

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

EA

ACTION REFERRAL

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



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

Tel. (803) 734-3115

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

House of Representatives
State of South Carolina

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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

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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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Log # 00039 ✓



Nikki Haley
Anthony Keck
P.O. Box 8206 · Columbia, SC 29202
www.scdhha.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,

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