

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>9-5-08</i>
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DIRECTORS USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000135</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 9/18/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-10-08</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

SENATOR RALPH ANDERSON
SENATORIAL DISTRICT NO.7
GREENVILLE COUNTY

SENATE ADDRESS:
P.O. BOX 142
SUITE 502, GRESSETTE BLDG.
COLUMBIA, S.C. 29202
TEL: (803) 212-6108
FAX: (803) 212-6289
E-MAIL: RA@SENATE.ORG



COMMITTEES:
CORRECTIONS & PENOLOGY
EDUCATION
GENERAL
JUDICIARY
MEDICAL AFFAIRS

HOME ADDRESS:
315 ELDER STREET
GREENVILLE, S.C. 29607
TEL: (864) 235-0611

RECEIVED

September 4, 2008

SEP 05 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Alicia Jacobs
Eligibility
Department of Health and Human Services
1801 Main St.
P.O. Box 8206
Columbia, SC 29202-8206

RE: Linda Nalley

Dear Ms. Jacobs:

Please find the enclosed correspondence that I received from Linda Nalley, which is self-explanatory. I would appreciate it if you would look into this request and determine what can be done to help her receive benefits so she can get her medicine. Thank you and we look forward to your response.

With best regards, I remain.

Sincerely,

A handwritten signature in cursive script that reads "Ralph Anderson".

Ralph Anderson
Senate District No. 7

Enclosure

RH/ks

c: Linda Nalley

8-28-2008

Dear Senator

I am writing you to see
if you can help me get my
Medicaid I have put in for
it two times and got Denied
I need it Bad I have
Rheumatoid Arthritis and
Thyroid and COPD and I have
Stomach Probles. I PUT IN
for my SSI Check back in
April 18-2006 I am writing own
a court hearing they Tell
me it is ~~is~~ steal going
to be a while that is
why I need my Medicaid
I cant get no help no then
and my family has help me
But they cant help no more
I cant get Back to my
Doctor his Name is
Melvin E. Porter, Jr. M.D. his
Address is Westside Medical
Center 3204 Whitehorse
Road, Suite D Greenville
South Carolina 29611
Telephone (803) 295-1066
OFR ->

So if you please could
help me at last get
my medicaid so i can get
the help I need my
case worker is

Nancy Simmons (864) 467-7939

I live at 220 Francis Ave
Greenville SC 29611

My Home telephone is (864)
220-0867 please let me
know if you can help
me. Thank you very much

Linda D. Mallery
Linda D. Mallery

Linda Nalley GREEN
220 Francis Ave
Greenville SC
29611

MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/05/08
 MEDSPROD BUDGET GROUP DETERMINATION ACTION:
 BUDGET GROUP PERIOD START: 07/23/08 END: PAGE: 1
 HH NAME: NALLEY LINDA D HH NUMBER: 101182203
 BGN: 90191967 PCAT: ABD SPN: 2300 GVILLE Cty Elig ACT TYPE: MAINTENANC
 BG: DENIED WKR: VCAMP VICKI CAMPBELL ACT DATE: 07/24/08

BUDGET GROUP COUNT: 1

BGM

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
---	NALLEY LINDA D	A	SELF	49	I	071		

mit meet Policy requirements of age & disability

RETRO MONTHS REQUESTED (Y/N) : Y

WITHDRAW BUDGET GROUP (Y/N) : N

UPDATED: USER ID: VCAMP DATE: 07/24/08 SYSTEM ID: ELD3000 DATE: 07/24/08
 ME904660 BUDGET GROUP INFORMATION FOUND

PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
 PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST PF22->HIST

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/05/08
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: NALLEY LINDA D PAGE: 0001
HH NUMBER: 101182203 APL STATUS: _____ ACTION TYPE: MAINTENANCE
ACTION DATE: 07/24/08

S	NUMBER	CATEGORY	WORKER	CNTY	LOC	SPNSR	REVIEW	NEXT	LAST	REVIEW	STATUS	BG
1	90191967	ABD	VCAMP	23	001	2300	07/23/2009				DENIED	DENIED
1	19561193	ABD	NSIMM	23	016	2302	09/05/2008				DENIED	DENIED

UPDATED: USER ID: VCAMP DATE: 07/24/08 SYSTEM ID: HMS5000 DATE: 07/24/08
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1 ->HELP PF3 ->HH MEMBERS PF5 ->BG DETERMINATION
PF6 ->RETURN PF7 ->PREV PF8 ->NEXT PF10 ->PREV MENU PF17 ->ELDD00



Log # 0135

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 18, 2008

The Honorable Ralph Anderson
Member, South Carolina Senate
District Seven – Greenville County
P. O. Box 142
Columbia, South Carolina 29202

Dear Senator Anderson:

Thank you for referring Ms. Linda D. Nalley to our agency with her concerns about Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Nalley, and we were pleased to address her questions regarding the Medicaid program. We also provided Ms. Nalley with information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and inpatient hospitalization.

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 that reads "Emma Forkner".

Emma Forkner
Director

EF/jcoll



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 17, 2008

Ms. Linda D. Nalley
220 Francis Avenue
Greenville, South Carolina 29611

Dear Ms. Nalley:

Senator Ralph Anderson contacted our agency on your behalf regarding your concerns about Medicaid eligibility.

Medicaid uses the same criteria as SSA to determine eligibility for its Aged, Blind or Disabled (ABD) program and adopts SSA's decision. Therefore, your recent ABD application was denied on July 24, 2008 because your disability application through SSA was denied. You are now appealing the SSA decision. If you have any questions regarding your appeal, you may contact the Greenville SSA Office of Adjudication and Review at (864) 242-9154.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and inpatient hospitalization. The Carolinas Chapter of the Arthritis Foundation may be of help to you with your rheumatoid arthritis. They can be reached at 1-800-883-8806.

If you have other questions about the Medicaid program, please contact Mr. Bob Liming at (803) 898-2621 or toll-free at 1-888-549-0820, Ext. 2621 and he will be happy to help you. 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/coil
Enclosures