

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>9-12-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000143</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-19-07</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 9/20/07, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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



Lindsey O. Graham

United States Senator • South Carolina

log Jacob
dir. Hig.

FAX TRANSMISSION

Date: 9/11/07

To: Emma Farkner

From: Leslie Thrasher Fax #: (803) 898-4515

Subject: Eugene Craig

Page 1 of 4

Comments:

I have also contacted

SSA.

Q. Hanks!

RECEIVED

SEP 11 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

530 Johnnie Dodds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464
Office (843) 849-3887 • Fax (843) 971-3669

09/11/2007 02:53PM

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

September 11, 2007

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Eugene Craig
SS# 297-44-1186

Dear Ms. Forkner:

Enclosed is a copy of correspondence I have received from the above named constituent. I believe you will find it self-explanatory.

Your reviewing this material and providing any assistance or information possible under the governing statutes and regulations will be greatly appreciated. Thank you for your attention in this matter. I look forward to hearing from you soon.

Sincerely,

A handwritten signature in dark ink, appearing to read "L. Graham".

Lindsey O. Graham
United States Senator

LOG/lt

Please refer to case (496819) in your response.

Please reply to: Senator Lindsey Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt Pleasant, South Carolina 29464

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 853-0112

401 WEST EVANS STREET
SUITE 222B
FLORENCE, SC 29501
(843) 655-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 845-5857

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

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 885-5330

09/11/2007 02:53PM

LINDSEY O. GRAHAM
SOUTH CAROLINA
(202) 224-5872

United States Senate

WASHINGTON, DC 20510

AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize _____ (agency name) 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: ELIZABETH FRANKLIN CRAIG Phone: 954-761-9845

Address: 345 OLD GRADE RD

City: MAINTON CORNER State: SC Zip: 29461

Social Security Number: 29 VA Number (if applicable): none
397-44-1186

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).

I had a mini stroke the end of March. I stayed at
TRident hospital and filed for Medicaid at that time.
I thought. Then in May I had a triple bypass. To this
date 8-30-07 Medicaid has given me the run around - no
yes or no & social security is the same - nothing I had a
small construction company which I closed & can no longer do
the only work I know how to. I am desperately seeking aid to buy food
Signed: Elizabeth Craig Date: _____

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
530 Johnnie Dods Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464
Phone: (843) 849-3887
Fax: (843) 971-3669

& keep a roof over my head. I filed bankruptcy & closed my business. medical has run me around in circles.

TRIDENT hospital told me I could NOT file medical IF I didn't have a child under age of 18 or was NOT pregnant. TRIDENT Hospital made me FIRST which was a big mistake FILE FOR a grant or GIFT to pay hospital bill. IT did NOT LEFT me with NO medical care, even when I applied for medical. They have NOT given me a YES OR NO! Social Security just keeps delaying ALSO. I am in a BAD & desperate state. Please help me. with medical &

Social security I am going to lose my home. I have NO money FOR medicine or to go doctor. NO one will say YES OR NO!

THANK YOU FOR ANY HELP
YOU CAN DO FOR ME



143 ✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 26, 2007

Mr. Eugene F. Craig
345 Old Grade Road
Moncks Corner, South Carolina 29461

Dear Mr. Craig:

Senator Jim DeMint asked our agency to assist with your questions and concerns regarding healthcare assistance.

You have applied for assistance under the Social Security Administration's (SSA) Disability program and medical coverage under Medicaid's Aged, Blind or Disabled (ABD) program. Medical consultants with SSA are currently reviewing your claim. To inquire about the status of your application with Charleston County SSA, please call (843) 727-4345 between 8:30 a.m. - 3:30 p.m.

Since Medicaid uses the same rules as SSA regarding disability, we must await their decision before we can determine if you qualify for our ABD program. You will receive notice from Karen Jones, your Medicaid eligibility worker in Berkeley County, informing you of this eligibility decision. In the meantime, if you have any questions about this process, please call Ms. Jones at (843) 724-2878.

For help paying your hospital bills, you may want to consider the Medically Indigent Assistance Program (MIAP). This program provides inpatient hospital care for individuals who lack financial resources or insurance to pay for their care and whose income is below 200% of the Federal Poverty Level. Please call Ms. Heather Graham at (843) 719-4012 for more information.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescription medications and daily living needs. Please call the contact number on each for more information. If you have additional questions about the Medicaid program, please contact Jennifer Dabbs at (803) 898-3965.

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/codc
Enclosures

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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 26, 2007

The Honorable Lindsey O. Graham
United States Senate
530 Johnnie Dods Boulevard, Suite 202
Mount Pleasant, South Carolina 29464

Re: Case 496819

Dear Senator Graham:

Thank you for referring Mr. Eugene Craig to our agency regarding his application for Medicaid and Social Security Disability.

