


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

**ACTION REFERRAL**

|              |               |
|--------------|---------------|
| TO           | DATE          |
| <i>Supra</i> | <i>1-5-12</i> |

| DIRECTOR'S USE ONLY                                                                                                                                                     | ACTION REQUESTED                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. LOG NUMBER<br><br><i>100257</i>                                                                                                                                      | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____                                                                                                                          |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>cc: Mr. Fect</i><br><i>Same as log #238</i><br> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>1-17-12</i><br><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><br><input type="checkbox"/> Necessary Action |

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

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

## UNITED STATES SENATE

January 3, 2012

RECEIVED

JAN 05 2012

Mr. Anthony Keck  
Director  
S.C. Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

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 blue 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 111  
FLORENCE, SC 29501  
(843) 668-1505

130 SOUTH MAIN STREET  
SUITE 700  
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

124 EXCHANGE STREET  
SUITE A  
PENDLETON, SC 29670  
(864) 646-4090

## E-Mail Viewer

[Message](#)[Details](#)[Attachments](#)[Headers](#)[Source](#)[HTML](#)

From: "WebServer Reserved UMD" <webservd@p-ess-www8.senate.gov>  
Date: 12/20/2011 8:46:31 PM  
To: "webmail@lgraham-ig.senate.gov" <webmail@lgraham-ig.senate.gov>  
Cc:  
Subject: Senator Lindsey Graham

Sender's IP address = 98.124.91.148, 184.84.252.166  
<APP>\$CCMAIL  
<PREFIX>Mrs.</PREFIX>  
<FIRST>Cathy</FIRST>  
<LAST>Gaskins</LAST>  
<ADDR1>2621 Bethera Rd.</ADDR1>  
<ADDR2></ADDR2>  
<CITY>Cordesville</CITY>  
<STATE>SC</STATE>  
<ZIP>29434</ZIP>  
<HPHONE></HPHONE>  
<WPHONE></WPHONE>  
<EMAIL>scfloyd@homesc.com</EMAIL>  
<ISSUE>HEA</ISSUE>  
<> Yes, I would like a written response.</>  
<MSG>Mrs. Gaskins is a quadriplegic and has been bed-bound for at least fifteen years. She has been receiving Medicaid to help her care for herself. Her Medicaid recertification was returned to her Moncks Corner office, but she still has no Medicaid. She was told it would be re issued by Nov. 16, 2011.  
</MSG>  
<>please enter your zip code in the format 12345 or 12345-1234.</>  
</APP>

[Close](#)

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