

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>12-31-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>000219</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Per Carolyn Roach, extend until 1/29/14</i> <i>closed 2/16/14 see note</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-10-14</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. <i>[Signature]</i>			<i>Contacted Senator's Outreach Office 1/13/14</i>
2.			
3.			
4.			

*1/13/14*  
*-Spoke w/ Patricia and she will inform Leslie Thrasher that we are working on this and getting it completed soon. Mrs. Gwyn is working on letter. (spoke w/ her today)*

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

## UNITED STATES SENATE

December 16, 2013

**RECEIVED**

DEC 20 2013

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: Mr. Gayle Fox  
SSN: 268-46-1115

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 "Lindsey", 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

# 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: Gaule W Fox Phone: 843.342.4522 - Life Care Ctr  
*This is my room # where I am.*  
Address: 331 Mildent Hall Dr *Hilton Head*  
City: Piedeland State: SC Zip: 29936  
Social Security Number: 268.46.1115 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 am a quadriplegic and require home health care  
2x's a day. Once in the morning to dress my wounds,  
and clean  
give me a bath, using a hoist lift, put me in my chair.  
At night I need help to go to bed. I have applied for  
the nursing home-home health program thru medicare.  
I need your assistance with this program approval.  
I applied for medicare and this program over a month  
ago and haven't heard anything.  
Signature: GW Fox Date: 12.10.13

Thank you so much.

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

I am currently at Life Care Ctr. Hilton Head until I can get home health care.  
My wounds are finally healing after 2 yrs due to Becky's care  
that is the reason I am here. I can be contacted at my phone number

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF DIRECTOR**

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(PLEASE TYPE OR PRINT BELOW.)

Name: Gayle W Fox Phone: 843.342.4522 - Life Care Ctr  
Hilton Head  
Address: 331 Mildent Hall Dr  
City: Pidgeland State: SC Zip: 29936  
Social Security Number: 268.46.1115 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.)

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Please return form to: U.S. Senator Lindsey O. Graham  
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My wounds are finally healing after 2 yrs due to Becky's care  
she is the wound care nurse here. I can be reached at above phone number

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OFFICE OF DIRECTOR

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TO <i>Supra</i>	DATE <i>12-31-13</i>
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1. LOG NUMBER <b>000219</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Closed 2/6/14, see attached note from Jenny.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-10-14</i> <i>MT Due Date: 1/9/14</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. <i>To Region</i> <i>1/14/14</i>	<i>1/15/14</i>		
2. <i>Maria Lopez</i>	<i>1-15-14</i>		
3. <i>[Signature]</i>	<i>1/14/14</i>		
4.			



February 4, 2014

The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201

Dear Senator Graham:

Thank you for referring Mr. Gayle W. Fox to our Agency regarding the status of his Medicaid application.

Mr. Fox applied for Medicaid's Home and Community Based Waiver Services (HCBWS) program on October 25, 2013. We sincerely apologize for the delay in processing his application.

The HCBWS waiver program covers individuals who meet a medical level of care. Staff in our Community Long Term Care Office (CLTC) must perform a level of care assessment to determine if you are medically eligible for the program. Ms. Carolyn Roach in our Office of Member Relations has been in direct contact with the CLTC office and will monitor his level of care determination to ensure timely processing.

If Mr. Fox has additional questions regarding his application, he may contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist him. Ms. Roach can 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,

Anthony E. Keck  
Director

2/6/14: Spoke w/  
Sen. Graham's office.  
No letter needed.  
- Jenny

2/5  
Jenny - do you think this is  
one that you could call  
the Senator's office  
w/ closure?

AEK/sj

If not, I'll have Tamara make the connection & have  
TK to sign - Thanks, Jan



Nikki Haley GOVERNOR  
Anthony Keck DIRECTOR  
P.O. Box 3206 > Columbia, SC 29202  
[www.scdhhs.gov](http://www.scdhhs.gov)

January 21, 2014

Mr. Gayle W. Fox  
331 Mildred Hall Drive  
Ridgeland, SC 29936

Dear Mr. Fox:

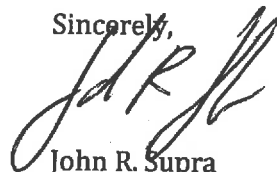
We received a letter from Senator Lindsey Graham regarding your Medicaid application. We sincerely apologize for the delay in the processing of your application.

In accordance with our files, you applied for Medicaid's Home and Community Based Waiver Services (HCBWS) program on October 25, 2013. The HCBWS waiver program covers individuals who meet a certain medical level of care. Staff in our Community Long Term Care Office (CLTC) must perform a level of care assessment to determine if you are medically eligible for the program. Ms. Carolyn Roach in our Office of Member Relations has been in direct contact with the CLTC office and will monitor your level of care determination.

If you have additional questions regarding the Medicaid program, you may contact Ms. Carolyn Roach in our Office of 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,



John R. Supra  
Deputy Director and CIO

JRS:j

## Sharon Mondier

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**From:** Sharon Mondier  
**Sent:** Friday, January 17, 2014 6:12 PM  
**To:** Tamara McDaniel  
**Cc:** Carolyn Roach  
**Subject:** Log 219 FW: logltr00219a 01.14.14 (Client's Letter) MJ Due Date: 01/09/14  
Director's Due Date: 01/09/14 (Extension Requested: 01/13/14)  
**Attachments:** RE: logltr00219a 01.14.14 (Client's Letter) MJ Due Date: 01/09/14 Director's Due  
Date: 01/09/14 (Extension Requested: 01/13/14) ; RE: logltr00219b 01.14.14  
Senator Graham's letter MJ's Due Date 01/09/14 Director's Due Date: 01/09/14  
Extension Requested on 01/13/14

Attached are the electronic versions. The signed blue sheet **will** be hand-delivered. Thanks.