

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>7-9-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000018</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia M/24/08, L. H. O. Attache D.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-18-08</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.			



RECEIVED

JUL 09 2008

House of Representatives

State of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

July 7, 2008

Loy Jacobs
Appro Sign

519-B Blatt Building
Columbia, SC 29211
Tel. (803) 734-3114

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Property Tax
Ways and Means Public Education and
Special Schools Subcommittee, Chairman
School Bus Specification Committee

Emma Forkner, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Paula Michelle Lawrence, PO Box 437, Langley, SC 29834
SSN 247-29-5591

Dear Ms. Forkner:

I am writing this letter on behalf of Ms. Paula Lawrence. Ms. Lawrence has contacted my office seeking assistance with her medical expenses. Ms. Lawrence suffered a heart attack recently and has accumulated a considerable amount of medical expenses. Ms. Lawrence was employed at the time of her heart attack and had medical insurance, but was denied payment due to a pre-existing clause. Ms. Lawrence is unable to return to work at this time and is need of help, financially.

Would you please contact Ms. Lawrence and advise her of what is available to assist her financially?

Thank you for your assistance in this matter.

Respectfully,

J. Roland Smith

J. Roland Smith
House District 84



Ref Log #18

House of Representatives

State of South Carolina

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JUL 10 2008

519-B Blatt Building
Columbia, SC 29211

Tel. (803) 734-3114

J. Roland Smith

District No. 84 - Aiken County

183 Edgar Street

Warrenville, SC 29851

Committees:

Ethics, Chairman

Ways and Means

Ways and Means Budget and Finance

Ways and Means Economic Development,

Capital Improvement and Other Taxes

Ways and Means Public Education and

Special Schools Subcommittee, Chairman

Ways and Means Proviso

Ways and Means Revenue Policy

School Bus Specification Committee

July 8, 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

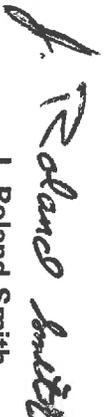
Ms. Emma Forkner, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Dear Ms. Forkner:

On June 24, 2008, Ms. Paula Michelle Lawrence of Post Office Box 437, Langley, South Carolina 29834, contacted me concerning her serious medical problems after she suffered massive heart attack. The doctors were able to put stints in to give her some relief. At the time, Ms. Lawrence was working at Robby's Convenience Store, but since her heart attack, which she has still not recovered, she will be unable to continue working. Her doctor reported that not only does she have heart problems, but she has other major health problems that need to be treated as well. Ms. Lawrence is attempting to get disability insurance, SSI, as well as Medicaid. Her Social Security Number is 247-29-5591. I met with her, and observed that she is not in good health, and you can see a major difference in her lifestyle.

I would appreciate it if you would look into Ms. Lawrence's situation and see if there is some assistance that she can receive. Thank you for your help.

Sincerely,


J. Roland Smith

JRS/jhm/July-8-08-7

cc: Ms. Paula Michelle Lawrence, Post Office Box 437, Langley, SC 29834



Log # 0018

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

July 24, 2008

The Honorable J. Roland Smith
United States House of Representatives
183 Edgar Street
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for contacting our agency on behalf of Ms. Paula Lawrence regarding her need for healthcare and financial assistance.

A member of our staff has been in direct contact with Ms. Lawrence to address her questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. We also mailed her information that may be of assistance with her daily living needs.

Thank you for your continued interest and support of the South Carolina 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, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcol



Log # 0018

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

July 23, 2008

Ms. Paula M. Lawrence
Post Office Box 437
Langley, South Carolina 29834

Dear Ms. Lawrence:

Representative Roland Smith contacted our agency on your behalf regarding assistance with your healthcare and financial needs.

I am pleased to inform you that you were approved for Medicaid's Low Income Families program effective June 1, 2008. Your Healthy Connections Medicaid card will be mailed to you and may be used immediately to cover your prescription drugs and other Medicaid covered services. Your daughter, Elizabeth, remains eligible and can continue using her current card.

For possible assistance with your rent and utility bills, please contact the Aiken-Barnwell Counties Community Actions Committee at (803) 648-6836. Enclosed is information on the Lifeline Assistance Program, which may offer a discounted rate on your monthly telephone bill. If you have any questions about the Medicaid program, please contact Ms. Jennifer Lynch at (803) 898-3965, and she will be happy to assist you.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Acting Deputy Director

AJ/ccl
Enclosure

Medicaid Eligibility and Beneficiary Services
P. O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235