

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

**ACTION REFERRAL**

TO <i>Jacobs</i>	DATE  <i>11-16-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000210</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-29-10</i>  <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR  <i>Cleand 11/18/10, letter attached.</i> <div style="text-align: center; font-size: 2em; color: green;">✓</div>	

APPROVALS <small>(only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



## House of Representatives

State of South Carolina

**RECEIVED**

NOV 16 2010

Department of Health & Human Services  
225 North Main Street, 11th Floor  
Columbia, SC 29201

**J. Roland Smith**

District No. 84 - Aiken County  
183 Edgar Street  
Warrentonville, SC 29851

**Committees:**

Ethics, Chairman  
Ways and Means  
Ways and Means Budget and Finance  
Ways and Means Economic Development,  
Capital Improvement and Other Taxes  
Ways and Means Public Education and  
Special Schools Subcommittee, Chairman  
Ways and Means Proviso  
Ways and Means Revenue Policy  
School Bus Specification Committee

519-B Blatt Building  
Columbia, SC 29211  
Tel. (803) 734-3114

November 12, 2010

**Mrs. Emma Forkner, Director**  
SC Dept. of Health and Human Services  
PO Box 8206  
Columbia, SC 29202

Re: **Ms. Angela M. Prather**  
Case Worker: Verta Johnson; BG# 41363182, HH# 100890416  
Beneficiary ID# 9780007576

Dear Mrs. Forkner:

I am writing this letter on behalf of Angela M. Prather, who has applied for assistance through Health and Human Services Medicaid. She is seriously ill and needs surgery. She would appreciate any and all assistance possible for her through your agency. I have enclosed the only information she has given to me.

Sincerely,

A handwritten signature in dark ink, appearing to read "Roland Smith".

J. Roland Smith

JRS/atc/2010nov12-2

Enclosure

South Carolina Department of Health and Human Services  
Notice of Action

From:

AIKEN COUNTY DHHS  
P. O. Box 2748  
Aiken SC 29802-2748

Date: 10/29/2010

Worker Name:

VERTA JOHNSON

Telephone: 803 642-7505

BG#: 41363182

HH#: 100890416

To:

ANGELA M PRATHER  
141 CARTER ST  
WARRENVILLE SC 29851

Beneficiary Name:  
ANGELA M PRATHER

Beneficiary ID:  
9780007576

Your application has been denied for: AGED, BLIND, DISABLED (ABD)

Reason for denial:  
You do not meet policy rules of age or disability.

Denied for the month(s) of: 08/2010

Manual/policy reference supporting this action: 102.06.01

**Fair Hearing**

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.

Augeo Benefits is a one-stop shop to help you find health insurance made just for you, that you can afford. For more information on health insurance plans that include Major Medical, Limited Medical, Dental and Savings on Prescriptions call Augeo Benefits at 866-273-5613 or visit online at [www.AugeoBenefits.com/sc](http://www.AugeoBenefits.com/sc).

*logged to Jacobs*

*Ref Log # 1374210*  
*Clear 9/27/10*



## House of Representatives

State of South Carolina

NOV 19 2010

Department of Health & Human Services  
OFFICE OF THE ATTORNEY GENERAL

**J. Roland Smith**

District No. 84 - Aiken County  
183 Edgar Street  
Warrenville, SC 29851

**Committees:**

Ethics, Chairman  
Ways and Means  
Ways and Means Budget and Finance  
Ways and Means Economic Development,  
Capital Improvement and Other Taxes  
Ways and Means Public Education and  
Special Schools Subcommittee, Chairman  
Ways and Means Proviso  
Ways and Means Revenue Policy  
School Bus Specification Committee

519-B Blat Building  
Columbia, SC 29211  
Tel. (803) 734-3114

November 17, 2010

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

**Re: Ms. Angela Prather, 141 Carter Street, Warrenville, SC 29851**  
**Tel. 803. 380.9086; Cell 803.226.5009; SSN: 527-33-8961**

**Dear Ms. Forkner:**

Earlier this week, I sent you a letter on behalf of the above referenced and since have received additional documentation from Ms. Prather that will, hopefully, assist with her case. If you would please add this information to her disability claim, I would appreciate it. Her claim was denied by Social Security, and I believe she has appealed that decision.

I know the laws governing Social Security disability were set by the federal government, but any assistance you can offer will be appreciated. If I can provide further information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Roland".

