

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

ACTION REFERRAL

| | |
|------------------------|-----------------------------|
| TO <i>Supra</i> | DATE <i>11-22-13</i> |
|------------------------|-----------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|--|
| 1. LOG NUMBER <i>000182</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Tjock, Kost</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-5-13</i> |
| <i>cleared 12/4/13, letter attached</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) 224-6972

UNITED STATES SENATE Fax Transmittal Sheet

TO: DHHS - 708 4515

FROM: Sen. J. Lee

DATE: 11/20

COMMENTS: CACRANK

2 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.

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

November 20, 2013

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

LINDSEY O. GRAHAM
SOUTH CAROLINA



NOV 18 2013

290 RUBBELL 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: Rhonda Floyd Phone: 803-653-1436

Address: 2040 Hamma Ln.

City: Wagener State: SC Zip: 29164

Social Security Number: 251-21-7196 VA Number (if applicable): _____

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 am trying to get my Medicaid reinstated due to they made me take widows benifits they say my income is to much. But man at ss. office said due to fact I have 3 non curcable progressive diseases and one of my medicines is \$1600.00

Signed: Rhonda Floyd Date: 11-18-2003

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 _____

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

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

December 4, 2013

Ms. Rhonda Floyd
2040 Hamma Lane
Wagener, SC 29164

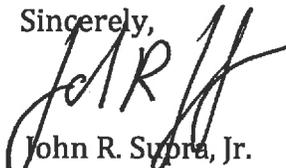
Dear Ms. Floyd:

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

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid under the Aged, Blind or Disabled (ABD) program, an individual must meet the income requirement. Your monthly income exceeds the allowable limit for the ABD program, which is \$958 for an individual. Income guidelines are based on gross earnings and do not allow deductions for taxes, utilities, car payments, or other living expenses.

If you have additional questions regarding the Medicaid program, please 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.

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,

John R. Supra, Jr.
Deputy Director

JRS:j

