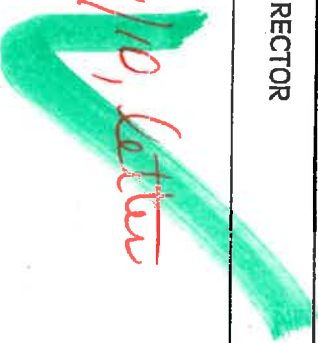


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>10-21-10</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>100190</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Jacobs</i> <i>cleared 11/1/10, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-2-10</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.			

RECEIVED

OCT 21 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Xan C. Moseley
PO Box 888

Fairfax, South Carolina 29827

October 20, 2010

Re: Kaitlyn R. Moseley

DOB: 12/01/1993

Medicaid # 4727451201

To Whom It May Concern:

This is to ask for a Fair Hearing on the denial of benefits for my daughter mentioned above. I had originally received a letter stating that her benefits would be terminated on 10/1/10 but in contacting the worker in our County, and the need for further paperwork, the case was re-opened. I then, after giving the information asked about, received a letter stating that her benefits would terminate on 11/1/10.

I am asking that her benefits NOT be stopped until we have the Fair Hearing. I have heard nothing about a date or when or where this would take place.

My daughter is Immune Deficient (PIDD) with specifically being Common Variable Immune Deficient (CVID). She has had this disease all of her life and will have it the rest of her life. She will ALWAYS be on infusions for this disease.

I am also asking for applications for obtaining benefits thru Disability and TEFRRA/Katie Beckett plans. Please forward all applications to the above address.

My daughter is a special needs case due to her disease. She

takes numerous medications and treatments for this disease.
Any help or information will be greatly appreciated.

I look forward to your reply and the applications for a Fair
Hearing, TEFRA/Katie Becket Program, and Disability.
Thank you,

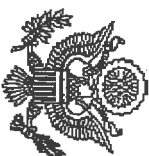
Xan C. Moseley

Xan C. Moseley
803-584-2488

cc:

The Honorable Mark Sanford
The Honorable Joe Wilson
The Honorable Jim DeMint
The Honorable Brad Hutto
The Honorable Lonnie Posey
Mrs. Emma Forkner, Dir. Of SC-DHHS
Mrs. Crystal Roberts
Ms. Monica Williams

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

Fax Transmittal Sheet

TO: Emma Fortner 818-4515

FROM: Sophie Martin

DATE: 10-25-16

COMMENTS: Ref Log #190

2 PAGE(S) TO FOLLOW

*Jeff Bryan
Hearing Officer
Oct 4, filed.*

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 EXAMP STREET
SUITE 228B
FLORENCE, SC 29501
(843) 669-1606

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

550 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29564
(843) 846-3887

140 EAST MAIN STREET
SUITE 110
FLORENCE, SC 29730
(803) 268-2828

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

10/25/2010 02:20PM

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

October 25, 2010

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

Dear Emma:

The attached letter concerns an issue outside of my official jurisdiction. Therefore, as a courtesy to my constituent, I am sending this correspondence to you.

Thank you for your attention to this matter. I ask that you please respond directly to the individual.

Sincerely,

A handwritten signature in dark ink, appearing to read "L. Graham", written over a horizontal line.

Lindsey O. Graham
United States Senator

LOG/sl

Enclosure

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 983-0112

401 WILKT EVANG STREET
SUITE 111
FLORENCE, SC 29501
(843) 669-1805

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

510 JOHNNIE DODGE BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 949-3867

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 386-2828

124 EXCHANGE STREET
SUITE A
PENDLETON, SC 29870
(864) 646-4090

10/25/2010 02:20PM

E-Mail Viewer

Message	Details	Attachments	Headers	Source
<div>HTML</div> <p>From: "WebServer Reserved UID" <webserver@a-ess-www.senate.gov> Date: 10/21/2010 10:10:28 AM To: "webmail@lgraham-lq.senate.gov" <webmail@lgraham-lq.senate.gov> Cc: Subject: Senator Lindsey Graham</p> <p>Sender's IP address = 72.148.98.67</p> <p><APP>SCCMail <PREFIX>Mrs.</PREFIX> <FIRST>Xan C.</FIRST> <LAST>Moseley</LAST> <ADDR1>PO Box 888</ADDR1> <ADDR2></ADDR2> <CITY>Fairfax</CITY> <STATE>SC</STATE> <ZIP>29827</ZIP> <HPHONE>803-584-2488</HPHONE> <WPHONE></WPHONE> <EMAIL>xan86@bellsouth.net</EMAIL> <ISSUE>HEA</ISSUE></p> <p><>Yes, I would like a written response.</> <MSG>I am writing to ask for help to be able to KEEP my daughters Medicaid coverage. She is Immune Deficient and has been on Medicaid for most of her life. I am now being told that her benefits will be terminated as of 11/1/10 due to they say income and not meeting the critical needs requirement. I do NOT understand this. Her diagnoses is the SAME and our income does not change that much. I am on complete disability. Her LIFE SAVING medications cost in excess of \$8,000.00 per month. She HAS to do a weekly infusion to STAY alive. She has done this all of her life and will have to continue to do this till her death. This will NOT change!!! Please help me in ANY way that you can. I look forward to your prompt reply. Any help will be greatly appreciated. Thank you. Xan C. Moseley </MSG> <>please enter your zip code in the format 12345 or 12345-1234.</> </APP></p>				

Close

Log # 190 ✓

November 1, 2010

FIRST CLASS MAIL

Xan C. Moseley
P.O. Box 888
Fairfax, SC 29827

RE: Kaitlyn Moseley
Medicaid # 4727451201

Dear Ms. Moseley:

I am writing in response to your inquiry of October 20, 2010.

I understand that your daughter's, Kaitlyn's Aged, Blind, and Disabled (ABD) Medicaid benefits were ceased due to a failure to provide requested information and that you have appealed that determination to the Division of Appeals and Hearings. On October 19, 2010 Hearing Officer W. Jefferson Bryson issued an Interlocutory Order that required a response from you. You did respond to that Interlocutory Order on October 25, 2010. Mr. Bryson has not ruled on your response to his Interlocutory Order, but I anticipate his ruling in the very near future and his ruling will determine if an evidentiary fair hearing is scheduled. If you wish to reapply for the ABD and/or TEFRA Medicaid programs on you daughter's behalf, you may obtain those applications from the Allendale County Medicaid office that you have been dealing with.

If you do not receive Mr. Bryson's ruling shortly, or if you have any questions regarding this case, please feel free to contact me directly at 1-800-763-9087.

Sincerely,



Robert French, Director
Division of Appeals and Hearings