J. Roland Smith

JRS/sse/nov17-10-1

Enclosure

cc: Ms. Angela M. Prather, 141 Carter Street, Warrenville, SC 29851

Dear Mr. Roland Smith,

11-11-2010

I, Angela Maureen Prother, need medical help. I have chronic back pain that consumes my entire life.

I was told by my medical Dr. DR David Tester in W. Augusta, that I need a rod in my back. My pain level from 1 to 10 is a 10.

Please Sir, help me get approved for medicare so I can have my back surgery to relieve such chronic pain.

My S.S.# is 527-33-8961. My Cell# is 803-226-5009. My home # is 803-380-9086 and I live at 141 Carter St. My marital status is: haven't seen or heard from husband in 8 years. On my driver license or S.S. card was never changed to his last name which is Long-John Long. I don't know where he is or if he's alive.

My main concern is I need medicare and disability. I cannot work due to back pain and depression.

Please Help me,

Thank-You!  
Angela Maureen Prother

Notice of Action

From:

AIKEN COUNTY DHHS  
P. O. Box 2748  
Aiken SC 29802-2748

To:

ANGELA M PRATHER  
141 CARTER ST  
WARRENVILLE SC 29851

Date:

10/29/2010

Worker Name:

VERTA JOHNSON

Telephone: 803 642-7505

BG#: 41363182

HH#: 100890416

Beneficiary Name:  
ANGELA M PRATHER

Beneficiary ID:  
9780007576

Your application has been denied for:

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Augeo Benefits is a one-stop shop to help you find health insurance made just for you, that you can afford. For more information on health insurance plans that include Major Medical, Limited Medical, Dental and Savings on Prescriptions call Augeo Benefits at 866-273-5613 or visit online at [www.AugeoBenefits.com/sc](http://www.AugeoBenefits.com/sc).

Medicaid denied  
10-29-2010

Angela  
Prather



**SOCIAL SECURITY ADMINISTRATION**

Refer To: 527-33-8961

Office of Disability Adjudication and Review  
Suite 200  
1927 Thurmond Mall Blvd.  
Columbia, SC 29201

Date: April 29, 2009

Angela Maureen Prather  
141 Carter Street  
Warrenville, SC 29851

*Disability Denial*  
*4-29-2009*  
*Angela Prather*

**NOTICE OF DECISION – UNFAVORABLE**

I have made the enclosed decision in your case. Please read this notice and the decision carefully.

**If You Disagree With The Decision**

If you disagree with my decision, you may file an appeal with the Appeals Council.

**How to File an Appeal**

To file an appeal you or your representative must request that the Appeals Council review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

**Time to File an Appeal**

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

**Time to Submit New Evidence**

You should submit any new evidence you wish to the Appeals Council to consider with your request for review.

**How an Appeal Works**

*mailed Angela*  
*with letter*  
*to SS. office*  
*5-20-09*  
*telling about my appeal*  
*that I didn't*  
*mention.*

See Next Page



SOCIAL SECURITY ADMINISTRATION

Refer to: TLC  
527-33-8961

Office of Disability Adjudication  
and Review  
5107 Leesburg Pike  
Falls Church, VA 22041-3255  
Telephone: (703) 605-8000  
Date: May 6, 2009

*Added Daniel Mayes  
5-13-09*

*received  
letter  
5-13-09*

Mr. W. Daniel Mayes  
Attorney At Law  
P.O. Drawer 2650  
Aiken, SC 29802

Dear Mr. Mayes:

Re: Angela Prather, 141 Carter Street, Warrenville, SC 29851

We have granted your request for more time before we act on your case.

**You May Send More Information**

You may send us more evidence or a statement about the facts and the law in this case.

Any more evidence must be new *and* material to the issues considered in the hearing decision dated April 29, 2009.

**We Will Not Act For 30 Days**

If you have more information, you must send it to us within 30 days of the date of this letter. We will not allow more time to send information except for very good reasons.

Our address and FAX number are:

**ADDRESS:**

Appeals Council  
Office of Disability Adjudication and Review  
ATTN: Branch 23,  
5107 Leesburg Pike  
Falls Church, VA 22041-3255

FAX: 410-597-0796, Attn: Branch 23

*Put the Social Security Number shown at the top of this letter on your request.*

*If you send us anything by fax, please do not send duplicates by mail. That may delay processing your claim.*

*Added a handwritten letter myself 5-20-09*



SMITH, MASSEY, BRODIE, GUYNN & MAYES, P.A.

