

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>1-11-08</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000353	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Post Checked 1/24/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-23-08</i> 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.			



WILLIAM H. "BILLY" O'DELL

SOUTH CAROLINA STATE SENATE
DISTRICT 4, ABBEVILLE AND ANDERSON COUNTIES
610 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202

803-212-6040

E-MAIL: WHO@SCSENATE.ORG

COMMITTEES

Agency Heads Salary Commission
Corrections and Penology
Finance
General
Invitations
Joint Bond Review
Labor, Commerce and Industry
Rules

HOME ADDRESS:

Box 540
Ware Shoals, SC 29692
(864) 861-2222
Toll Free 1-800-342-2843
E-mail: billy@odellcorp.com

January 9, 2008



Mr. Bryan Kost
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Dear Bryan:

Attached please find a copy of a letter to me from Cathy Littlefield regarding Medicaid coverage for her granddaughter Tiffany E. Sullivan. Please review Ms. Sullivan's information and let me know if anything can be done to help her maintain her coverage.

With warmest personal regards, I remain

Respectfully,

A handwritten signature in blue ink, appearing to read "B O'Dell".

William H. "Billy" O'Dell
South Carolina Senate District Four

WHO'D:aa

Attachment

Monday Morning
October 29, 2007

Dear Billy,

I talked to Ronny about a problem we are having with my grand-daughter Tiffany's Medicaid. Enclosed are copies of the notice that her Medicaid will end on November 1, 2007 due to my daughters income is more than policy allows and how long she has been on Medicaid. Where my daughter works does not have a family medical plan. I understand they have policies on how much you can make before you are approved for things like this, but I've always wondered why they don't think about the bills people have to pay out of their income..... Base it on that, especially if they are a single parent. If there is anyway you could help get Tiffany's medicaid coverage back for her I'd appreciate it more than you know. This is the only way she has been able to get her glasses, dental work done, not to mention going to the doctor when she's been sick and getting her medicine.

You can reach me at (home) 864-296-8776 or on my (cell) 864-634-6843 Please your assistance on this would be greatly appreciated....

Thanks again for all you have done for me. Will have an update on the Forestry Commission soon, having the yearly Board meeting the 15th on November. Will update you then on the changes that are being made.

As usual if I can help you with anything please don't hesitate to call on me..... Hope all is fine with you and your family.

Sincerely,



Cathy Littlefield
310 Level Land Rd
Anderson, SC 29621

South Carolina Medicaid Program
Notice that Medicaid Coverage Will End

STATE OFFICE COUNTY DHHS
P. O. Box 100101
Columbia SC 29202-0000

VALERIE CHRISTINE WHITE
P.O. BOX 23
CONVERSE SC 29329

Date: 10/22/2007
Worker Name:
MELISSA SUMMERS
Telephone: 803 898-3012
BG #: 78933659
HH #: 100230939
47 MSUMM

Medicaid coverage for the people listed below will end on: 11/01/2007

Beneficiary name:
TIFFANY E. SULLIVAN

Beneficiary Medicaid ID#: 7780493665

Reasons: Medicaid coverage will end because:
Your Income is more than policy allows.

You may get a copy of the manual or policy information that requires your case to be closed from your worker. Manual/policy reference supporting this action: 204.01

You may qualify for Medicaid under other programs if there have been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact a Medicaid eligibility worker in the county where you live.
- Call 1-888-549-0820 and ask that a Medicaid application be mailed to you. This is a free call.
- Use the computer to get an application from our website at www.dhhs.state.sc.us.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form, please contact your worker right away.

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a hearing within 10 days of the date on this letter, you can ask in your request that your Medicaid coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any Medicaid benefits you received while your case was being reviewed.

CERTIFICATE OF MEDICAID COVERAGE

IMPORTANT: KEEP THIS MEDICAID LETTER IN A SAFE PLACE

This letter gives you information about the Medicaid coverage you had. If you enroll in another health insurance plan, you may need to give them a copy of this letter.

