

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>3-17-14</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000320</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 3/18/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-26-14</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



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

UNITED STATES SENATE Fax Transmittal Sheet

RECEIVED

MAR 14 2014

TO: DHHS 808 4515

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FROM: Scott J. Webb

DATE: 3/12

COMMENTS: Re: McKinney needs help
w/ Medicaid.

Thanks!

3 PAGE(S) TO FOLLOW

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

Confidentiality: This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.
Thank you.

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

401 WEST EVANS STREET
SUITE 111
FLORENCE, SC 29501
(843) 689-1829

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) 365-2828

124 EXCHANGE STREET
SUITE A
PENNINGTON, SC 29670
(854) 646-4080

03/14/2014 3:24PM (GMT-04:00)

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

March 12, 2014

RECEIVED

MAR 14 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,

Lindsey O. Graham
United States Senator

LOG/jsj

Enclosure

MAR 4 2014

LINDSEY O. GRAHAM
SOUTH CAROLINA290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 274-6972

UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: Lorraine McKinney Phone: 803 6529-9230

Address: 109 Millpine Road Apt 501

City: Columbia State: S.C. Zip: 29212

Social Security Number: 251-31-2575 VA Number (if applicable): NA

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 the form).

I have PTSD and once Dr. told me I had Bipolar, also have Anxiety, panic attacks, Epilepsy. I would like senator to try help me get me Medicated, A doctor to look at me closer to see whats causing the seizures. I see a psychiatrist or counselor

Signed: Lorraine McKinney Date: 2-26-14

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name Mike Kelly Law

Please return form to:
U.S. Senator Lindsey O. Graham
508 Hampton Street, Suite 202
Columbia, South Carolina 29201
Phone: (803) 933-0112
Fax: (803) 933-0957

2.24.14

to try to work with my mental illness
I have to go to the free clinic down
town. I might get to see my neurologist
every 3 to 6 months. I have no income
I live in Woodsedge Apts. Disability Apts
I get 189⁰⁰ a month foodstamp. I have
no money to get personal needs. I have
outrageous hospital bills. I can't pay
some times I have 2 or 3 seizures
back to back. I have scars all over
my body from seizures. I am ~~suppose~~ suppose
to have someone with me all the time
ordered by the doctor at the clinic.
I have been fighting this disability
for 6 plus years my health is getting
worse because I can't get proper medical
care. I have trouble getting some of
my meds. The clinic pays for most of them
I have to get to the clinic at 4:05
in the morning, to get a spot to see a doctor.
We have to wait in the cold until they open at
9 AM, then we may see them by 5:00 noon. If
not we have to stay until 1 pm then it may be
4 or 5 before we see someone. Please help me
I ask sincerely. I have no family to help. You can
also reach me at 432-8385. Thank you very much

Log #320 ✓

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>3-17-14</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000320</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>/</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-26-14</i>
	<input type="checkbox"/> FOIA <i>MS's Due Note 3/24/14</i> 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. Sent to Sharon via email	<i>3/18/14</i>	RECEIVED MAR 17 2014	
2. I emailed CR Sharon Mendler	<i>3/24/14</i>	<i>EEms</i>	
3. Carolyn Rodes	<i>3/25/14</i>		
4. <i>[Signature]</i>	<i>4/1/14</i>		

Nikki Haley GOVERNOR
Anthony Keck DEPUTY GOV

P.O. Box 8206 Columbia, SC 29202
www.scdhhr.gov

April 16, 2014

Ms. Lorraine McKinney
109 Hillpine Road, Apt.
Columbia, SC 29212

Dear Ms. McKinney:

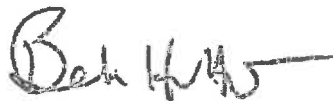
Senator Lindsey Graham contacted our agency on your behalf regarding your Medicaid eligibility and healthcare needs.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid under the Aged, Blind or Disabled (ABD) category, an individual must meet the income, resource and disability requirements. Medicaid uses the same disability guidelines as the Social Security Administration when determining eligibility for the ABD program. Your last application for Medicaid's ABD program was denied on March 2, 2013, because you did not meet the Social Security Administration's (SSA) disability criteria. Medicaid is required to adopt SSA's decision when determining eligibility for the ABD program.

You are currently appealing SSA's disability decision. If SSA reverses their disability decision, you should contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you in determining if you are Medicaid eligible. Ms. Roach has mailed you some information on other programs and organizations which may also be able to assist you with your healthcare needs. If you have additional questions, please contact Ms. Roach. She may be reached at (803) 898-3967.