ATTORNEYS AND COUNSELORS AT LAW

GARY H. SMITH, III  
WM. RAY MASSEY\*  
BRAD A. BRODIE  
MARY O. GUYNN\*\*  
W. DANIEL MAYES  
SCOTT W. PATTERSON  
\*ALSO LICENSED IN NORTH CAROLINA  
\*\*ALSO LICENSED IN GEORGIA

POST OFFICE BOX 519  
210 COLONY PARKWAY, SOUTHEAST  
AIKEN, SOUTH CAROLINA 29802

TELEPHONE  
(803) 643-4110  
FACSIMILE  
(803) 643-8140  
(803) 644-9057

October 23, 2009

*about district court  
I don't have to go.  
Be another 8 months  
to a year.*

Ms. Angela M. Prather  
141 Carter Street  
Warrenville, South Carolina 29851

RE: United States District Court

Dear Ms. Prather:

Enclosed is your Application to Proceed without Prepayment of Fees and Affidavit. This is the form that we discussed over the telephone. Please review the application carefully. If everything is correct, please sign on page two and return in the enclosed self-addressed stamped envelope. If changes are needed, please call our office right away and let us know what those changes are.

If you have any questions, please do not hesitate to contact me.

Sincerely,

*Barbara*

Barbara Beckman, Paralegal for  
W. Daniel Mayes  
Attorney at Law

WDM/beb

Enclosures

ANGELA PRATHER  
Female DOB: 11/29/1957

62839-224001

Home: 803-380-9086

04/02/2010 - Diagnostic Report: MRI LUMBAR - see addendum  
Provider: Rand Confer, MD  
Location of Care: CENTER FOR PRIMARY CARE - IMAGING

PRATHER, ANGELA DOB: 11/29/57

MRI#: 53439

D. Jester, MD

EXAM DATE: 04/02/10

**MRI OF THE LUMBAR SPINE WITHOUT GADOLINIUM**

**INDICATION:** Degenerative joint disease.

Triplane imaging demonstrates some anterior wedge compression deformity of L1 and L3 that appears to be old. No acute fracture or dislocation is noted. There is lumbar rotatory scoliosis with convexity to the left. There is desiccation of the intervertebral discs at all levels. There is decrease of intervertebral disc heights most pronounced at L2-3 and L5-S1. At L2-3, there is diffuse annular bulge with bilateral focal disc protrusions. These findings along with prominent osteoarthritic facets and hypertrophy of the ligamentum flavum is resulting in borderline spinal canal stenosis along with some bilateral neural foramen stenosis. These findings are resulting in some bilateral nerve root impingement. At L3-4 and L4-5, there is mild to moderate diffuse annular bulge with no protrusion, herniation, or nerve root impingement. At L5-S1, there is annular bulge with prominent eccentric components bilaterally with left greater than right. These findings along with some overhanging osteophytes are resulting in some bilateral neural foramen stenosis with left greater than right. In an upright position, these finding may be more pronounced with some mild nerve root impingement particularly on the left. There is diffuse lumbar spondylosis deformans. The conus is normal in its position at the L1 level. The lower thoracic spine also demonstrates a couple disc bulges.

**IMPRESSION:**

my MRI on Back  
taken 4-2-2010  
Angela Prather

**CENTER FOR PRIMARY CARE PC - NORTH AUGUSTA**

106 EAST HUGH STREET NORTH AUGUSTA, SC 29841

(803) 279-6800 Fax: (803) 279-2876

April 21, 2010

Page 2

Chart Document

**ANGELA PRATHER**

Female DOB: 1/29/1957

62839-2244001

Home: 803-380-9086

1. L2-3, annular bulge with bilateral focal disc protrusions. These findings along with osteoarthritic facets and hypertrophy of the ligamentum flavum is resulting in spinal canal and neural foramen stenosis with bilateral nerve root impingement.
2. L5-S1, diffuse annular bulge with prominent eccentric components and overhanging osteophytes that are resulting in some bilateral neural foramen stenosis. In an upright position or with flexion and extension, these findings may be more pronounced with some mild nerve root impingement particularly on the left.

**ANGELA PRATHER**  
Female DOB: 11/29/1957

62839-2244001

Home: 803-380-8086

Page Two (Continued...)

MR# 53439

**PRATHER, ANGELA**

EXAM DATE:

04/02/10

3. Old mild anterior wedge compression fractures of L1 and L3.
4. Scoliosis.
5. Diffuse spondylosis deformans.

RAND CONFER, M.D.

