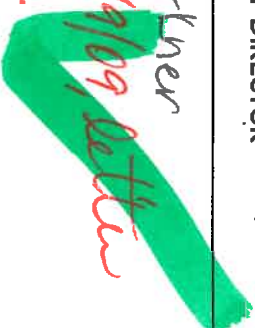


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

## ACTION REFERRAL

TO  <i>Myers</i>	DATE  <i>10-29-09</i>
------------------------	-----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <div style="text-align: center; font-size: 1.2em;"><i>000705</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <div style="text-align: center;"> <i>cc: Ms. Forthner</i>  <i>closed 7/10/09, letter</i>  <i>attached.</i>   </div>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-7-09</i> _____  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action

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.			

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

## UNITED STATES SENATE

June 25, 2009

**RECEIVED**

JUN 29 2009

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:

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,

A handwritten signature in dark ink, appearing to read "L. Graham", written over a horizontal line.

Lindsey O. Graham  
United States Senator

LOG/mtpl

Enclosure

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

401 WEST EVANS STREET  
SUITE 226B  
FLORENCE, SC 29501  
(943) 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) 848-3887

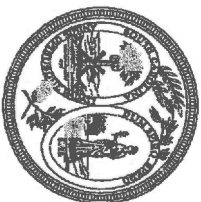
140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 366-2828

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

Sender's IP address = 75.77.22.122

```
<APP>SCCMail.  
<PREFIX>Mrs.</PREFIX>  
<FIRST>Terra</FIRST>  
<LAST>Suber</LAST>  
<ADDR1>120 Cambridge Road</ADDR1>  
<ADDR2></ADDR2>  
<CITY>Summerville</CITY>  
<STATE>SC</STATE>  
<ZIP>29483</ZIP>  
<HPHONE>843-871-8657</HPHONE>  
<WPHONE>843-437-1662</WPHONE>  
<EMAIL>terrassub1@yahoo.com</EMAIL>  
<ISSUE>ASSISTANCE</ISSUE>  
>> Yes, I would like a written response.</>  
<MSG>My son Christopher Cason 4/25/88 has cerebral palsy. Never walked. Totally dependant on  
assistant care. Just denied a grade 3 specialised power wheelchair by our state medicaid. His last new  
chair was 6 years ago. That chair's motor dies about 2 years now. He is using a 10 year old manual  
chair that is literally falling apart...HELP us HELP our son!!!  
He needs the ability to recline to relieve pressure from his buttocks and back.he has visible pressure  
marks due to improper seating system. He had spinal fusion a few years ago and is now being forced to  
use a chair that was built for his body...years before the surgery..unexcepiible.</MSG>  
>>please enter your zip code in the format 12345 or 12345-1234.</>  
</APP>
```

Log 000705 ✓



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

July 9, 2009

Ms. Terra Suber  
120 Cambridge Road  
Summerville, South Carolina 29483

Dear Ms. Suber:

Thank you for your inquiry to Senator Lindsey Graham regarding the denial of a power wheelchair for your son, Christopher Cason. We welcome the opportunity to be of assistance. This letter is to confirm the results of your phone conversation with our Program Coordinator, Ms. Zanipha Mohamed, held on July 7, 2009.

The Department of Durable Medical Equipment is awaiting the results of an evaluation by the prescribing physician to document Christopher's current needs. Our policy requires that the treating/ordering physician must examine the beneficiary within sixty days before prescribing and Christopher had not seen the physician for over a year at the time the provider requested the wheelchair for him. This resulted in the request being returned to the provider unapproved.

Upon receipt of a new evaluation by the prescribing physician and the required supporting documentation, the Department will expedite the review of the request for the new power wheelchair.

If you have additional questions or concerns regarding this matter, please contact Mike Blakely at 803-898-2876.

Sincerely,

A handwritten signature in dark ink, appearing to read "Felicity Myers".

Felicity Myers, PhD.  
Deputy Director, Medical Services

FM/gbd

cc: Honorable Lindsey Graham, United States Senator