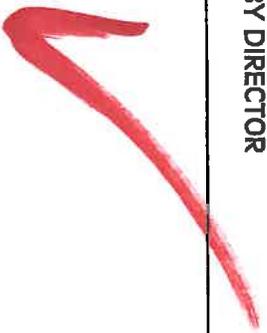


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>8/3/07</i>
----------------------------	------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000064	<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>8/10/07</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

COUNTIES:

AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

August 1, 2007

DINO TEPPARA

CHIEF OF STAFF
AND COUNSEL

Mr. Robert M. Kerr
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Mr. James D. Sturkie, Sr.
249-08-4860

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding health coverage for his medical conditions. Enclosed is a copy of all correspondence for your perusal. 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
Member of Congress

RECEIVED
AUG 03 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0078

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

JUL 30 2007

James D. Sturkie, Sr.
PO Box 504
Gilbert, SC 29054

July 29, 2007

Reference: James David Sturkie, Sr.

249-08-4860

September 4, 1956

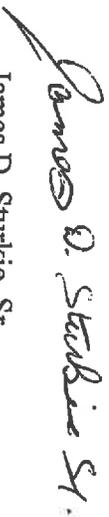
I have been seeking Medical help from the Department of Health and Human Services since January of this year. I have applied and re-applied without any results. I was able to get help for food, which has been welcomed. My main concern is I have been denied help for medical. I was sent Forms from the Vocational Rehabilitation Department I filled those out and returned them, which I have not received an answer to that either. At this point in time I am unemployed and unable to work due to a medical condition. I have been amounting much debt to various medical entities while I am waiting for an answer from Department of Health and Human Services. I have borrowed from my sister and my family so that I can see physicians in hopes of discovering what my condition is and how to relieve my symptoms. I am trying to get help so I can return to gainful employment.

I have worked continuously since I was 17 years old from carpentry to fabrication. I worked at one place for 22 years before the plant shut down then was employed again for 5 years before a lay off. I have used any money I had to see doctors. Now I find myself in a bad situation where I have to depend on family just to survive. I am not trying to get a free handout; I want to get help for my condition. I have numbness from my elbows to my fingertips and from my navel to my chest. I don't know where else to turn. The medical community has not been of any help to alleviate my symptoms nor give a diagnosis since I do not have health insurance.

I am at a loss and need your assistance to get through all the paperwork and red tape that continues to be a roadblock for me.

I thank you in advance for any thing you may be able to do for me.

Best Regards,



James D. Sturkie, Sr.



State of South Carolina
Department of Health and Human Services

0064

Mark Sanford
Governor

Emma Forkner
Director

August 13, 2007

Mr. James D. Sturkie
Post Office Box 504
Gilbert, South Carolina 29054

Dear Mr. Sturkie:

Congressman Joe Wilson asked our agency to respond to your recent letter to his office concerning your application for Medicaid.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. Unfortunately, your recent application for coverage under Medicaid's Aged, Blind or Disabled Program was denied because your current medical condition does not meet the disability criteria. Our staff carefully reviewed your application to see if you might be eligible under any Medicaid program, but we regret to inform you that at this time you do not qualify for coverage.

In an effort to assist with your healthcare needs, we mailed you materials on several other programs that can provide assistance to South Carolina residents with their medical needs. Since you expressed concerns about daily living expenses we also sent you information on charitable and non-profit organizations in Lexington County that may be of some assistance. We hope this information is helpful to you.

Sincerely,

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

Alicia Jacobs
Acting Deputy Director

AJ/odi



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 13, 2007

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. James D. Sturkie to our agency with his concerns about Medicaid eligibility.

A member of our staff has been in direct contact with Mr. Sturkie regarding Medicaid eligibility and the rules and regulations governing the program. We provided Mr. Sturkie with information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescription medications, and inpatient hospitalization expenses, as well as, contact information on groups that may be able to assist with his living expenses.

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 cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ:jip

EDIT

Constituent ID: 831

Closed?

Date Closed

Source: Blue Log

Log No.: 0064 Due Date: 8/10/2007



Print this r...