RC(CP)rc040610kh

D: 04/05/10

T: 04/06/10

J#: 181925

Signed by Rand Confer, MD on 04/07/2010 at 11:35 AM

04/08/2010 - Append: MRI LUMBAR

Provider: David M. Jester, MD

Location of Care: CENTER FOR PRIMARY CARE - IMAGING

L2-3 and L5-S1 disc bulge with NR impingment and stenosis  
old compression fx L1 and L3  
diffuse arthritis  
needs pain mgmt and/or NS evaluation  
will discuss with pt at f/u - scheduled after MRI

Signed by David M. Jester, MD on 04/08/2010 at 8:18 AM



Letter written  
from or by  
Roland J Smith

Angela Prather to  
and Mr. Forkner  
House of Representatives  
State of South Carolina

J. Roland Smith

District No. 84 - Aiken County  
183 Edgar Street  
Warrenville, SC 29851

Committees:

Ethics, Chairman  
Ways and Means  
Ways and Means Budget and Finance  
Ways and Means Economic Development,  
Capital Improvement and Other Taxes  
Ways and Means Public Education and  
Special Schools Subcommittee, Chairman  
Ways and Means Proviso  
Ways and Means Revenue Policy  
School Bus Specification Committee

519-B Blatt Building  
Columbia, SC 29211  
Tel. (803) 734-3114

September 22, 2010

The Honorable Emma Forkner, Director  
SC Department of Health and Human Services  
P. O. Box 8206  
Columbia, SC 29202-8206

RE: Ms. Angela Prather, 141 Carter Street, Warrenville, SC 29851 (803-380-9086-home and 803-226-5009-cell), SSN: 527-33-8961

Dear Ms. Forkner:

I am writing this letter on behalf of my constituent, Ms. Angela M. Prather, who has serious back problems. Due to the lack of insurance and money, she cannot have the major surgery necessary to give her relief.

Ms. Prather has applied for disability, as well as Medicaid. I would appreciate it if your office would look in this matter and determine if there is any way to expedite her case.

If I can provide any additional information pertaining to this request, please feel free to contact me. Thank you for your assistance in this matter.

Sincerely,

J. Roland Smith

JRS/dkh/2010sept22-3

cc: Ms. Angela Prather, 141 Carter Street, Warrenville, SC 29851

**Representative J. Roland Smith**  
183 Edgar Street  
Warrenville, South Carolina 29851

**RECEIVED**

NOV 19 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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



Hasler

016H26513343

**\$00.780**

11/17/2010

Mailed From: 29201

**US POSTAGE**

Blue log book # 0210



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

November 19, 2010

The Honorable J. Roland Smith  
South Carolina House of Representatives  
P.O. Box 11867  
519-B Blatt Building  
Columbia, South Carolina 29211

Dear Representative Smith:

Thank you for contacting our agency on behalf of Ms. Angela Prather regarding her Medicaid eligibility and healthcare needs.

A member of our staff has been in direct contact with Ms. Prather to address her questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. She was also provided with contact information for a Constituent Services staff member should she need assistance in the future.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/jjgl



November 18, 2010

Ms. Angela Prather  
141 Carter Street  
Warrenville, South Carolina 29851

Dear Ms. Prather:

Representative Roland Smith asked our agency to assist with questions concerning Medicaid eligibility and your healthcare needs.

Your application for Medicaid's Aged, Blind or Disabled (ABD) program was denied on October 28, 2010 because you do not meet the disability criteria. Medicaid uses the same disability guidelines as the Social Security Administration when determining eligibility for it's ABD program.

If you wish to appeal this decision, you should send a request in writing to your eligibility worker, Ms. Verta Johnson, within 30 days from the date you received your denial notice. Ms. Johnson can be reached at (803) 642-7505 if you have any questions regarding the appeals process.

An alternate health insurance option through AugeoBenefits offers a variety of health insurance plans from top-rated insurance carriers. You may wish to look over the enclosed brochure and contact them at 1-866-273-5613 or visit their website at [www.augeobenefits.com/sc](http://www.augeobenefits.com/sc) to see if they can assist.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, inpatient hospitalization and daily living expenses. If you have questions about the Medicaid program, please contact Ms. Jenny Lynch in Constituent Services at (803) 898-3965. I hope this information is helpful.

Sincerely,



Alicia Jacobs  
Deputy Director

AJ/jgl  
Enclosures