A member of our staff has been in direct contact with Mr. Craig, and we were pleased to address his questions and concerns regarding his Medicaid application. Because Medicaid uses the same rules as the Social Security Administration (SSA) regarding disability, we must await their decision before completing our eligibility decision. The disability benefits program is administered through the SSA. We provided Mr. Craig with contact information for SSA to inquire about the status of his case. We also provided Mr. Craig with information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescription medications, inpatient hospitalization, and daily living needs.

Thank you for 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 do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcod

EDIT



Constituent ID

793

Closed? ☐

Date Closed

SSN

297-44-1186

MEDICAID ID

8187224803

First Name

MI

Last Name

Eugene

Craig

Constituent Phone(s)

(843) 761-4845

() -

Constituent Phone Extension

Authorized Rep

Rep Phone

Relationship

Legislator/ Other

Sen. Graham

Entry Date

7/24/2007

Last Update

9/13/2007

Last Update User

LYNCHJEN

Apply

Cancel

Close

Constituent# 793

Notes ID	Entry Date	Last Update	Notes
1358	9/18/2007	9/18/2007	I spoke with Mr. Craig on 7/24 letting him know the application process and that we must await SSA's decision. I called him again today and left a message even though I've spoken with him in the past. Response letters drafted and to Mark for approval. LYNCHJEN 9/18/2007 11:34:30 AM
1321	9/14/2007	9/14/2007	From EW: >>> Karen D Jones 9/14/2007 2:33 PM >>> The DHHS Form 3299 w/the 3218ME, 921 and 3218 E ME have been sent via courier on 06/27/07 and again on 07/17/07. I am in receipt of acknowledgment that packages have been rec'd. clt have been financially eligible and pending disability decision. All documents have been rec'd and sent



Print this Form

Constituent Notes

Source Blue Log
Log No. 0143 Due Date 9/19/2007

HIPAA Authorization Verbal Okay To Give Dorothy The
Reason for Referral Medicaid Status

Staff ID 2 Staff First Name Jennifer Staff Last Name Dabbs
Point of Contact

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
1320	9/14/2007	9/14/2007	LYNCHJEN	emailed Valerie for VR status. LYNCHJEN 9/14/2007 2
1258	9/13/2007	9/13/2007	LYNCHJEN	
451	7/25/2007	7/25/2007	LYNCHJEN	I already spoke with Mr. Craig through a request from the updated Doroty in the Gov's office. LYNCHJEN 7/25/2
106	7/24/2007	7/24/2007	LYNCHJEN	

EDIT

☒ Case Notes ID 1258

Notes

Constituent Data

I already spoke with Mr. Craig through a request from the Gov's office. Now he has written Sen. Graham. I will call him again and prepare a response letter.
LYNCHJEN 9/13/2007 9:25:28 AM

Constituent ID 793

SSN 297441186

MEDICAID 818722480300

First Name Eugene

Middle Initial

Last Name Craig

Legislator / Other Sen. Graham

Staff Data

Staff ID 2

Jennifer

Dabbs

Spell Check

Entry Date

Grammar Check

Last Update

Print this Form

Last Update User

Record : 4 / 8

X

PI

From: Karen D Jones
To: Jennifer Dabbs
Date: 9/14/2007 2:33 PM
Subject: Re: Eugene Craig rcph# 8187224803

CC: JoAnn Kearse

The DHHS Form 3299 w/the 3218ME, 921 and 3218 E ME have been sent via courier on 06/27/07 and again on 07/17/07, I am in receipt of acknowledgment that packages have been rec'd. clt have been financially eligible and pending disability decision. All documents have been rec'd and sent.

>>> Jennifer Dabbs 09/14/07 2:16 PM >>>

Good afternoon,

Mr. Craig has contacted Senator Graham regarding his Medicaid application. This appears to be a coordinated claim with SSA. Could you let me know if he is income eligible and if all other documentation has been sent in? Thanks a lot!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

From: Valerie Hollis
To: Jennifer Dabbs
Date: 9/17/2007 4:29 PM
Subject: Re: Eugene Craig xxx-xx-1186

Hi Jenny,
He had an exam on 9/10, report pending. This is all they have...

>>> Jennifer Dabbs 9/14/2007 2:04 PM >>>
Hi Valerie,

Hope you had a good long weekend! Can you check the status of this with VR? He has written Senator Graham regarding problems with Medicaid and SSA so I know it's going to be a coordinated claim. Not sure if they'll be able to give us much more than that.

Thanks!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

South Carolina Department of Health and Human Services
Medicaid Disability Tracking System
Disability Applicant Event Listing

Applicant Name: Craig, Eugene F

Social Security #: 297441186

Applicant ID	OrdList	Event ID	Event Description	Date
34351	5	31	Additional Information to VR	07/18/2007
34351	4	21	Package forwarded to VR	07/10/2007
34351	3	3	Telephone call/lemail/letter to eligibility worker for	07/05/2007
34351	2	28	Received from Input	07/02/2007
34351	1	1	Initial package received from eligibility worker	06/29/2007