

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>10/19/06</i>
-------------------	-------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>600320</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/26/06, letters attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10/30/06</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.			

10.15.2006

Dear Mr. Ricci;

I'm writing to obtain the following information. I would appreciate all of the help you may provide me in this matter. I'm in prison in Virginia & will be ~~releas~~ released sometime within the next 8 1/2 months. I'm 56 years old, locked up for the last 13 years. My wife lives in South Carolina & is on medicare & disability check. She was told that "if I was released from prison then all of her medicare & check would be discontinued". She has to have about 6-8 types of medication daily. I don't have a job waiting on me. May or may not be able to get a job.

I may or may not live with her upon release from prison? Could you please provide me with any & all information pertaining to these matters. Thank you in advance for your help in these matters.

Sincerely,
Levi Burgess

LEVI BURGESS, 125534, 6/8
J.R.C.C.
State Farm, VA,

23160

RECEIVED

OCT 18 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 26, 2006

Mr. Levi Burgess, # 125536, 6/8
JRCC
State Farm, Virginia 23160

Dear Mr. Burgess:

Thank you for your letter inquiring about the South Carolina Medicaid program. Medicaid eligibility is based on federal and State requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements.

Any change in the number of persons or income in a Medicaid beneficiary's household must be reported. However, a change does not necessarily mean a beneficiary will lose Medicaid benefits. Neither does your returning to the community necessarily mean your family's coverage will stop. Instead, a re-determination would be conducted to see if benefits could continue.

Enclosed is an overview of the South Carolina Medicaid program giving the financial guidelines, categorical requirements, and contact information.

To find out if your upcoming release from prison will have any effect upon your wife's receipt of a disability check, please call the Social Security Administration (toll-free) at 1-800-772-1213 or write: Social Security Administration, Office of Public Inquiries, Windsor Park Building, 6401 Security Boulevard, Baltimore, MD 21235. We are also enclosing some information on programs that can assist individuals who reside in South Carolina and lack financial resources or insurance coverage to pay for prescription medications and healthcare services.

I hope this information is helpful.

Sincerely,


Gary Ries

Deputy Director

GR/jde

320 ✓