

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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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
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, ditto attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature 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

United States Senator • South Carolina

*Log Jacobson  
dir. sig.*

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.*

*Shawna!*

**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

LINDSEY O. GRAHAM

SOUTH CAROLINA



290 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,

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

808 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 939-0112

401 WHER EVANS STREET  
SUITE 222B  
FLORENCE, SC 29601  
(843) 685-1505

101 EAST WASHINGTON STREET  
SUITE 220  
GREENVILLE, SC 29601  
(864) 280-1417

530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 849-5887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 966-2828

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: Elvare Franklin Craig Phone: 954-761-9845

Address: 345 Old Grade Rd

City: Marble Creek State: SC Zip: 29461

Social Security Number: 29 VA Number (if applicable): none  
297-44-1186

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

TRidors hospital and filed for medical at that time

I thought. Then in may I had a triple by pass. TO THIS

date 8-30-07 medical has given me the run around. NO

yes OR NO a 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: Elvare Franklin 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 Dodds 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 ins 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



State of South Carolina  
Department of Health and Human Services

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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 that reads "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 Dodds 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

Closed?

Date Closed

Source

Log No.

Due Date



Print this Form

Constituent Notes

SSN

MEDICAID ID

First Name  MI  Last Name

Constituent Phone(s)

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

Staff ID  Staff First Name  Staff Last Name

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/ Other

Entry Date

Last Update

Last Update User

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	

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	I already spoke with Mr. Craig through a request from the
451	7/25/2007	7/25/2007	LYNCHJEN	updated Dorothy in the Gov's office. LYNCHJEN 7/25/2
100	7/24/2007	7/24/2007	LYNCHJEN	

EDIT

Case Notes ID

Notes

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 Data

Constituent ID

SSN

MEDICAID

First Name

Middle Initial

Last Name

Legislator / Other

Staff Data

Staff ID

Spell Check

Grammar Check

Print this Form

Entry Date

Last Update

Last Update User

**From:** Karen D Jones  
**To:** Jennifer Dabbs  
**Date:** 9/14/2007 2:33 PM  
**Subject:** Re: Eugene Craig rcpt# 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. ct 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](mailto: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](mailto: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 fr	07/05/2007
34351	2	28	Received from Input	07/02/2007
34351	1	1	Initial package received from eligibility worker	06/29/2007

Report Date: 9/14/2007

Report Time: 2:50 PM