

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bawling</i>	DATE <i>5-7-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000708</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 5/25/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-17-07</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.			

**RECEIVED**

MAY 04 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Day: Tuesday  
Date: May 1,  
2007  
time: 6:00 AM

To: Robert M. Kern State Director  
From: Roy <sup>(Father)</sup> Lipnich for  
Joey A. Lynch Log - Bowling  
(son) "Approp. Sign."

I'm writing with major  
concern with my son's  
teeth care. It happen about  
2 to 3 yrs ago. Dr. Richard  
Bryant in Florence, they  
said that wouldn't auth-  
orized a gum procedure. I  
would have pay 300.00  
out of pocket expense. I have  
had hard time believe that. If  
anyway shape or form you

could help my son. Joey  
is wheel bound with Celtra  
Ralsay in joints his arms &  
legs. He already had 14  
operation. He will soon  
have left hip operated on.  
Here the dentist address  
Dr. Richard Bryant  
1423 Alice Dr.

Florence, S.C. 29501

phone no. (843) 667-6660

Please Sir my son is  
fixed income he can't  
afford 300.00 out pocket  
I'll close for now.

P.S. If  
you have  
any question  
call (843)  
861-0390

Thank you  
Roy R. Lynch

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/07/07  
 MEDSPROD RECIPIENT INFORMATION ACTION:  
 MEMBER PERIOD START: 02/06/05 END: PAGE: 0001  
 NAME: LYNCH JOEY A HH NAME: LYNCH JOEY A  
 RCP NUMBER: 6990030002 HH NUMBER: 100247709 ACTION TYPE: MAINTENANCE  
 SSN: 249-65-7507 VC: V APL STATUS: ACTION DATE: 10/24/02  
 PRIMARY INDIVIDUAL: APL CO: 13 WORKER ID: CUWKR LOCATION: 099  
 11-B CHAPMAN ST SSCN: RRN:  
 RACE: 01 SEX: M MARITAL STATUS: S  
 TPL INSURANCE: N RELATION: SELF  
 CHERAW SC 29520-3601 DOB: 01/07/1987 DOD:  
 CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:  
 PROVIDER:  

BG	BEG	END	BENEFITS		QMB	RETRO	% OF POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
—	47170117	08/01/1988		80	50				.00	
—		01/01/1987	08/01/1988	30					.00	

UPDATED: USER ID: DATE: SYSTEM ID: SDX1000 DATE: 12/03/05  
 ME900063 RECIPIENT RECORD FOUND  
 PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV  
 PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS



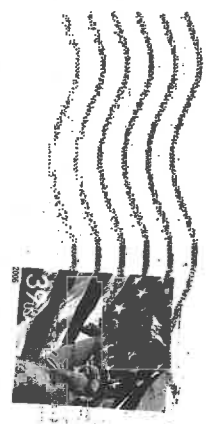
FLORENCE SC 295  
03 MAY 2007 PM 2:17

RECEIVED

MAY 04 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

State of S.C. Dept. of Health & Human  
Services, c/o Robert M. Khan State Director  
Post office Box 8206  
Columbia, South Carolina 29202-8206





708  
✓

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

Mark Sanford  
Governor

Susan B. Bowling  
Acting Director

May 25, 2007

Mr. Roy R. Lynch  
11-B Chapman Street  
Cheraw, South Carolina 29520

Dear Mr. Lynch:

Thank you for your recent letter regarding Medicaid reimbursement for dental treatment for your son. We contacted Dr. Richard Bryant to determine what services were included in Joey's treatment plan. Dr. Bryant indicated that your son needed periodontal scaling. This is not a service covered by the South Carolina Medicaid program. However, Medicaid may be able to pay for this service for children under twenty-one if certain medical criteria are met.

Dr. Bryant will need to submit information detailing your son's condition and the medical necessity of the recommended course of treatment. Program staff will follow up with Dr. Bryant regarding the information needed. Program staff, in conjunction with our Medical Director, will review the information submitted to determine if payment can be approved.

Thank you again for your letter. If you need further assistance, please contact Ms. Shirley W. Carrington, Team Leader for Dental Services at (803) 898-2655.

Sincerely,

*Susan B. Bowling*  
Susan B. Bowling  
Acting Director

SBB/hw



# 708  
✓

State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Susan B. Bowling  
Acting Director

May 25, 2007

Mr. Roy R. Lynch  
11-B Chapman Street  
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*Susan B. Bowling*  
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Acting Director

SBB/hw