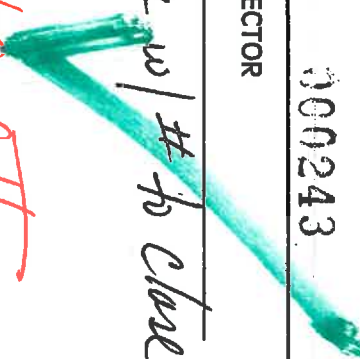


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

|                     |                         |
|---------------------|-------------------------|
| TO<br><i>Jacobs</i> | DATE<br><i>10-31-08</i> |
|---------------------|-------------------------|

| DIRECTOR'S USE ONLY                                                           |                                                                                     | ACTION REQUESTED                                                                                          |  |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|
| 1. LOG NUMBER<br><br><i>000243</i>                                            |  | <input checked="" type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE <i>11-7-08</i> |  |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>cc: Gov office w/ # to chase #322172</i> |                                                                                     | <input type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE _____                        |  |
| <i>Closed 11/10/08, Delta</i>                                                 |                                                                                     | <input type="checkbox"/> FOIA<br>DATE DUE _____                                                           |  |
|                                                                               |                                                                                     | <input type="checkbox"/> Necessary Action                                                                 |  |

*attached*

| APPROVALS<br>(Only when prepared for director's signature) | APPROVE | * DISAPPROVE<br>(Note reason for disapproval and return to preparer.) | COMMENT |
|------------------------------------------------------------|---------|-----------------------------------------------------------------------|---------|
| 1.                                                         |         |                                                                       |         |
| 2.                                                         |         |                                                                       |         |
| 3.                                                         |         |                                                                       |         |
| 4.                                                         |         |                                                                       |         |

**From:** Governor Mark Sanford  
**To:** Cousins\_m@bellsouth.net  
**Date:** Wed, Oct 29, 2008 4:38 PM  
**Subject:** Your Correspondence

**To:** Mrs. Michele Cousins  
Cousins\_m@bellsouth.net

Michele,

Thank you for your e-mail. I am sorry to hear of the difficulties you and your family are experiencing and am asking that someone from the Department of Health and Human Services contact you directly. You should hear from that office soon. In the meantime, please call Denise Riley in my office, 803-734-6419, with any questions.

Mark

cc: The Honorable Emma Forkner, Director  
South Carolina Department of Health and Human Services

Log. Jacobs  
Di. Sign.  
cc: Gov. Office  
w/ it to close

**RECEIVED**  
OCT 31 2008  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Gov office #3029172

**From:** <cousins\_m@bellsouth.net>  
**To:** <mark@gov.sc.gov>  
**Date:** Thu, Oct 23, 2008 2:07 PM  
**Subject:** Healthy Connects - Childrens Medicaid

Contact the Office of the Governor

Name | Michele Cousins  
Company |  
Address1 | 8 Hitching Post Lane  
Address2 |  
City | Greenville  
State | SC  
Zip | 29615  
County | Greenville  
Phone | 864-676-1124  
Email | cousins\_m@bellsouth.net  
IP | 10.92.2.5  
Date | 10/23/2008 2:06:58 PM  
Subject | Healthy Connects - Childrens Medicaid

**RECEIVED**

OCT 23 2008

Referred to

Answered

KS  
KJW

Hi,

I have tried to find an e-mail address for Emma Forkner DHHS Director, but I haven't been able to. Maybe you can be of help, or reply with her e-mail address.

I have 3 children. They have had medicaid (Partners for Health) for many years now. Our family income on our 2007 Federal Taxes (line 22, total income) was only \$20,333. We are a family of 5. I was told in August by the caseworker, Elizabeth Elledge, that their coverage was denied due to the fact that we still own our old house. We were not able to sell it and have to rent it out. This is no asset, though, as we owe as much as it is worth; the rent only covers the mortgage, and believe me it's a liability...we TRIED to sell it for a year, but no one will buy it. What are we supposed to do? Let the house be foreclosed on in order to have health insurance for our children? Surely, someone can help me with this and look at our taxes and see that this house is NO asset, or someone should be able to make a judgement call on a case by case basis - I'm hoping. Things are hard enough with my husband and I not having health insurance, but with 3 children, who get sick regularly...my son has asthma...we cannot afford to pay out of the pocket as often as we have to take them to the doctor. Please tell me there is someone who can help me figure this all out and get their coverage reinstated, or apply again, whatever the case may be.  
I truly appreciate any help you may be able to offer.  
Thank you so much,  
Michele Cousins

log # 0243 ✓



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

Mark Sanford  
Governor

Emma Forkner  
Director

November 10, 2008

Ms. Michele Cousins  
8 Hitching Post Lane  
Greenville, South Carolina 29615

Dear Ms. Cousins:

Governor Mark Sanford contacted our agency on your behalf regarding your concerns about Medicaid eligibility for your children.

Our Greenville County Medicaid office is reassessing your application for the Healthy Connections Kids (HCK) program. We cannot make an eligibility decision until we receive verification of the amount of rent you receive each month on your non-homestead property. Please contact Ms. Kristina Reece at (864) 467-7895 if you have any questions regarding the requested information. Once the income verification is received and a decision is made, we will notify you.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and inpatient hospitalization. If you have any other questions about the Medicaid program, please contact Ms. Sheila Chavis at (803) 898-2707. We hope this information is helpful.

Sincerely,

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

Alicia Jacobs  
Acting Deputy Director

AJ/clc  
c: Ms. Denise Riley of the Governor's Office, Case # 322172  
Enclosures