Date of this letter: **10/22/2007** Name of Group Health Plan: **MEDICAID**
 Recipient Name: **TIFFANY E SULLIVAN** HH#: **100230939 47 MSUMM**
 Recipient Medicaid Number: **7780493665**

COVERAGE PERIODS:

OCTOBER	2007	JANUARY	2007
SEPTEMBER	2007	DECEMBER	2006
AUGUST	2007	NOVEMBER	2006
JULY	2007	OCTOBER	2006
JUNE	2007	SEPTEMBER	2006
MAY	2007	AUGUST	2006
APRIL	2007	JULY	2006
MARCH	2007	JUNE	2006
FEBRUARY	2007	MAY	2006

SOUTH CAROLINA MEDICAID SERVICE

- INPATIENT HOSPITAL
- WELL CHILD CARE
- FAMILY PLANNING
- LABORATORY AND X-RAY
- HOME HEALTH
- OUTPATIENT HOSPITAL
- VISION CARE
- DURABLE MEDICAL EQUIPMENT
- EVALUATION/COUNSELING/EDUCATION FOR SPECIAL NEEDS
- NON-EMERGENCY TRANSPORTATION TO MEDICAL APPOINTMENTS
- AMBULANCE TRANSPORTATION
- REHABILITATIVE THERAPIES
- PRESCRIPTION DRUGS
- LONG TERM CARE/NURSING HOME FACILITIES
- RESIDENTIAL TREATMENT FACILITY
- HOSPICE
- MENTAL HEALTH
- ALCOHOL AND OTHER SUBSTANCE ABUSE

If you have questions about this letter you can call 1-888-549-0820 or you can write to:

The Department of Health and Human Services
 P.O. Box 100147
 Columbia, South Carolina 29202-9181



State of South Carolina
Department of Health and Human Services

#353
✓

Mark Sanford
Governor

January 24, 2008

Emma Forkner
Director

The Honorable Billy O'Dell
South Carolina State Senate
610 Gressette Senate Office Building
Columbia, South Carolina 29202

Dear Senator O'Dell:

Thank you for referring Cathy Littlefield to our agency with her concerns regarding Medicaid coverage for her granddaughter, Tiffany E. Sullivan.

We were unable to talk with Tiffany's mother, Ms. Valerie White, but we sent her a letter regarding Medicaid eligibility requirements. We also provided her with information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescription medications, inpatient hospitalization and daily living needs.

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, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/cod



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 24, 2008

Ms. Cathy Littlefield
310 Level Land Road
Anderson, South Carolina 29621

Dear Ms. Littlefield:

Senator Billy O'Dell asked our agency to respond to your letter to his office concerning Medicaid benefits for your granddaughter, Tiffany E. Sullivan.

We were unable to reach your daughter, Valerie White, by phone but we sent her a letter regarding Medicaid eligibility requirements. We also provided her with information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs.

If you have additional questions about the Medicaid program, please contact Jennifer Dabbs at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/cod

#2553

#353



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Eranna Forkner
Director

January 24, 2008

Ms. Valerie White
Post Office Box 23
Converse, South Carolina 29329

Dear Ms. White:

Senator Billy O'Dell asked our agency to respond to your mother, Cathy Littlefield's, concerns regarding Medicaid benefits for your daughter, Tiffany E. Sullivan.

Tiffany's Medicaid benefits through our Partners for Healthy Children program ended on November 1, 2007 because your income exceeds the monthly allowable limit of \$1711 for a family of two. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses. We are currently working to establish a new program for uninsured children. We plan to start taking applications April 1, 2008. Please contact the Spartanburg County Medicaid Office at (864) 596-2714 after April 2008 to find out if you meet the new income guidelines, or visit our website at www.scdhhs.gov.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs. If you have additional questions about the Medicaid program, please contact Jennifer Dabbs at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/cod
Enclosures