

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

**ACTION REFERRAL**

<b>TO</b> <i>Jacobs</i>	<b>DATE</b> <i>11-12-08</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>300264</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forster cleared 10/5/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-21-08</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

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OFFICE OF DIRECTOR**

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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000264</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlmer</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-24-08</i> _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

November 7, 2008

RECEIVED

NOV 12 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms. Emma Forkner  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

RE: Ms. Laura Hawley for her mother Barbara Knight

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me regarding nursing home requirements. Enclosed is a copy of Ms. Hawley's letter further explaining her concerns. 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. Thank you for your time and concern in this and all other matters.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078.

Yours very truly,



JOE WILSON  
Member of Congress

JW/jmc  
Enclosure

COUNTIES:

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

DINO TEPARA  
CHIEF OF STAFF  
AND COUNSEL

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

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

October 31, 2008

**RECEIVED**  
NOV 12 2008  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

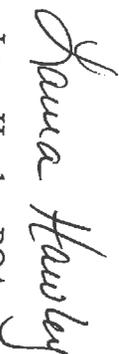
Congressman Joe Wilson  
1700 Sunset Boulevard  
West Columbia, SC 29169

Re: Barbara Knight  
DOB: 9/3/1934  
SS#: 247-50-1137

Dear Congressman Joe Wilson,

I am writing on behalf of my mother, Barbara Knight. My name is Laura Hawley and I am her durable Power of Attorney. She had an extensive stay in the Lexington Medical Center from September 29, 2008 until October 13, 2008. At the time of discharge she went to National Health Care for physical therapy and occupational therapy and Coumadin monitoring from where she is scheduled for discharge around the 11<sup>th</sup> of November. At that time, she will be transitioning to an assisted living facility. We have found ourselves in a very disappointing situation financially. We applied for the VA Widows Aid and Benefit Pension of which she was denied. She currently does not qualify for Medicaid based on her level of care. Her SSI is \$1459.30/monthly. She is also currently in Medicare Gap. Prior to her hospitalization she resided at Oakleaf Assisted Living. We chose Oakleaf as they would accept VA benefits and the VA office indicated that she needed to be a resident in a facility at the time of application and once she was approved we would be reimbursed. However, after 3 months of rent at Oakleaf we have exhausted all but \$2,000.00 of her savings. We trusted that the VA Pension would be approved and we would be okay for a while. We are unable to pay for November's rent and she will be moving out of Oakleaf on October 31<sup>st</sup> due to the financial restraints. She is very happy at National Health Care and is receiving wonderful care and would love to have her there if at all possible. Out of the \$1459.30 she still has to pay for her BC/BS of S.C. and life insurance policies for her burial expenses plus medication and the basic necessities of life. Please let me know if there are any resources that can be made available for my mother. I may be reached at home 808-4454 or by cell 730-0496.

Sincerely,

  
Laura Hawley, POA  
Barbara Knight



Log # 0204 ✓

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

Mark Sanford  
Governor

Emma Forkner  
Director

December 5, 2008

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 contacting our agency at the request of Ms. Laura Hawley on behalf of her mother, Ms. Barbara Knight, and her healthcare needs.

A member of our staff has been in direct contact with Ms. Hawley regarding Medicaid eligibility and the rules and regulations governing the program. We have given her information on programs that we hope she finds helpful.

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/fcol



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

12/9/08  
Didn't get a  
sign copy. No  
good sheet.

Mark Sanford  
Governor

Emma Forkner  
Director

December 2, 2008

Ms. Laura Hawley  
209 John Preston Court  
Lexington, South Carolina 29072

Dear Ms. Hawley:

Congressman Joe Wilson contacted our agency on your behalf regarding assistance with your mother, Barbara Knight, and her healthcare needs.

Your mother's application for Medicaid's Optional State Supplementation program was denied October 24, 2008 because her monthly income exceeds the allowable limit. In your letter, you mentioned that your mother did not meet the Medicaid nursing home level of care requirement. We checked with Community Long Term Care (CLTC) and were told that they have not done an evaluation to determine if Ms. Knight currently meets the Medicaid nursing home level of care requirement.

An alternate coverage option, since your mother currently resides in an apartment, may be Medicaid's Home and Community Based Services (HCBS) waiver program, which covers individuals who need the level of care provided by a nursing home, but who choose to stay at home. These individuals receive services to help them remain in their home. Enclosed is an application for HCBS. If you choose to apply on behalf of your mother, please complete the application and return it to the Lexington Medicaid Office: 605 West Main Street, Lexington, SC 29071. In addition, you will need to contact the Columbia CLTC office at (803) 741-0826 to make a level of care referral.

Ms. Knight is currently enrolled in the Gap Assistance Pharmacy Program for Seniors (GAPS); however, to benefit from GAPS, an individual must select a Prescription Drug Plan (PDP) that is participating with GAPS. Enclosed is a list of plans participating with GAPS. GAPS beneficiaries must join one of these plans to get drug cost savings. If you choose to enroll your mother in one of the GAPS plans, she will automatically be dropped from her current plan provider, United American Insurance Company.