

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

ACTION REFERRAL

TO <i>Jacob DC</i>	DATE <i>8-12-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100088</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8-19-08</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 8/19/08, 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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

August 11, 2008

RECEIVED

AUG 12 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

RE: Ms. Jo Ann Williams
SSN: 251-84-8504

Dear Ms. Forkner:

Enclosed is a copy of correspondence I have received from the above named constituent. I believe you will find it self-explanatory.

Your reviewing this material and providing any assistance or information possible under the governing statutes and regulations will be greatly appreciated. Thank you for your attention in this matter. I look forward to hearing from you soon.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Graham".

Lindsey O. Graham
United States Senator

LOG/lt

Enclosure

Please reply to: Senator Lindsey Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt Pleasant, South Carolina 29464

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANS STREET
SUITE 226B
FLORENCE, SC 29501
(843) 669-1505

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

530 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2828

138 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 888-3330

AUTHORIZATION FORM

I hereby authorize United States Senator Lindsey O. Graham to receive any information from agencies pertaining to my request below. This authorization is in accordance with the provisions of the Privacy Act of 1974.

(PLEASE TYPE OR PRINT BELOW.)

Name: ToAnn B. Williams Phone: 803-943-0851
Address: P.O. Box 262
City: Narrville State: SC Zip: 29944
Social Security Number: 251-84-8504 VA Number:

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of this form or an additional piece of paper.)

Every time I file for Medicaid coverage. I am denied, they say my income is too much. Now, I get \$977.00 per month. Three years ago, in 2005 I got \$976.00 per month. I am 61 years old and have not been able to work for many years. My husband died in 1995. I don't have anything but, a Mobile home that I am paying \$283.75 per month. Thank You, over to back

Signature: Jolana B. Williams Date: July 28, 2008

Please return form to: U.S. Senator Lindsey O. Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464

I have diabetes, a hiatal hernia, heart problems, had open heart surgery in 1999, had to have my left leg amputated in 2007, and my right leg is bad too. Early stage of degeneration of my eyes.

To get around the house I have to rent a wheel chair.

Thank You,
John



Log #0088

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 19, 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. Jo Ann Williams regarding Medicaid eligibility and the recent change in the payment of her Medicare Part B premium.

A member of our staff has been in direct contact with Ms. Williams regarding Medicaid eligibility and the rules and regulations governing the program. The Qualified Individual program has been reauthorized and individuals who lost eligibility have been approved retroactively to July 1, 2008. The Social Security Administration will refund premiums that were deducted from individual's Social Security checks since July 1, 2008.

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 blue ink that reads "Emma Forkner".

Emma Forkner
Director

EF/fjcol



Log # 0088

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 14, 2008

Ms. Jo Ann B. Williams
Post Office Box 262
Varnville, South Carolina 29944

Dear Ms. Williams:

Senator Lindsey Graham contacted our agency on your behalf regarding Medicaid eligibility and the recent change in the payment of your Medicare Part B premium.

You were part of the Qualified Individual (QI) program that paid your Medicare Part B premium. This program ended June 30, 2008 but has now been extended. You will receive written notice of your approval for the QI program shortly. Medicaid will again start paying your monthly Medicare Part B premium of \$96.40 retroactive to July 1, 2008. This also means the Social Security Administration (SSA) will stop taking \$96.40 out of your Social Security check to pay your Medicare Part B premium. It may take a month or more for this deduction to stop, but you will get a refund from SSA for premiums deducted since July 1, 2008.

You are eligible for this benefit only through December 31 of this year. To be eligible for this benefit next year, you must reapply. We will mail you an application in October.

Unfortunately, your income exceeds the limit for you to be eligible under any Medicaid coverage group that offers full benefits at this time. Income is based on gross earnings and does not allow deductions for utilities, car payments or other living expenses.

We regret the inconvenience these changes may have caused you and your family. If you have additional questions, please contact Jennifer Lynch at (803) 898-3965, and she will be happy to assist you.

Sincerely,

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

Alicia Jacobs
Acting Deputy Director

AJ/col