

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hutto</i>	DATE <i>2-20-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000189</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Kost, Lynch</i> <i>Cleared 3/3/15, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-3-15</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.			



FLORENCE ADDRESS  
1817 Pineland Avenue  
Florence, South Carolina 29501  
(843) 667-1152

HUGH K. LEATHERMAN, SR.

SOUTH CAROLINA STATE SENATE  
DISTRICT 31, FLORENCE  
AND DARLINGTON COUNTIES

111 GRESSETTE SENATE OFFICE BUILDING  
COLUMBIA, SOUTH CAROLINA 29202  
(803) 212-6640

PRESIDENT PRO TEMPORE  
South Carolina Senate

COMMITTEES

Chairman, Finance  
Chairman, Operations and Management  
Ethics  
Interstate Cooperation  
Labor, Commerce and Industry  
Rules  
State House  
Transportation

February 17, 2015

**RECEIVED**

FEB 19 2015

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Christian Soura, Interim Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, South Carolina 29201

Dear Mr. Soura:

I am enclosing herewith a copy of a facsimile that I recently received from my constituent, Linda F. Mims. As you can see, Ms. Mims suffers from heart disease and can only work a few hours per week. She has applied for Medicaid coverage, but has been advised that she is not eligible for Medicaid until a determination has been made on her application for disability benefits.

I would very much appreciate it if you would ask your staff to look further into this to determine if anything can be done to help Ms. Mims get the insurance coverage she so desperately needs.

Very truly yours,

Hugh K. Leatherman, Sr.  
Senate District 31

HKL:dsm

Enclosure

Cc: Ms. Linda F. Mims  
12/MI

January 28, 2015

TO: Dianne Mullis  
Senator Leatherman's Office

I called your office this p.m. to ask about a health insurance problem I am having at this time. On June 16, 2014, I was admitted to McLeod Regional Hospital with 5 heart blockages and had surgery on June 20, 2014.

My insurance was paid by my employer for 12 weeks after my surgery which ended on September 21, 2014. I applied for Social Security Disability on August 29, 2014 dating back to June 16, 2014 and I received the denial in December, 2014. In January 2015, I hired an attorney, Bill Hatfield, to represent me for SS Disability claim. He advised me to apply for some type of hospitalization insurance. Also that month I applied for Medicaid and was told that the Medicaid would be put on hold (if I was approved) until the SS Disability determination was made.

I do not understand why you would be turned away when this is a time you need health insurance. The DSS worker also told me that I could get a partial insurance that would pay for birth control and a physical every other year. I am not interested in that due to my medical doctor does not accept insurance and I pay a quarterly amount. Also I have found several different prescription suppliers where I pay \$25.00 or less for my prescriptions. All I really need is hospitalization and to be insured to see another medical doctors/medical testing facilities when needed.

In addition to the above I only work 15 hours per week and cannot afford any premiums for insurance.

Please advise me of any assistance that you can give to me.

Linda F. Mims  
1307 Virginia Acres  
Florence, SC 29505-2616  
843-661-5403 (home)  
843-496-8484 (cell)  
843-667-1515 (work)

IMS

RECEIVED

FEB 19 2015

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Christian Saura, Interim Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, South Carolina 29201



HUGH K. LEATHERMAN, SR.  
SENATOR, DISTRICT 31  
P. O. BOX 142  
COLUMBIA, SOUTH CAROLINA 29202

Log # 189 ✓



Nikki Haley, Governor  
Christian L. Soura, Lieutenant Governor  
P.O. Box 8206 - Columbia, SC 29202  
[www.scdhhs.gov](http://www.scdhhs.gov)

March 3, 2015

Linda F. Mims  
1307 Virginia Acres  
Florence, SC 29505

Dear Ms. Mims:

Senator Hugh K. Leatherman contacted our Agency on your behalf regarding Medicaid eligibility and your healthcare needs.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. An individual under the age of 65 must be determined disabled. The Medicaid program uses the same disability guidelines as the Social Security Administration (SSA) when determining disability. If you have a pending disability application with SSA, we must wait for their decision before we can determine your eligibility for Medicaid.

Ms. Carolyn Roach in Member Relations mailed you resource information that may assist you with your healthcare needs. If you have additional questions regarding the Medicaid Program, please contact Ms. Roach and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Elizabeth Hutto, Deputy Director  
Eligibility, Enrollment & Member Services

EH:j

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

**ACTION REFERRAL**

TO <i>Hutto</i>	DATE <i>2-20-15</i>
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2. DATE SIGNED BY DIRECTOR  <i>CC: Kost, Lynch</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature  DATE DUE <i>3-3-15</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. <i>Scanned to Sharon + Carolyn Roach 2/20/15.</i>			
2. <i>Carolyn Roach</i>	<i>2/22/15</i> <b>RECEIVED</b> <i>2/22/15</i> FEB 20 2015		
3. <i>[Signature]</i>	<b>FEMS</b> <i>3/3/15</i>		<b>RECEIVED</b>  FEB 20 2015
4.			Department of Health & Human Services Eligibility, Enrollment & Member Services



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I would very much appreciate it if you would ask your staff to look further into this to determine if anything can be done to help Ms. Mims get the insurance coverage she so desperately needs.

Very truly yours,

A handwritten signature in dark ink, appearing to read "H. K. L.", followed by a long horizontal flourish.

Hugh K. Leatherman, Sr.  
Senate District 31

HKL:dsm

Enclosure

Cc: Ms. Linda F. Mims  
12/MI