

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO <i>Hutto</i>	DATE <i>7-3-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000007</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 7/30/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-15-14</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.			

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6972

UNITED STATES SENATE

June 30, 2014

RECEIVED

JUL 03 2014

Mr. Anthony Keck
Director
S.C. Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, 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 the individual.

Sincerely,

A handwritten signature in black ink, appearing to read "Lindsey", written in a cursive style.

Lindsey O. Graham
United States Senator

LOG/lt

Enclosure

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: WALTER A. GLANTON Phone: (843) 330-6177

Address: 219 I.B.'S LN.

City: GOOSE CREEK State: S.C. Zip: 29445

Social Security Number: 251-43-0056 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.)

I Filled out the Medicaid forms for my daughter and myself
Back in JAN. OR FEB. I was told I couldn't get it and they
HAVEN'T Put my daughter Back on Medicaid and she has to see
a doctor. Im on disability and I told the lady I was in
an accident that almost killed me and I still have head trauma
that's why I turned the forms for us in late. on other paper
will finish story.

Signature: Walter A. Glanton

Date: JUNE 27, 2014

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

I know other people on disability that make the same amount I do and they get Medicaid and Medicare. I don't know what the problem is but they won't answer the phone or give me a call back. This was out of my control when I got in the accident. I'm lucky that I can write and have some thought and motor skills left to fill this out

Thank You
Walter H. Stanton

Log # 0007



Nikki Haley
Anthony Keck
P.O. Box 8206 - Columbia, SC 29202
www.scdhhs.gov

July 30, 2014

Mr. Walter Glanton
219 Ibis Lane
Goose Creek, SC 29445

Dear Mr. Glanton:

This is in response to your letter to Senator Lindsey Graham regarding your daughter, Linda Glanton, application for Medicaid benefits.

We are pleased to inform you that your daughter has been re-approved for Medicaid benefits effective January 1, 2014. We sincerely apologize for the delay in processing her application.

Also you currently have Medicaid under the Specified Low Income Medicare Beneficiaries (SLMB) program. Under SLMB, Medicaid pays your Medicare Part B premium of \$104.90 monthly.

If you have additional questions regarding the Medicaid program, you may contact Ms. Carolyn Roach in Member Relations and she will be happy to assist you. Ms. Roach can be reached at 803-898-3967.

Thank you for your continued interest and support of the South Carolina Medicaid Program. If I may be of further assistance, please let me know.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth B. Hutto".

Elizabeth B. Hutto, Deputy Director
Eligibility, Enrollment & Member Services