

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO <i>Hutto</i>	DATE <i>8-4-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000039</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kost, Lynch</i> <i>cleared 8/18/14, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-13-14</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.			

**J. Roland Smith**  
District No. 84 - Aiken County  
183 Edgar Street  
Warrenville, SC 29851

**Committees:**

Ways and Means, 3rd V.C.  
Transportation and Regulatory  
Subcommittee, Chairman  
Revenue Policy  
Invitations & Memorial Resolutions



**House of Representatives**  
State of South Carolina

522B Blatt Building  
P.O. Box 11867  
Columbia, SC 29211

Tel. (803) 734-3115

**RECEIVED**

JUL 31 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 30, 2014

**Mr. Anthony Keck**  
Executive Director  
SC Dept. of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

**Re: Ms. Edith L. Ford, SSN: 246-32-2452, DOB: 10/6/26**  
228 Riverbend Drive, Beech Island, SC 29842-7316  
Daughter's Telephone Number: 803-827-1438

**Dear Director Keck:**

I am writing on behalf of Ms. Edith L. Ford. She resides behind her daughter, Sandra Trull, whose address is 226 Riverbend Drive, Beech Island, SC 29842-7316. Please use her daughter's telephone number to contact her.

On March 18, 2014, Ms. Ford filed for Medicaid to assist with medical expenses and, unfortunately, a decision has not been made. She is in dire need of a pacemaker and without Medicaid, will not be able to have the surgery. I would greatly appreciate any assistance you can give in this matter.

If I can provide additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "J. Roland Smith".

J. Roland Smith

JRS/afc/2014jul30-1

cc: Ms. Sandra Trull, 226 Riverbend Drive, Beech Island, SC 29842-7316

**Representative J. Roland Smith**  
Member, SC House of Representatives  
183 Edgar Street  
Warrenville, SC 29851

COLUMBIA  
SC 2990  
30 JUL '14  
PM 11

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JUL 31 2014

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

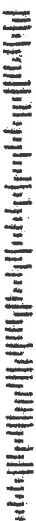
**Mr. Anthony Keck**  
Executive Director  
SC Dept. of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

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07/30/2014  
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Log # 00039



Nikki Haley  
Anthony Keck

P.O. Box 8206 · Columbia, SC 29202  
www.scdhhs.gov

August 18, 2014

The Honorable J. Roland Smith  
SC House of Representatives  
183 Edgar Street  
Warrenville, SC 29851

Dear Representative Smith:

Thank you for contacting our Agency regarding Medicaid eligibility on behalf of Ms. Edith Ford.

Ms. Carolyn Roach in Member Relations has been in direct contact with Ms. Ford's daughter, Ms. Sandra Trull, regarding her mother's Medicaid application. If she has additional questions, she may contact Ms. Roach and she will be happy to assist her. Ms. Roach can be reached at (803) 898-3967.

We appreciate your continued interest and support of the South Carolina Healthy Connections 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 that reads "Elizabeth B. Hutto".

Elizabeth B. Hutto, Deputy Director  
Eligibility, Enrollment & Member Services

BH:j

August 18, 2014

Ms. Sandra Trull  
226 Riverbend Drive  
Beech Island, SC 29842-7316

Dear Ms. Trull:

Representative J. Roland Smith contacted our Agency on behalf of your mother's, Ms. Edith Ford, application for Medicaid benefits.

Our records indicates you applied for your mother on March 18, 2014. We sincerely apologize for the delay in processing her application.

Unfortunately, your mother's monthly gross income of \$1,118.00 is above the allowable limit of \$973.00 to qualify for Medicaid's Aged, Blind or Disabled program. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses. Her income is within the limits for the Specified Low Medicare Beneficiaries (SLMB) program. Under SLMB, Medicaid pays her Medicare Part B premium of \$104.90 monthly. Your mother was approved for the SLMB program effective March 1, 2014. Within 30-45 days, she should receive a reimbursement for her Medicare premiums paid since March 2014.

If you have additional questions regarding the Medicaid program, you may contact Ms. Carolyn Roach in Member Relations and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

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,



Elizabeth B. Hutto, Deputy Director  
Eligibility, Enrollment & Member Services

EBH:j