

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Supra</i>	<i>3-9-12</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100359</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-19-12</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Steck, Post, Lynch Closed 3/29/12, 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.			
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

March 7, 2012

**RECEIVED**  
MAR 09 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Anthony E. Keck, Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, South Carolina 29201

Dear Dr. Keck:

I am enclosing herewith a copy of a letter that I recently received from my constituent, Mrs. Nella Hancock. As you can see, Mrs. Hancock is unable to afford all of her prescriptions after paying her monthly bills. I would very much appreciate it if you would ask someone on your staff to contact Mrs. Hancock to determine if there is any way to assist her with her medications.

As always, thank you for your assistance.

Very truly yours,

  
Hugh K. Leatherman, Sr.

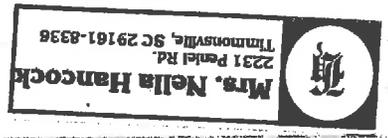
HKL:dsm

Enclosure  
cc: Mrs. Nella Hancock

I am on night min 1892  
 year all under's lady trying to  
 live on my hundred and twenty  
 eight (\$6.28) dollars a month  
 and finding it impossible. Please  
 help me -  
 tried to get disability but  
 was refused and had to get a  
 lawyer. Had a had that  
 kind of money I wouldn't need  
 any help with bills -  
 can't hear, can't see, can't  
 walk without aids. That's terrible  
 and other problems that require  
 lots of medicine which I am  
 having to cut back on. I live  
 alone. I hope you will see your  
 influence and get me some help -  
 tried and tried but when you  
 get old no one seems to care

with what I have - My savings  
 all about gone. Take only in -  
 because have broken as I can't  
 afford any medicine, I had you for all your  
 consideration in this my  
 problem -  
 Sincerely,  
 Nella Hancock

Ell  
 Would call but can't under-  
 stand even the phone well -  
 Thank again -



IWS

RECEIVED

MAR 09 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

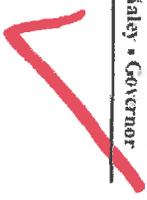
Anthony E. Keck, Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, South Carolina 29201

HUGH K. LEATHERMAN, SR.  
SENATOR, DISTRICT 31  
P. O. BOX 142  
COLUMBIA, SOUTH CAROLINA 29202





log # 359



March 29, 2012

The Honorable Hugh Leatherman, Sr.  
South Carolina Senate  
111 Gressette Senate Building  
Columbia, South Carolina 29202

Dear Senator Leatherman:

Thank you for contacting the South Carolina Department of Health and Human Services on behalf of Mrs. Nella Hancock regarding her healthcare needs.

Based on the information in her letter, Ms. Hancock may qualify for Medicaid assistance. We mailed her the appropriate application to complete and return in order for us to determine eligibility. If eligible, in addition to Medicaid coverage, her Medicare Part B monthly premium would also be paid by Medicaid.

As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing medical information without the client's written consent. If Ms. Hancock would like us to share more detailed information with your office, she would need complete and sign the enclosed an Authorization to Disclose Health Information form.

We appreciate your continued interest and support of the South Carolina *Healthy Connections* Medicaid program. Please let me know if I may be of further assistance on this or any other matter.

Sincerely,

Anthony E. Keck  
Director

AEK/sl  
Enclosure



Log # 359

March 30, 2012

Ms. Nella Hancock  
2231 Penial Road  
Timmonsville, South Carolina 29161

Dear Ms. Hancock:

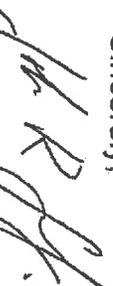
Senator Hugh Leatherman contacted the South Carolina Department of Health and Human Services on your behalf regarding Medicaid eligibility and your healthcare needs.

Based on the information in your letter, it appears you may qualify for Medicaid through our Aged, Blind or Disabled (ABD) program. The ABD program offers full coverage Medicaid that would be secondary to your Medicare coverage. If eligible, your Medicare Part B monthly premium payment would also be covered rather than being deducted from your social security check each month.

To apply, please complete the enclosed application and return it to the Florence County Medicaid Office: 2685 South Irby Street, Box 1, Florence, SC 29505. You can speak to an eligibility worker directly at (843) 673-1761.

Please let me know if I can be of further assistance to you.

Sincerely,

  
John R. Supra, Jr.  
Deputy Director

JS/I  
Enclosure