

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>8-14-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001084</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8-21-09</i> <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>Cleared 8/21/09, letter attached.</i> 	

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



House of Representatives

State of South Carolina

RECEIVED

AUG 14 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

August 12, 2009

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

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

RE: Ruth Franklin Key, SSN: 247-28-1110, DOB: April 23, 1914

Dear Ms. Forkner:

I am writing to you on behalf of one of my constituents, Ms. Ruth Key. Ms. Key is 95 years old who has recently gone through surgery for her back. She was admitted to Carriage Hills Living Center located at 550 East Gate Drive, Aiken, SC 29803, on June 27, 2009. Ms. Key has been advised that she should no longer reside alone even after she recovers from surgery.

Ms. Key has applied for Medicaid to assist her with expenses at this facility. I am requesting any possible help expediting Ms. Key's application for Medicaid.

Thanking you in advance for your assistance in this matter. If you have any questions, do not hesitate to call.

Respectfully,

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

J. Roland Smith
House District 84



Log # 0084
✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 21, 2009

Ms. Myrtle Hammett
205 Forest Drive
North Augusta, South Carolina 29841

Dear Ms. Hammett:

Representative Roland Smith contacted our agency regarding Medicaid eligibility for your mother, Ms. Ruth Key.

Ms. Key's application for Medicaid's *Nursing Home* program was denied on August 10, 2009 because her countable resources are more than the allowable limit of \$2,000 and we did not receive proof of her pension from United Merchants.

You recently provided us with verification of her pension; however, she still does not meet the resource requirement. We understand that you plan to spend down her resources below the allowable limit by paying towards her stay at National Health Center (NHC). If her resources fall below \$2,000 before September 10, 2009, a new application is not necessary. You indicated that staff at NHC will assist you with the application process and provide documentation indicating how her money is spent at the appropriate time.

If you have any questions regarding the Medicaid program, please contact Ms. Jennifer Lynch in our Constituent Services area at (803) 898-3965. We hope this information proves helpful.

Sincerely,

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

Alicia Jacobs
Deputy Director

AJ/cj



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 21, 2009

The Honorable J. Roland Smith
South Carolina House of Representatives
519-B Blatt Building
Columbia, South Carolina 29211

Dear Representative Smith:

Thank you for contacting our agency on behalf of Ms. Ruth Key regarding her Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Key's *Authorized Representative* to address her questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. She was also provided with contact information for a Constituent Services staff member should she need assistance in the future.

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/jcl