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,



Beth Hutto
Deputy Director for Eligibility, Enrollment
& Member Services

BH:j

LINDSEY O. GRAHAM
SOUTH CAROLINA280 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5872UNITED STATES SENATE
Fax Transmittal Sheet

RECEIVED

MAR 14 2014

TO: DHHS 878 4515Department of Health & Human Services
OFFICE OF THE DIRECTORFROM: Scott TarulloDATE: 3/12COMMENTS: RE: McKinney needs help
w/ Medicaid.Thanks!3 PAGE(S) TO FOLLOWIF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE
CALL (803) 933-0112.

Confidentiality: This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.

Thank you,

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112401 WEST EVANS STREET
SUITE 111
FLORENCE, SC 29501
(843) 688-1528130 SOUTH MAIN STREET
SUITE 700
GREENVILLE, SC 29601
(864) 250-1417530 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29584
(803) 848-2887235 EAST MAIN STREET
SUITE 100
ROCK HILL, SC 29730
(803) 265-2828124 EXCHANGE STREET
SUITE A
FERRISBURGH, SC 29870
(864) 848-4080

03/14/2014 3:24PM (GMT-04:00)

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

March 12, 2014

RECEIVED

MAR 14 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,

Lindsey O. Graham
United States Senator

LOG/jsj

Enclosure

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

401 WEST EVANS STREET
SUITE 111
FLORENCE, SC 29501
(843) 668-1505

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

830 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 649-3957

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

124 EXCHANGE STREET
SUITE A
PENDLETON, SC 29670
(864) 848-4090

03/14/2014 3:24PM (GMT-04:00)

MAR 4 2014

LINDSEY O. GRAHAM
SOUTH CAROLINA290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: Lorraine McKinney Phone: 803/529-9230

Address: 109 Hillpine Road Apt G01

City: Columbia State: S.C. Zip: 29212

Social Security Number: 251-31-2575 VA Number (if applicable): NA

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 the form).

I have PTSD and once Dr told
me I had Bipolar, also have Anxiety, panic
attacks, Epilepsy. I would like senator to
try help me get me medical, A doctor to
look at me closer to see whats causing the
seizures. I see a psychiatrist or counselor

Signed: Lorraine McKinney Date: 2-26-14 27

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name Mike Kelly Law

Please return form to:

U.S. Senator Lindsey O. Graham
508 Hampton Street, Suite 202
Columbia, South Carolina 29201
Phone: (803) 933-0112
Fax: (803) 933-0957

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

401 WEST EVANS STREET
SUITE 111
FLORENCE, SC 29501
(843) 669-1509

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

530 JOHNSIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29564
(843) 849-3887

235 EAST MAIN STREET
SUITE 100
ROCK HILL, SC 29730
(803) 365-2628

124 EXCHANGE STREET
SUITE A
PENDLETON, SC 29670
(864) 846-4080

03/14/2014 3:24PM (GMT-04:00)

2:24:14

to try to work with my mental illness
I have to go to the free clinic down
town. I might get to see my neurologist
every 3 to 6 months. I have no income
I live in Woodsedge Apts. Disability Apts
I get 189⁰⁰ a month foodstamp. I have
no money to get personal needs. I have
outrageous hospital bills. I can't pay
some times I have 2 or 3 seizures
back to back. I have scars all over
my body from seizures. I am ~~suppose~~ suppose
to have someone with me all the time
ordered by the doctor at the clinic.
I have been fighting this disability
for 6 plus years my health is getting
worse because I can't get proper medical
care. I have trouble getting some of
my meds. The clinic pays for most of them
I have to get to the clinic at 4-5
in the morning to get a spot to see a doctor
we have to wait in the cold until they open at
9 AM, then we may see them before noon. If
not we have to stay until 1 pm then it may be
4 or 5 before we see someone. Please help me
I ask sincerely. I have no family to help. You can
also reach me at 432-8305. Thank you very much

Copy

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

Ms. Lorraine McKinney
109 Hillpine Road, Apt. G01
Columbia, SC 29212

Dear Ms. McKinney:

Senator Lindsey Graham contacted our Agency on your behalf regarding Medicaid eligibility and your healthcare needs.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid under the Aged, Blind or Disabled (ABD) category, an individual must meet the income, resource and disability requirements. Medicaid uses the same disability guidelines as the Social Security Administration when determining eligibility for the ABD program.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions and inpatient hospitalization. I hope this information is helpful.

If you have additional questions, please contact me at (803) 898-3967.

Sincerely,

Carolyn Roach
Carolyn Roach, Program Manager I
Office of Member Relations

Enclosures

*3/18/14 - Jacked to Ms. McKinney
States SSA hearing is next month.*