

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

**ACTION REFERRAL**

<b>TO</b> <i>Jacobs</i>	<b>DATE</b> <i>8-7-08</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>100078</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8-14-08</i>
2. DATE SIGNED BY DIRECTOR  <i>CC: Forkner</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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. <i>Clean &amp; Jacobs Action approved.</i>			
2.			
3.			
4.			

LINDSEY O. GRAHAM  
SOUTH CAROLINA



280 RUBENELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972

# UNITED STATES SENATE Fax Transmittal Sheet

TO: Emma Forkner

FROM: Sara Snell

DATE: 8-7-08

COMMENTS: Please see the attached.  
Thank you!

2 PAGE(S) TO FOLLOW

IF THERE IS ANY PROBLEM RECEIVING THIS FAX,  
PLEASE CALL (803) 933-0112

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SUITE 202  
COLUMBIA, SC 29201  
(803) 535-0112

401 WEST EVANS STREET  
SUITE 226B  
FLORENCE, SC 29501  
(843) 669-1606

101 EAST WASHINGTON STREET  
SUITE 220  
GREENVILLE, SC 29601  
(864) 250-1417

550 JOHNNIE DODD'S BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 649-5887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 368-2828

08/07/2008 04:16PM

135 EAGLES NEST DRIVE  
SUITE B  
BOWEN, SC 29678  
(854) 888-3330

LINDSEY O. GRAHAM  
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
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# UNITED STATES SENATE

August 7, 2008

Ms. Emma Forkner  
Director  
SC Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

RE: Beth Guarnieri  
2110 Vireo Drive  
North Augusta, SC 29841  
(803) 510-0024

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Beth Guarnieri, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to Mrs. Guarnieri.

Sincerely,

Lindsey O. Graham  
United States Senator

LOG/ss

Enclosure

808 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 568-0112

401 WEST EVANG STREET  
SUITE 228B  
FLORENCE, SC 29501  
(843) 669-1505

101 EAST WASHINGTON STREET  
SUITE 220  
GREENVILLE, SC 29601  
(864) 250-1417

590 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 848-5887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 366-2626

135 EAGLES NEST DRIVE  
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SPENCER, SC 29779  
(803) 886-5260

08/07/2008 04:16PM

### E-Mail Viewer

Message	Details	Attachments	Headers	Source
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HTML

From: "WebServer Reserved UID" <webservd@www.senate.gov>  
 Date: 8/1/2008 3:05:49 AM  
 To: "webmail@lgraham-ig.senate.gov" <webmail@lgraham-ig.senate.gov>  
 Cc:  
 Subject: Senator Lindsey Graham

Sender's IP address = 68.47.57.148

<APP>SCCMail  
 <PREFIX>msg</PREFIX>  
 <FIRST>beth</FIRST>  
 <LAST>guamieri</LAST>  
 <ADDR1>2110 virgo dr.</ADDR1>  
 <ADDR2></ADDR2>  
 <CITY>north augusta</CITY>  
 <STATE>SC</STATE>  
 <ZIP>29841</ZIP>  
 <HPHONE>(803) 510-0024</HPHONE>  
 <WPHONE></WPHONE>  
 <EMAIL>bethnkevin@comcast.net</EMAIL>  
 <ISSUE>HEA</ISSUE>

<>yes, i would like a written response. </>  
 <MSG>i live in north augusta sc. i work in augusta, ga. im 47 yrs old. i applied for medicaid 6.23.08 approx. in sc for help w/2 surgeries. 1-1 was bleeding and passing blood clots for 4 months. life threatening. i cant afford insurance. 2-i have 3 nodules on my left thyroid that is life threatening. i choke frequently & have lost 40 lbs due to fear of choking.

last friday at work in ga., i passed out & was rushed by ambulance to doctors hospital. i had only 6 pints of blood in me. normal im told is 12-14 pints.

i made several pleading phone calls to my assigned case worker velta johnson just days prior to this incident, they went unanswered. i could have died out & died. i wonder just how many people have died waiting for a response? isnt our government supposed to help hard working, tax paying people who need help? not a hand out & not for generation after generation? why am i being ignored by this caseworker? and medicade?

because i live in sc, i cant get medicade coverage in ga? i work & pay taxes in both states!! th3 surgeon that did the biopsies & will do the surgery is in ga.

why is there no uniform plan in place for EVERYONE [even ones like me-legal american citizer's w/o children]? i HAVE to have a radical hysterectomy to remove the CERVICAL CANCER that i have. is there anything you can do to help make medicade the same in every state? can you direct me to someone or an organization who can help w/this?

my hysterectomy has to be done before it spreads. my surgeon wants to do it in 2 weeks. i hopp3 i dont die from the 2 life threatening surgeries before people like me can get help. im not being dramatic, just sincere and worried and scared!

i would appreciate any help you may be able to give me & the people, because i was incoherent, semi-conscious, the ambulance took me to a ga. hospital. now i no; only have to worry about finding out i have cancer. i have to worry about not getting any financial help because i live 4 miles from the ga. border!

this does not make sense and im sick about it.