Constituent Notes

SSN: 249-08-4860

MEDICAID ID: 2780704116

First Name: James MI: D Last Name: Sturkie Sr

Constituent Phone(s): (803) 665-1206

Constituent Phone Extension

HIPAA Authorization

Reason for Referral: General Information

Staff ID: 5 Staff First Name: Robert Staff Last Name: Liming

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/Other: Us Rep Joe Wilson

Entry Date: 8/ 3/2007

Last Update: 8/ 9/2007

Last Update User: LYNCHJEN

Apply

Cancel

Close

Constituent# 831				
	Notes ID	Entry Date	Last Update	Notes
▶	683	8/9/2007	8/9/2007	Edits and to Mark. LYNCHJEN 8/9/2007 12:08:29 PM
	629	8/3/2007	8/3/2007	Denise rec'd this on 8/3 & gave to Bob to handle. EPPSDEN 8/3/2007 2:14:07-PM See case notes on file, called Mr. Sturkie, he knows he has been denied and why. I mailed him data on all medical resources and also info on charities and non-profits. Composed and sent Jenny letters to Wilson, both from Jacobs and Forkner, and also from Jacob's to Sturkie. Closed LIMINGR 8/8/2007 12:46:31 PM

Medicaid Programs / Other Resources Check List

Log # 064

Legislator/Inquirer: Congressman Wilson

Constituent: James D. Sturkie

SS#: 249-08-4860

PROBLEM / ISSUE		FAMILY SIZE	INCOME / RESOURCES	PROGRAMS	OTHER RESOURCES
Seeks help + disability		- 1 -	None at present	ABD	Communicare
		STAFF PERSON		Foster Children	FQHC
		Bob Liming		HCBS	Free Medical Clinics
DATE	ACTIONS TAKEN TO HELP		LIF	Medicare	
8/3	Check status, contact CW, locate telephone # in MADS		MAO	MiAP	
8/6	Call number + discuses his status, he has received his denial - told him how to appeal. says doctor can determine what causes problem. unable to work. Discuss his healthcare options, CHC - MIAP and Prescription. He is denied and got his denial letter, he understands he can appeal. Has my # if any questions		MBCCP	Prescription Drug Programs	
8/7	Get material on VR + Charities to send client, combine with CHC - Prescription, MIAP + Free Clinics and mail		Optional Supplement	Social Security	
8/8	Get draft letters to Jenny		PHC	TogetherRX	
			Pregnant Women/Infants		
			SILVERxCARD		
			SLMB		
			SSI		
			TEFRA		
			Working Disabled		

South Carolina Department of Health and Human Services
Medicaid Disability Tracking System
Disability Applicant Event Listing

Applicant Name: Sturkie Sr, James D
Social Security #: 249084860

Applicant ID	OrdList	Event ID	Event Description	Date
33208	5	11	Letter to eligibility worker re:disability decision	07/12/2007
33208	4	23	Decision Received from VR	07/10/2007
33208	3	21	Package forwarded to VR	05/14/2007
33208	2	28	Received from Input	05/09/2007
33208	1	1	Initial package received from eligibility worker	05/07/2007

Report Date: 8/ 3/2007
Report Time: 1:51 PM

From: Mark Orf
To: Valerie Hollis
Subject: log letter - James Stuckie

Client alleges that he applied in January and we made a decision in July (independent). Can you tell me when we got the case from the courtly or if this was based on a new condition etc.
Thanks

CC: Jennifer Dabbs

*Just wanted you to know I
will follow up on this.
Thank,*

From: Valerie Hollis
To: Robert G Liming
Date: 8/6/2007 8:36 AM
Subject: Re: Reason for ABD Denial for James D. Sturkie SS # 249-08-4860

I don't see a SSA decision in his file. VR did an independent decision on him. Their denial reason is that his "impairment is not severe". Let me know if you need additional information. Thanks

>>> Robert G Liming 8/3/2007 3:49 PM >>>

Can you check and see why this was a denial, did we adopt SSA or did we just go ahead and deny because in the VR review it was determined he did not meet the disability standard? Thanks, I am handling a request and log letter on this gentleman from Congressman Wilson.

