

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

**ACTION REFERRAL**

TO  <i>James</i>	DATE  <i>3/31/09</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>100543</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>4-7-09</i>
2. DATE SIGNED BY DIRECTOR  <i>cc: Huber Cleared 4/1/09, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			

*Serving Children and Families*KATHLEEN M. HAYES, PH.D.  
STATE DIRECTORMARK SANFORD  
GOVERNOR

## FAX COVER SHEET

Date: March 31, 2009 Number of Pages: (including cover sheet) 3To: Organization: Department of Health and Human ServicesAttention: Jennifer LynchFax Number: 803.255.8350From: Division or County: Office of Constituent ServicesAddress: P.O. Box 1520, Columbia, South Carolina 29202-1520Name: Lenora B. Reese, DirectorFax Number: (803) 898-7652Telephone Number: (803) 898-7700

Comments: Jennifer, I have notified Mr. Chellis that I forwarded this to your office for appropriate response/action because the Medicaid program is administered by SCDHHS. I also assured his staff that you would follow up directly with the constituent and their office. Thanks for your help.

Transmitted by: \_\_\_\_\_

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STATE OF SOUTH CAROLINA

# OFFICE OF THE STATE TREASURER

CONVERSE A. CHELLIS III, CPA

March 24, 2009

Ms. Kartheleen Hayes  
Director  
South Carolina Department of Social Services  
1535 Confederate Avenue Extension  
Columbia, SC 29202-1520

Dear Ms. Hayes:

Enclosed is a letter that was sent to my office by Ms. Cynthia Dianne Elm in regards to an issue she is having with Medicaid. I would appreciate your having someone in your office look into this matter.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Converse A. Chellis III".

Converse A. Chellis III, CPA  
State Treasurer

CAC/aftw  
Enclosure

Cc: Ms. Cynthia Dianne Elm



Converse A. Chellis III  
119 Parkwood Drive  
Summerville, South Carolina  
29483  
(843)873-8459

Dear Mr. Converse A. Chellis,

I am writing to you, because I need your help with obtaining South Carolina State Medicaid benefits for my disabled son that were canceled with only a 1 weeks notice that was mailed to me. Also, the state office did not even have my correct address on the letter. So luckily, I received the letter of termination. I used to receive SSL, but no longer because I make a little over the limit, so his Medicaid was terminated as well. My son's disability is Autism, and he did receive services through the DDSN, via a MR/RD waiver slot that is funded through Medicaid, with out the Medicaid he can no longer receive these services. I am a single mother, who lives in a Habitat for Humanity neighborhood, and I work full time. Upon receiving the letter of termination, I immediately called Pam Furman, my case worker through DDSN, to let her know the urgency of the situation. She gave me the number to call Ms. Sandy Green the Medicaid worker for DDSN. I called and left two messages for her to call me back. She called me back 7 days later. The same day Pam Furman came to my house, I was on the phone with Ms. Green. Ms. Green's voice, and attitude while I was on the phone with her was very sarcastic. She was not very helpful. I felt like she did not care what was happening to me, and my son. I called the state office in Columbia South Carolina and requested that an application for TEFRRA be mailed to my house. Pam Furman came to my house to help me complete it. I completed an application, to re apply for TEFRRA Medicaid which is based solely on disability, not income. I receive very little child support, and cannot afford to take my son to the doctor, if he gets sick. He will also lose needed speech therapy through the school as well. I am very worried. Ms. Green said it could take as long as 6 months to get approved for the TEFRRA Medicaid. DDSN will only be able to hold his MR/RD waiver slot for 90 days. I need help now. Please help, to ens are they do not drag their heels with my application, I am worried due to the fact that it has taken 1 year for Medicaid to realize that my son no longer qualified for the regular Medicaid, and they canceled it with little to no notice.

Please help me.

Thank you.

Sincerely,  
*Cynthia Dianne Elm*  
Cynthia Dianne Elm  
10 Craig Court  
Summerville, South Carolina 29483 (843) 873-9110



Log 0543

State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

April 7, 2009

The Honorable Converse A. Chellis III, CPA  
South Carolina State Treasurer  
Post Office Box 11778  
Wade Hampton Building, 1200 Senate Street  
Columbia, South Carolina 29211

Dear Mr. Chellis:

We received your correspondence addressed to the Department of Social Services regarding Medicaid eligibility for Ms. Cynthia Elm's son, Christopher Hodges.

A member of our staff has been in direct contact with Ms. Elm, and we were pleased to address her questions regarding the Medicaid program.

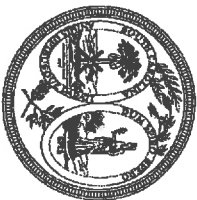
Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/cc



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

Mark Sanford  
Governor

Emma Forkner  
Director

April 7, 2009

Ms. Cynthia Dianne Elm  
10 Craig Court  
Summerville, South Carolina 29483

Dear Ms. Elm:

At the request of State Treasurer, Converse Chellis, the Department of Social Services asked our agency to assist with your concerns about Medicaid eligibility for your son, Christopher Hodges.

We are pleased to inform you Christopher Hodges has been approved for Medicaid coverage under the Tax Equity and Fiscal Responsibility Act (TEFRA) program with an effective date of December 1, 2008. Therefore, he will continue to receive Medicaid without a break in coverage. His Medicaid card will be mailed to you and may be used immediately for Medicaid covered services.

We hope this information is helpful. If you have any questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707.

Sincerely,

*Alicia Jacobs*  
Alicia Jacobs  
Deputy Director

AJ/cc