

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

→ he is not  
medically  
eligible

**ACTION REFERRAL**


Relogged from Myers to Floyd on 4/3/08 per Myers.

TO Ray Floyd

DATE

Floyd

4-1-08

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	000505	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<p>Cleaved 4/16/08, letter attached. </p>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <u>4-10-08</u>
		<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.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-1-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000505</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-10-08</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.			

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:  
ARMED SERVICES  
EDUCATION AND LABOR  
FOREIGN AFFAIRS  
HOUSE POLICY

**Congress of the United States**  
**House of Representatives**

**RECEIVED**

March 31, 2008

APR 01 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, South Carolina 29202-8206

RE: Michael Garcia  
248-84-1605

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me regarding transportation to his dialysis on a weekly basis. Enclosed is a copy of Mr. Garcia Privacy Release and a letter further explaining his concerns. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

*Joe Wilson*

JOE WILSON  
Member of Congress

JW/jmc  
Enclosure

MIDLANDS OFFICE:  
1700 SUNSET BLVD. (US 378), SUITE 1  
WEST COLUMBIA, SC 29169  
Tel: (803) 939-0041  
Fax: (803) 939-0076

212 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4002  
(202) 225-2452  
Fax: (202) 225-2455  
www.joewilson.house.gov

LOWCOUNTRY OFFICE:  
903 PORT REPUBLIC STREET  
P.O. BOX 1538  
BEAUFORT, SC 29901  
(843) 521-2530  
Fax: (843) 521-2535

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**AUTHORIZATION FORM**

Tuesday August 15, 2006

To whom it may concern:

I have sought assistance from Congressman Joe Wilson on a matter that may require the information maintained by your agency, and which may be prohibited from dissemination Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Michael Garcia 5-13-49

Name of Claimant- (Please Print) Date of Birth

116 Sandhills Ct Gaston, SC 29053

Address of Claimant

248-84-1605 VA Claim # or OPM # (if applicable)

Social Security Number

N/A (803) 917-1833

Telephone Number-Work Telephone Number-Home

Michael Garcia 3-14-08

Signature of Claimant Today's Date

Please briefly explain your concern: Help from an

(use the back if necessary) outside source needed for

transpar tation to + from

dialysis. See attached.

MAR 18 2008

March 14, 2008

To Whom It May Concern,

My name is Michael Lee Garcia. I am a fifty eight year old Vietnam Veteran. During my two tours in Vietnam, I came in contact with Agent Orange which eventually led to a diagnosis of diabetes. Through the years diabetes led to further deterioration of my body leading eventually to congestive heart failure, eyesight problems, and kidney failure. As a result of kidney failure, I recently began dialysis. Dorns Veteran Hospital is graciously paying for my treatment that I receive at Lexington Dialysis Clinic. My problem however is transportation to and from the clinic on Monday, Wednesday, and Friday. I do own a car but it is in extremely poor condition and could leave me stranded at any moment. I live on a fixed income that I receive in the form of a disability check and cannot readily afford a new vehicle. In addition, my eyesight has deteriorated to the point that I don't know that I should even be on the roads. Several agencies have been contacted on my behalf but all answers led to no due to the fact that my income exceeds the Medicaid cutoff by a minute amount. Therefore, I write to you in the hope that your office may be able to help in some way.

Respectfully,

Michael Garcia

*Michael Garcia*  
SS# 248-84-1605

116 Sandywoods Ct  
Gaston, SC 29053  
803-917-1833

From: Michael Garcia  
116 Sandywoods Ct  
Gaston, SC 29053  
803-917-1833

Please  
Contact  
←

Or Michelle Clariday  
1118 Whisperwood Rd  
Cameron, SC 29030  
803-707-2003



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

*Log 1505*

Mark Sanford  
Governor

Emma Forkner  
Director

April 16, 2008

Mr. Michael Garcia  
116 Sandywoods Court  
Gaston, South Carolina 29053

Dear Mr. Garcia:

Congressman Joe Wilson asked our agency to assist with your questions and concerns regarding healthcare assistance and Medicaid eligibility.

In an effort to assist with your need for transportation to the dialysis clinic, we have enclosed information on transportation services available to veterans. Also enclosed is a handbook outlining Medicare Coverage of Kidney Dialysis and Transplant Services.

According to our records, your income is slightly over the income limit to be eligible for full Medicaid benefits. However, beginning March 1, 2008, Medicaid began paying your monthly Medicare Part B premium of \$96.40 through the Specified Low Income Medicare Beneficiaries (SLMB) program.

Since you receive Medicare benefits, you are eligible to enroll in the federal government's Medicare Part D prescription drug program. This program covers prescription drug costs only. Part D is open to everyone on Medicare, regardless of income. To find out more about this coverage, please call Medicare at 1-800-633-4227.

We hope this information is helpful. If you have further questions regarding the Medicaid program, please call Denise Epps at (803) 898-2505.

Sincerely,

A handwritten signature in blue ink, appearing to read "Raymond J. Floyd", is written over the typed name.

Raymond J. Floyd  
Deputy Director

RJF/cole  
Enclosures



*Copy 1505*

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

Mark Sanford  
Governor

Emma Forkner  
Director

April 16, 2008

The Honorable Joe Wilson  
United States House of Representatives  
Midlands District Office  
1700 Sunset Boulevard, Suite 1  
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Mr. Michael Garcia to our agency regarding his healthcare needs and Medicaid eligibility.

A member of our staff has been in contact with Mr. Garcia's daughter, Ms. Michelle Clariday, to address his concerns. We mailed Mr. Garcia information on transportation assistance available to veterans that may be helpful.

We appreciate 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 blue ink, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/fcole