

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

ACTION REFERRAL

TO	DATE
Jacobs	8/29/08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000120	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>9/8/08</u>
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cc. Emma Starbuck</i> <i>Cleared 9/3/08, better</i> <i>attached.</i>	
<input type="checkbox"/> Necessary Action	DATE DUE _____

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

MO04: 60 8002/62/80

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE Fax Transmittal Sheet

TO: Emma Forkner

FROM: Sara Snell

DATE: 8-28-08

COMMENTS: Please see the attached.
Thank you!

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 of 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 in error, please notify us immediately by phone, and return the original message at the address via U.S. Postal Service. Thank you.

808 HAMPTON STREET
SUITE 202
COLLINSVILLE, SC 29901
(803) 583-0172

401 WEST EVANS STREET
SUITE 2268
FLORENCE, SC 29501
(843) 689-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 28801
(864) 280-1419

830 JOHNNIE DODGE BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29664
(843) 949-5837

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 356-2028

135 EAGLES NEAR DRIVE
SUITE B
SENECA, SC 29672
(864) 892-3330

100

SEN. LINDSEY O. GRAHAM

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MA04:60 8002/62/80

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 Russell Senate Office Building
WASHINGTON, DC 20510
(202) 224-5872

UNITED STATES SENATE

August 28, 2008

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 black ink, appearing to read "L. Graham", written over a large, stylized flourish.

Lindsey O. Graham
United States Senator

LOG/ss

Enclosure

August 5, 2008

FAX TO: U.S. Senator Lindsay Graham/FAX # 202/224-3808
290 Russell Senate Office Building
Washington, D.C. 20510

AUG 2 2 2008

RE: URGENT...Medicaid Application
Of...Marty Joe Bradley/SSN 247-23-0893
1155 Lillie Avenue
West Columbia, S.C. 29172

Senator Graham...I know you get letters requesting help that is "URGENT" or a "life-or-death" matter, but...this one truly is.

My father—Marty Joe Bradley—has seen his general health and, particularly, his heart health decline over recent months to what is now truly a...life-threatening condition.

Note that—on July 30, 2008—my father had a major heart attack that did severe and permanent damage to the left side of his heart. He was admitted to Palmetto Health Richland Hospital (in Columbia, SC) where the heart doctors diagnosed that the cause of the heart attack was blockage of blood flow in the area of a stent that was surgically implanted into my father some five years ago.

While the doctors were able to put my father on IVs of nitro and blood thinner and get his heart minimally functional...my father is now at home and he:

- 1—Still has the blockage in the area of the stent that critically needs to be surgically fixed; and
- 2—My father critically needs all of his heart medications—and we do not have the resources to pay for these but for a limited few more days; and
- 3—Note very carefully that—over the past five months—my father had to have BOTH OF his carotid arteries surgically scraped; and
- 4—My father—in recent months and after ongoing attempts—was approved for 100 percent disability after the surgery cited in Item 3 above—he is no longer able to work and is the sole support of my mother—Ms. Kathy Bradley—who is unable to work; and
- 5—Please know that my father did apply for Medicaid in October 2007—strictly because of his declining health as noted above...his application then was denied; and
- 6—My father reapplied for Medicaid and was disapproved in April 2008 because...Medicaid told us he submitted the wrong forms; and
- 7—We have reapplied for Medicaid—on the forms which Medicaid tells us are the correct forms...that application was submitted on July 25, 2008.

So now, Senator Graham, we urgently and respectfully ask your direct and immediate help so that my father's Medicaid application can be swiftly approved and we can proceed with to meet the life-threateningly-critical needs detailed in Items 1 and 2 above.

We are fully willing to provide any additional information that you, your staff and/or Medicaid may require. Call me anytime at my direct phone # of 803/394-0226.

With deepest thanks for your help!


Ms. Brandy Bradley

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

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TO <i>Jacobs</i>	DATE <i>8/29/08</i>
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Log # 6120



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 3, 2008

Mr. Marty Joe Bradley
1156 Lilie Avenue
West Columbia, South Carolina 29172

Dear Mr. Bradley

At the request of your daughter, Brandy Bradley, Congressman Joe Wilson contacted our agency regarding Medicaid eligibility and your healthcare needs.

Unfortunately, your application for Medicaid's Aged, Blind or Disabled (ABD) program was denied on August 13, 2008 because your family's current monthly income is above the allowable limit of \$1,167. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses.

You have requested to appeal this decision and the hearing officer, Mr. Robert French, has mailed you a letter asking for you to state in writing the error you feel the Department of Health and Human Services made in its decision to deny your Medicaid application. You have until September 18, 2008 to respond or your appeal will be dismissed. If you have questions regarding the appeal process, please call Mr. French at (803) 898-2714, and he will be happy to assist you.

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 to see if they can assist.

Also enclosed is information on other programs that can assist South Carolina residents with their healthcare needs, prescriptions, inpatient hospitalization and daily living expenses. If you have additional questions about the Medicaid program, please contact Jennifer Lynch at (803) 898-3965, and she will be happy to assist you.

Sincerely,

Alicia Jacobs
Acting Deputy Director

AJ/col
Enclosures

Medicaid Eligibility and Beneficiary Services
P. O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235