PLEASE HELP.

thank-you for your time,

beth guamieri

</MSG>

</APP>

<>please enter your zip code in the format 12345 or 12345-1234.</>

Close

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/07/08  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 06/23/08 END: PAGE: 0001

NAME: GUARNIERI BETH A HH NAME: GUARNIERI BETH A

RCP NUMBER: 3780891193 HH NUMBER: 101271674 ACTION TYPE: MAINTENANC

SSN: 045-56-2147 VC: V APL STATUS: ACTION DATE: 06/30/08

PRIMARY INDIVIDUAL: APL CO: 02 WORKER ID: VERTU LOCATION: 001

2110 VIREO DR SSCN: RRN:

RACE: 01 SEX: F MARITAL STATUS: M

TPL: N RSP: 0 RELATION: SELF

DOB: 05/13/1961 DOD:

NORTH AUGUSTA SC 29841- CORRECT RCP NUMBER: \_\_\_\_\_ LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG BEG END BENEFITS QMB RETRO % OF POV  
S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND LEVEL SPONSOR

UPDATED: USER ID: VERTU DATE: 06/30/08 SYSTEM ID: SVE3000 DATE: 07/02/08  
ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV

PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/07/08  
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: GUARNIERI BETH A PAGE: 0001  
HH NUMBER: 101271674 APL STATUS: \_\_\_\_\_ ACTION TYPE: MAINTENANCE  
ACTION DATE: 06/30/08

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	SPNSR	REVIEW	REVIEW	BG	STATUS
S	40161850	ABD	VERTJ	02	001	0200	_____	_____	_____	PENDING

UPDATED: USER ID: VERTJ DATE: 06/30/08 SYSTEM ID: HMS5000 DATE: 06/30/08  
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1 ->HELP PF3 ->HH MEMBERS PF5 ->BG DETERMINATION  
PF6 ->RETURN PF7 ->PREV PF8 ->NEXT PF10 ->PREV MENU PF17 ->ELD00



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

Mark Sanford  
Governor

Emma Forkner  
Director

August 20, 2008

The Honorable Lindsey Graham  
United States Senate  
530 Johnnie Dodds Boulevard, Suite 202  
Mount Pleasant, South Carolina 29464

Dear Senator Graham:

Thank you for contacting our agency on behalf of Ms. Beth Guarneri regarding Medicaid eligibility and her healthcare needs. Good customer service is extremely important to us, and we regret any difficulty or misunderstandings Ms. Guarneri experienced during the eligibility determination process.

A member of our staff has been in direct contact with Mr. Guarneri to address her questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. We also mailed her information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, inpatient hospitalization and daily living expenses.

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,

Emma Forkner  
Director

EF/jcolc

*Log # 0078*



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

Mark Sanford  
Governor

Emma Forkner  
Director

August 20, 2008

Ms. Beth Guarnieri  
2110 Vireo Drive  
North Augusta, South Carolina 29841

Dear Ms. Guarnieri:

Senator Lindsey Graham asked our agency to assist with your questions concerning Medicaid eligibility and your healthcare needs. Good customer service is important to us, and I regret any difficulty or misunderstandings you experienced during the eligibility determination process.

Our records indicate you applied for Medicaid under the Aged, Blind or Disabled (ABD) program on June 23, 2008. Medical consultants are currently reviewing your records, and we have asked them to expedite their disability determination. We will monitor your application's progress and keep you informed. If you have any questions about your application, please contact the Aiken County Medicaid supervisor, Ms. Rebecca Smith, at (803) 642-3690.

We are also reviewing your application to determine if you qualify for Medicaid's Breast and Cervical Cancer Program. We cannot make an eligibility decision until we receive your pathology report. Janelle Lee mailed you a letter requesting this information be returned by September 2, 2008. It is very important that you return this information as quickly as possible. If you have any questions regarding the requested documentation please contact Ms. Lee at (803) 898-2966.

If approved for Medicaid, you may obtain Medicaid covered services in Georgia as long as the provider is within the South Carolina Medical Service Area (SCMSA), which includes areas within 25 miles of the South Carolina state border. To receive services from a provider that falls outside of the SCMSA, prior approval is required. Additionally, the provider must be enrolled in the South Carolina Medicaid program and accept you as a Medicaid patient.

We have enclosed information on other programs that can assist South Carolina residents with their healthcare needs, prescriptions, inpatient hospitalization and daily living expenses. If you have any questions about the Medicaid program please contact Sheila Chavis at (803) 898-2707 or 1-888-549-0820 Ext. 2707 (toll free). We hope this information is helpful.

Sincerely,

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

Alicia Jacobs  
Acting Deputy Director

AJ/colc  
Enclosures

Medicaid Eligibility and Beneficiary Services  
P. O. Box 8206 • Columbia, South Carolina 29202-8206  
Phone (803) 898-2502 • Fax (803) 255-8235