

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggatt</i>	DATE <i>6-9-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000405</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Kost Lynch</i> <i>Cleared 6/18/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-18-14</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) 224-5972

UNITED STATES SENATE

June 4, 2014

RECEIVED

JUN 09 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

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 "Jim", written over a horizontal line.

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: Joyce Mae White Phone: 803-829-174
Address: 8666 Charleston Hwy
City: Bowman State: SC Zip: 29018
Social Security Number: 251-31-8475 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 having problem with my Back I'm getting
run around get Right doctor To Solve
my Sickness, I can Barely push my wheel
my legs hurting alot, feet swollen up
alot, Medicated not helping much I'm truly
Sick wanna walk again soon tired Being
off my feet

Signature: Joyce White Date: 5/31/04

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

I'm under long term program I Request for more help five days a week They are moving slow at help, Mrs. Greene put Blame on me I'm is Hold on Them finding someone To Be with me can't Be There By myself, my daughter work my son go School, my health getting poorly need help Badly so I contact my case manager put Blame That I was the hold up why They slowly finding Someone for me my Brother Henry was at my home When case manager show up + what was say not She turning all around on me I was the Hold up, my Brother Andrew took what she say about me I know ~~lies~~ lie She my new case manager didn't had it all Together now she did But I needed help Badly, There Somethings Lying on nerve in Back causing pressure on legs + Feet I Can Barely move around, I truly need Help Barely can't Be here By myself Honest! I did contact Mrs. Greene concerning my case after I Scam her in April 2014 Say she get Back To me Now she try do somethings Need Seniors Graham with Right help soon!

June 18, 2014

Ms. Joyce White
8666 Charleston Hwy
Bowman, SC 29018

Dear Ms. White:

Thank you for your recent request for assistance through Senator Lindsey Graham's office.
In your letter dated May 31, 2014, you mentioned changes in providers and a need for daily services.

Our review of your services found you did recently have a change in case management and personal care providers with a new provider of personal care services scheduled to begin June 18, 2014.

Due to changes in your condition following a recent hospitalization, your new case manager Carolyn Collier-Greene made a service referral on May 30, 2104 for an additional 2 hours a week of Personal Care II services with services now to be provided 7 days a week.

The services in your updated service plan are listed below:

- Personal Care II 7 units/hours a week
- Personal Care I 5 units/hours a week
- Companion-Agency 10 units/hours a week
- Incontinence Supplies:
 - Wipes 1 unit(box)/month
 - Briefs 1 unit(case)/month
 - Pads 1 unit(case)/quarter
- Nutritional Supplements 2 units(cases)/month
- Home Delivered Meals 7 units/week

Your case manager will be monitoring to ensure your new provider and service changes start as scheduled. You may also contact Ms. Collier-Greene directly at (803) 664-2285 with concerns and changes in your needs or the Orangeburg CLTC Area Administrator Mrs. Jestine Carter at (803) 536-0122.

Thank you for letting us assist with your concerns.

Sincerely,



Mona Sechrest, Program Manager I