

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>9-22-08</i>
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<p align="center">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER <i>000158</i></p> <p>2. DATE SIGNED BY DIRECTOR <i>Claudia 10/8/08</i> <i>attached.</i></p>	<p align="center">ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-1-08</i></p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p>
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			<i>)</i>
3.			
4.			

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

September 17, 2008

RECEIVED

SEP 22 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Dear Ms. Forkner:

Log: Jacobs
Appro Sign

The attached letter concerns an issue outside of 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. I ask that you please respond directly to the individual.

Sincerely,

A handwritten signature in black ink, appearing to read "Lins", written over a horizontal line.

Lindsey O. Graham
United States Senator

LOG/mw

Enclosure

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANS STREET
SUITE 226B
FLORENCE, SC 29501
(843) 669-1505

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

530 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2828

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

SEP 16 2008

September 5, 2008

RECEIVED

SEP 22 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Danny L. Young
31 Dicks St
Jackson, SC 29831

Lindsey Graham
101 East Washington Street
Suite 220
Greenville, SC 29601

RE: Help with Medicaid process due to being hit by drunk driver.

Dear Mr. Graham,

On Saturday July 19, 2008, I was hit by a drunk driver. I was on a ventilator for 4 days and had to have my right leg just below the knee amputated, my pelvis was broke, hips dislocated, and have had seven (7) surgeries. I was discharged from the hospital on August 8, 2008 with prescriptions that cost over \$1,200.00. The pain has been unbelievable and I am currently in Physical Therapy.

Prior to this accident I worked as a carpenter/ scaffold builder, with this type of disability I will no longer be able to work in this field. I did not currently have health insurance and am not eligible for Social Security disability at this time. The driver that hit me did not have insurance. The car he was driving did not belong to him, and the car was only insured with minimum coverage required by law.

I am currently living with my sister and her husband because there was no money or insurance for a rehabilitation facility.

My medical bills are to date over \$150,000.00 and increasing daily. I need help with Medicaid, and so far it has been a difficult process. I would be very grateful if there is anything you can do to help me to be approved for Medicaid as soon as possible.

Thank you for your help,


Danny L. Young

803-645-3564



State of South Carolina
Department of Health and Human Services

Log #2015-8
✓

Mark Sanford
Governor

Emma Forkner
Director

October 8, 2008

Mr. Danny L. Young
31 Dicks Street
Jackson, South Carolina 29831

Dear Mr. Young:

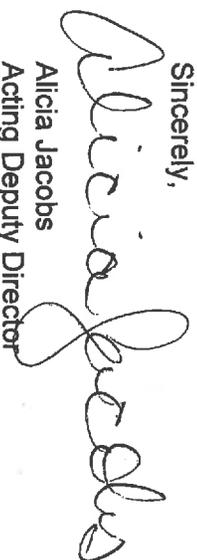
Senator Lindsey Graham contacted our agency on your behalf regarding your concerns about Medicaid eligibility. We have been in direct contact with your sister and Power of Attorney, Irene Bailey, regarding your healthcare needs.

Your application for Medicaid's Low Income Families program was approved effective July 1, 2008. Jaako's coverage ended September 30, 2008 because he no longer resides with you. You will remain covered until a decision is made on your August 18, 2008 application for our Aged, Blind or Disabled (ABD) program. If you have any questions regarding your application, please contact your eligibility worker, Ms. Angie Chavis, at (803) 642-3691.

You have applied for assistance under the Supplemental Security Income (SSI) program through the Social Security Administration (SSA). Individuals eligible for SSI automatically receive Medicaid benefits. Medicaid uses the same disability rules as determined by SSA; therefore, your ABD application will remain pending until the SSA notifies us of their disability decision. If you meet the eligibility criteria for the SSI program, you will receive full Medicaid benefits through SSI rather than ABD. To inquire about the status of your SSI application, please contact the Aiken County SSA at (803) 648-2356 between 9:00 a.m. - 4:00 p.m.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions and inpatient hospitalization. If you have other questions about the Medicaid program, please contact Ms. Jennifer Lynch in Constituent Services at (803) 898-3965 or toll-free at 1-888-549-0820, Ext. 3965 and she will be happy to assist you. We hope this information is helpful.

Sincerely,


Alicia Jacobs
Acting Deputy Director

AJ/col
Enclosures