

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

**ACTION REFERRAL**

<b>TO</b> <i>Jacobs</i>	<b>DATE</b> <i>11/29/07</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000264</b>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>12/6/07</i>
2. DATE SIGNED BY DIRECTOR <i>Mr. Fubner</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
1. <i>Cleared 12/5/07 after approval.</i>			
2.			
3.			
4.			

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

## UNITED STATES SENATE

November 28, 2007

**RECEIVED**

NOV 29 2007

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

RE: C. Reedy Betsill  
SSN: 248-30-5876

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, C. Reedy Betsill, 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 Mr. Betsill.

Sincerely,

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

Lindsey O. Graham  
United States Senator

LOG/ss

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) 849-3987

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

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

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

# UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: C. Reedy Betts Phone: 1 (803) - 534-6156

Address: 2348 Northview Dr., Apt. 3F

City: Roanburg State: R.C. Zip: 29118

Social Security Number: 248-30-5876 VA Number (if applicable): \_\_\_\_\_

Medicaid # 248-30-5876A

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 the form).

Medicaid #  
03885039021

*I sent all pertinent info to you - I want to  
be healthy. Mr. Reedy told of Cal R.C. business - they  
also are charging 93.50 a month from my SS, benefits  
that I paid premiums for approx. 50 yrs. This is wrong for  
a 50yr. old man who was in the hospital in 2005 for 4 months  
Signed: C. Reedy Betts Date: 11/18/07 (Parker's son's  
THREAT PRACTICES)*

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name \_\_\_\_\_

Please return form to:

U.S. Senator Lindsey O. Graham  
508 Hampton Street, Suite 202  
Columbia, South Carolina 29201  
Phone: (803) 933-0112  
Fax: (803) 933-0957

*All this is due to  
cancellation of Medicaid  
I have reported - waiting 2007  
3 1/2 months*

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

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FLORENCE, SC 29501  
(843) 669-1505

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

530 JOHNNIE DODDS BOULEVARD  
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MOUNT PLEASANT, SC 29564  
(843) 849-3887

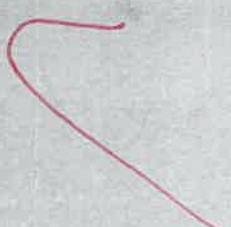
140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 366-2828

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

*Have them - lobby made by social workers, (Mrs. A. A. I sawed this when*

Steel Tapes by Paul Sawyer on Beant in 1998.

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



TO <i>Paekha</i>	DATE <i>11/29/07</i>
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<b>DIRECTOR'S USE ONLY</b>  1. LOG NUMBER <p style="text-align: center;"><i>000264</i></p> 2. DATE SIGNED BY DIRECTOR <p style="text-align: center;"><i>Mrs. Farkner</i></p>	<b>ACTION REQUESTED</b>  <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>12/6/07</i>  <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action
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APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			<i>Pls refer to log, 000253</i>
2.			
3.			
4.			



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

December 5, 2007

Emma Forkner  
Director

Mr. C. Reedy Betsill  
2348 Northview Hills Drive  
Apartment 3F  
Orangeburg, South Carolina 29118

Dear Mr. Betsill:

Congressman Joe Wilson, Senator Jim DeMint and Senator Lindsey Graham asked our agency to respond to your recent inquiry concerning the cancellation of your Medicaid coverage and payment of your Medicare Part B premiums.

Your Medicaid coverage ended November 1, 2007, because you no longer meet the required medical level of care. Unfortunately, Medicaid can no longer pay your Medicare Part B premiums. You have recently reapplied and your application is currently pending. Please contact your eligibility worker, Jacqueline Davis, at (803) 515-1797 if you have any questions about the application process.

You continue to receive Medicare coverage to help meet your healthcare needs, including participation in Medicare's Part D *Extra Help* low-income prescription drug program. This program covers the cost of your drug care premium, deductibles and leaves only a small co-pay per prescription.

If you have additional questions about the Medicaid program, please contact Jennifer Dabbs at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

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

Alicia Jacobs  
Interim Deputy Director

AJ/cod



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

December 5, 2007

The Honorable Joe Wilson  
United States House of Representatives  
Midlands District Office  
1700 Sunset Boulevard, Suite 1  
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring C. Reedy Betsill to our agency with his concerns regarding his Medicaid coverage and Medicaid's payment of his Medicare Part B monthly premiums.

A member of our staff has been in direct contact with Mr. Betsill to address his concerns.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner  
Director

EF/cod