

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

**ACTION REFERRAL**

|                    |                         |
|--------------------|-------------------------|
| TO<br><i>Hutto</i> | DATE<br><i>12-11-14</i> |
|--------------------|-------------------------|

| DIRECTOR'S USE ONLY   | ACTION REQUESTED  |
|---|---|
| 1. LOG NUMBER<br><b>000138</b>  | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____                   |
| 2. DATE SIGNED BY DIRECTOR<br><i>Cleared 12/19/14, letter attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>12-23-14</i> |
|   | <input type="checkbox"/> FOIA<br>DATE DUE _____   |
|   | <input type="checkbox"/> Necessary Action   |

| APPROVALS<br>(Only when prepared for director's signature) | APPROVE | * DISAPPROVE<br>(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

TO: DIHHS 878-4515

FROM: Scott J. Mills

DATE: 12/9

COMMENTS: Re: DHS

[Signature]

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) 224-6972

# UNITED STATES SENATE

December 9, 2014

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

DEC 5 2014

Mr. Graham

12-2-14

Hi, My name is Sandra K. DAVIS. I have been divorced for 7 yrs. I don't work. I have no income or Education. I'm not Disabled. But Recently was told i have a spot or mass on my Lung and a spot or mass on my Adrenal Gland. I have no dependents. I am in desperate need of Medicaid to help with Dr. Appts. and specialist when i have to go, and help with my medications. I know soon there are going to be some biopsys that need to be done. I am in a fighting battle with tryin to stop smoking. pretty please if you will help me get Medicaid. pretty please help me. Thanks, Sandra K. DAVIS  
 (308 WoodCrest Ln)  
 Gaston, SC 29053

I Do get Food Stamps. For my self. I live with my Aunt. that only gets a income of 800<sup>00</sup> a month. From SST.

I dont know how much these spots are growing or How Big so please Help me so i can get help with Dr. Appts. and specialist and medications, tests and Biopsys.  
 Thanks so much,

I WAS Denied Medicaid 2 different times over a period of 2 to 3 years Apart.

Sandra K. Davis

please help if you will.

December 19, 2014

Ms. Sandra K. Davis  
308 Woodcrest Lane  
Gaston, SC 29053

Dear Ms. Davis:

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

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

We offer Healthy Connections Checkup as a Medicaid limited benefit program that provides coverage for preventive health care and family planning-related services. The Healthy Connections Checkup program will sponsor adult physical examinations under the following guidelines:

- Physical Exams are allowed once every two years per patient; and,
- The exams are preventive visits.

If you would like to apply for the ABD or Healthy Connections Checkup program, you may complete the enclosed Application for Medicaid and Affordable Health Coverage and mail to: Central Eligibility Processing, PO Box 100101, Columbia, SC 29202-3101. If you have questions regarding the application process, please contact Ms. Carolyn Roach in Member Relations and she will be happy to assist you. She may be reached at 803-898-3967.

Sincerely,



Elizabeth B. Hutto, Deputy Director  
Eligibility, Enrollment & Member Services

EH:j

Enclosures