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: rliming@scdhhs.gov

Website: www.scdhhs.gov

MEDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/03/07
 MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001
 HH NAME: STURKIE JAMES D ACTION TYPE: MAINTENANCE
 HH NUMBER: 101175117 APL STATUS: ACTION DATE: 02/14/07
 RCP/SSN/BG: LAST APL: 02/08/07 HH COUNTY: 32 LEXINGTON
 RES ADDR HOME PHONE: 803-665-1206 MAIL ADDR WORK PHONE:
 PO BOX 504

S RCP NUMBER PI NAME SC - GILBERT SC 29054-
 2780704116 * JAMES D STURKIE SSN 249-08-4860 LATEST ELG PERIOD AGE
 WRKR ID: NAME: SPNSR: BG: CNTY:

1 Btq
Blaugh show
Gilbert Dr
SP054

ME900049 HOUSEHOLD RECORD FOUND
 PF2->PI PF5->HH MBR DTL PF7->PREV PF8->NEXT PF9->HH APLS PF11->HH MBRS
 PF12->HH BGS PF14->RCP INFO PF17->ELD00 PF18->HH MBR BGS PF19->REPL CARD

TEL

803-665-1206

101175117
101175117

Save 8/6
w send note address

AEDELDD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/03/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

DATES-FROM: 02 / 2007 THRU: ___ / ___

HH NAME: JAMES D STURKIE HH NUMBER: 101175117

BGN: 69533088 PCAT: ABD SPN: 4000 RICH Cty Elig ACT TYPE: MAINTENANCE

BG: D BGP: D WKR: TTOLA TORRI TOLAND ACT DATE: 07/26/07

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 851.00 RESOURCE LIMIT: 4000.00

POV-LVL: +.00 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): N ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 07/26/07

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 07/26/08

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

071 You do not meet policy rules of age or disability.

ELIGIBILITY DECISION APPEALED? (Y/N) _____ CONTINUE BENEFITS? (Y/N): _____

APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _____

UPDATED: USER ID: RMARI DATE: 07/26/07 SYSTEM ID: ELD3000 DATE: 07/26/07

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDELID02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/03/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 02 / 2007 THRU: / / PAGE: 3 OF 3

HH NAME: JAMES D STURKIE HH NUMBER: 101175117

BGN: 69533088 PCAT: ABD SPN: 4000 RICH Cty Elig ACT TYPE: MAINTENANCE

BG: D BGP: D WKR: TLOLA TORRI TOLAND ACT DATE: 07/26/07

RCP NAME: JAMES D STURKIE RCP NUMBER: 2780704116

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N QMB: PROT PER DATE:

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---		--MEDICAID+QMB DATES--		SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
					071	

UPDATED: USER ID: RMARI DATE: 07/26/07 SYSTEM ID: ELD3000 DATE: 07/26/07

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

MEMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/03/07
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 02/08/07 END:

NAME: STURKIE JAMES D HH NAME: STURKIE JAMES D

RCP NUMBER: 2780704116 HH NUMBER: 101175117 ACTION TYPE: MAINTENANCE

SSN: 249-08-4860 VC: V APL STATUS: ACTION DATE: 02/14/07

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 09/04/1956 AGE: 50 SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: MEDICARE COVERAGE(Y/N): N

SEX: M MALE RACE: 08 OTHER/UNKOWN SS CLAIM NUMBER(Y/N): N

REL: SFL SELF RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: U UNKNOWN PROVIDER NAME:

STUDENT STATUS: N N GRADE: ADMISSION DATE:

PREGNANT(Y/N): N EDC: # : DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: VC: N CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G

US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: TTOLA DATE: 02/14/07 SYSTEM ID: ESC3100 DATE: 02/14/07

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

AEDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/03/07
MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001
HH NAME: STURKIE JAMES D ACTION TYPE: MAINTENANCE
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2780704116 * JAMES D STURKIE SSN 249-08-4860 LATEST ELG PERIOD AGE
WRKR ID: NAME: SPNSR: BG: CNTY: 50

ME900049 HOUSEHOLD RECORD FOUND
PF2->PI PF5->HH MBR DTL PF7->PREV PF8->NEXT PF9->HH APLS PF11->HH MBRS
PF12->HH BGS PF14->RCP INFO PF17->ELDD00 PF18->HH MBR BGS PF19->REPL CARD