

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>4-25-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100413</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>5-3-12</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fock, Cingler cleared 5/22/12 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
<i>1. Also letter sent 6/14/12, letter attached</i>			
<i>2.</i>			
<i>3.</i>			
<i>4.</i>			

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

April 18, 2012

RECEIVED

APR 25 2012

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

RE: Ms. Constance Cronin
SSN: 216-64-6690

Dear Mr. Keck:

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 "Lins", written over a horizontal line.

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 111
FLORENCE, SC 29501
(843) 669-1505

130 SOUTH MAIN STREET
SUITE 700
GREENVILLE, SC 29601
(864) 250-1417

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

235 EAST MAIN STREET
SUITE 100
ROCK HILL, SC 29730
(803) 366-2828

124 EXCHANGE STREET
SUITE A
PENDLETON, SC 29670
(864) 646-4090

ATT: Leslie

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: Constance L Green Phone: 843-292-3033

Address: 816 Helmman Way

City: Williston Head State: SC Zip: 29928

Social Security Number: 216-46-6990 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.)

Leslie, I need Medicail. Now I have nooty

bill collectors calling every-day. They are not nice +

I've explained what \$1500 per week, I get \$982.

Is not covering food, car + insurance. I have over

\$ 30,000 in Medical, I need dental work, & a professional

to talk to,

Signature: L Constance L Green Date: 4/17/12

Please return form to:

U.S. Senator Lindsey O. Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464

Log # 413

South Carolina Department of
Health & Human Services



Anthony E. Keck • Director
Nikki R. Haley • Governor

May 22, 2012

Ms. Constance L. Cronin
86 Helmsman Way
Hilton Head, South Carolina 29928

Dear Ms. Cronin:

United States Senator Lindsey Graham contacted this agency on your behalf regarding Medicaid eligibility and your healthcare needs.

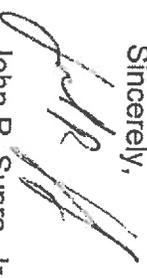
Your application for Medicaid's Aged, Blind or Disabled (ABD) program was denied in February 2012 because your income is above the allowable limit of \$931 for an individual. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses.

You are currently eligible under our Specified Low Income Medicare Beneficiary (SLMB) program which allows for a higher income level. SLMB will assist you by paying your Medicare Part B monthly premium; however, you will not receive full ABD coverage. You will also maintain the same Medicare benefits you currently have.

You may wish to contact the Department of Social Services at (800) 768-5700 to determine if you qualify for the Supplemental Nutrition Assistance Program which helps eligible individuals purchase food.

If your situation changes, you may re-apply for Medicaid benefits at any time. You may reach our Beaufort Medicaid Office at (843) 255-6095. I hope this information is helpful.

Sincerely,


John R. Supra, Jr.
Deputy Director

JS/I

Brenda James



From: Teeshla Curtis
Sent: Thursday, June 14, 2012 12:37 PM
To: Brenda James
Cc: Jennifer Lynch; Michael Jones; Sharon Mondier
Subject: Ref Log 000413 Response
Attachments: Ref Log 000413 Legislative Response.pdf; Ref Log 000413 Response.pdf

Brenda,

Attached is the response for Log 413.

Teeshla Curtis

Administrative Coordinator
Office of Information Management
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29202
(803) 898-2502

Log # 413


South Carolina Department of
Health & Human Services



Anthony E. Keck • Director
Nikki R. Haley • Governor

June 14, 2012

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 this agency on behalf of Ms. Constance Cronin regarding Medicaid eligibility and her healthcare needs.

We responded in writing to Ms. Cronin regarding Medicaid eligibility and the rules and regulations governing the program as well as explained the benefits of the program in which she qualifies.

In addition, we referred her to the Department of Social Services to determine if she may qualify for the Supplemental Nutrition Assistance Program which helps eligible individuals purchase food.

We appreciate your continued interest and support of the South Carolina *Healthy Connections* Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Anthony E. Keck
Director

AEK/I

log # 413

South Carolina Department of
Health & Human Services



Anthony E. Keck • Director
Nikki R. Haley • Governor

June 14, 2012

Ms. Constance L. Cronin
86 Helmsman Way
Hilton Head, South Carolina 29928

Dear Ms. Cronin:

United States Senator Lindsey Graham contacted this agency on your behalf regarding Medicaid eligibility and your healthcare needs.

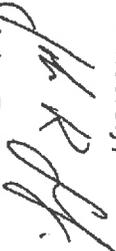
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Sincerely,


John R. Supra, Jr.
Deputy Director

JS/I