

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>7-14-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>300029</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 7/17/09 after attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-23-09</i> DATE DUE _____ <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

July 13, 2009

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".

Lindsey O. Graham
United States Senator

LOG/lt

Enclosure

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

401 WEST EVANS STREET
SUITE 228B
FLORENCE, SC 29501
(843) 689-1505

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) 366-2825

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

AUTHORIZATION FORM

I hereby authorize United States Senator Lindsey O. Graham to receive any information from agencies pertaining to my request below. This authorization is in accordance with the provisions of the Privacy Act of 1974.

(PLEASE TYPE OR PRINT BELOW.)

Name: Donna F. Moats Phone: 843-762-1751
Address: 1116 Brighthouse Drive
City: Charleston State: SC Zip: 29412
Social Security Number: 255 86 0152 VA Number: _____

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 this form or an additional piece of paper.)

I had e-mailed you concerning not being
able to get Medicaid + food stamps, I am
a white, 58 year old female that has
worked 38 years as a Registered Nurse. They turned
me away from the Medicaid window, After asking
"Are you pregnant" or do you have any children
on Medicaid? I said "No" + they said that I was
not eligible,
Signature: Donna Moats Date: 7-6-09 (over)

Please return form to: U.S. Senator Lindsey O. Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464

Does our government not help people unless they are pregnant or have children or medical?

I am in this situation because I have Systemic Lupus (Auto-immune disease) and I cannot (over the last 2 years) keep a job due to my painful joints & muscles, extreme fatigue & depression. I wanted to continue to work but all hospitals & day offices require 10-12-hr shifts. I cannot do that, so I have not been able to work steadily since last October. I have no income.

I am now applying for Social Security Disability, which I have enough earned hours to get. If I need you to help me with I will let you know.

Thank you for helping me with these matters.

Doree Moore, MD



July 17, 2009 ✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

July 17, 2009

Ms. Donna F. Moats
1116 Brigantine Drive
Charleston, South Carolina 29412

Dear Ms. Moats:

Senator Lindsey Graham asked our agency to assist with questions concerning Medicaid eligibility and the problems you faced when trying to apply for Medicaid. Good customer service is very important to us, and I regret your unpleasant experience. We are reviewing the issues you have encountered, and we are working to correct them.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. The questions you were asked during your visit to the Charleston Medicaid Office were to determine if you meet any categorical requirements.

Since your letter mentions that you have applied for disability through the Social Security Administration (SSA), you may qualify for our Aged, Blind or Disabled (ABD) program. This program is for disabled individuals whose income is under 100% of the Federal Poverty Level (which is currently \$903 for an individual) and who meet disability criteria. Medicaid uses the same criteria as SSA when determining disability; therefore, we must coordinate our disability determination with them. If you would like to apply for this program, please complete the enclosed application and return it to the Charleston County Medicaid Office located at 326 Calhoun Street, P.O. Box 13748, Charleston, South Carolina 29401. Their phone number is (843) 740-5900.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions and daily living expenses. If you have questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707. I hope this information is helpful.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Deputy Director

AJ/clc
Enclosures

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