
 INCOME LIMIT: 0.00 RESOURCE LIMIT: 0.00  
 POV-LVL: +.00 % HLTH INS PREM: 0.00  
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
 MEETS NON-FINANCIAL? (Y/N) :        ACT ON DECISION COMPLETE? (Y/N) :         
 MEETS INCOME? (Y/N) :        DECISION ACCEPTED DATE:         
 MEETS RESOURCES? (Y/N) :        NEXT REVIEW DATE:         
 MEETS OTHER CONDITIONS? (Y/N) :        ANTICIPATED CLOSURE DATE:         
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:       

ELIGIBILITY DECISION APPEALED? (Y/N)        CONTINUE BENEFITS? (Y/N) :         
 APPEAL REQUEST DATE:        COUNTY DECISION UPHELD? (Y/N) :         
 UPDATED: USER ID: BOSBO DATE: 08/31/06 SYSTEM ID:        DATE:         
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND  
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

*251-28-5571 - sent email to worker 9/18/06  
 Bonte Osborne regarding  
 the status.*

**From:** Bonte I Osborne  
**To:** Valerie Hollis  
**Date:** 9/19/2006 9:08 AM  
**Subject:** Re: Paul Smith

I have called this morning and left a message for Mrs. Smith to call me. I will try again in another hour. In the meantime I have sent out an application.

Bonte I. Osborne , MA  
Human Service Specialist II  
Optional State Supplement (OSS)  
Phone: 803-741-1165 ext 143  
Fax: 803-741-9475

>>> Valerie Hollis 09/19/06 8:21 AM >>>  
Will you please let me know something after you speak with them. I really appreciate your help with this. Thanks

>>> Bonte I Osborne 9/18/2006 5:00 PM >>>  
I will call them in the morning and see and I will send out an application just in case.

Bonte I. Osborne , MA  
Human Service Specialist II  
Optional State Supplement (OSS)  
Phone: 803-741-1165 ext 143  
Fax: 803-741-9475

>>> Valerie Hollis 09/18/06 4:56 PM >>>  
In her letter, she mentions that her husband has Alzheimer's and prostate cancer and it sounds like he may also be a candidate for MAOWV. Can we contact him/her and see if he would also like to apply?

>>> Bonte I Osborne 9/18/2006 4:47 PM >>>  
Good afternoon,  
I do not have a MAOWV application for Mr. Smith. I did receive one for Mrs. Smith on August 21, 2006. I am currently waiting on a level of care for the client and 30 consecutive days. Mr. Smith is active in a SLMB2 case that is currently in a review status awaiting the return of the review form.

Bonte I. Osborne , MA  
Human Service Specialist II  
Optional State Supplement (OSS)  
Phone: 803-741-1165 ext 143  
Fax: 803-741-9475

>>> Valerie Hollis 09/18/06 4:30 PM >>>  
Hi Bonte,

Can you tell me the status of Mr. Smith's MAOWV application? His wife wrote a letter to a few legislators and I'm trying to prepare a response. His social is 251-28-5571. Thanks for your help.

Valerie Hollis  
SC Dept of Health and Human Services  
Bureau of Eligibility Policy and Oversight  
Disability Determinations Supervisor  
(803) 898-3103

**JIM DEMINT**  
SOUTH CAROLINA

DEPUTY MAJORITY WHIP

340 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-6121  
demint.senate.gov

## United States Senate

August 30, 2006

*Reg. # 172*  
COMMITTEES  
COMMERCE, SCIENCE AND  
TRANSPORTATION

ENVIRONMENT AND PUBLIC WORKS  
SPECIAL COMMITTEE ON AGING  
JOINT ECONOMIC COMMITTEE

**RECEIVED**

SEP 01 2006

Mr. Robert M. Kerr  
Director  
Department Of Health And Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

I am writing to refer a matter involving my constituent, Annie R. Smith, and her request for assistance obtaining Medicaid benefits from the Department of Health and Human Services. Enclosed is a copy of her letter for your review.

~~\*~~ I would greatly appreciate your responding directly to her about this issue. I have informed Mr. Kerr that I would refer her to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.  
Sincerely,

*Jim DeMint*

Jim DeMint  
United States Senator

*Denise -  
this was in Alicia's  
box for the 11th floor  
to see it,  
I wanted you to put it in the  
box for her.  
file "*

*pls put w/109.*

CHARLESTON  
112 CUSTOMS HOUSE  
200 EAST BAY STREET  
CHARLESTON, SC 29401  
(843) 727-4525

GREENVILLE  
105 NORTH SPRING STREET  
SUITE 109  
GREENVILLE, SC 29601  
(864) 233-5366

COLUMBIA  
1901 MAIN STREET  
SUITE 1475  
COLUMBIA, SC 29201  
(803) 771-6112

DHHS

213 W. Woodstock, DR.  
Haddon, S.C. 29853-  
August 21, 2006 8479

Dear Sir:

I need help real bad, I have been  
in Dialysis around 7 years, and my  
son Paul just build a house and, took  
me and my husband in. His name is Paul,  
he is almost 81 years old, he have Alzheimers  
and prostate cancer, it takes what he get  
is clean up behind him, and my son  
have two teen ages, it takes what  
he get to take care of them.

I lost my medications, and I need it  
real bad, I do not have a ride to  
Dialysis. I live thousands of Dollars  
to Dialysis, and, Richland Hospital, I have  
a lot of syngens, syngens needles in  
Columbia, S.C., Washington Medical Center  
in Summerville, S.C.

Please, please help me, I need help, real,  
Real and

Yours truly,  
Dorrie R. Smith