

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>8-12-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100085</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Claud 9/10/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-21-08</i>		
		<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

August 7, 2008

RECEIVED

AUG 11 2008

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

*Log. Jacobs
Apple S. gm.*

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Mrs. Shirley Borowsky, 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,

Lindsey O. Graham
United States Senator

LOG/tt

Enclosure

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

401 WEST EVANS STREET
SUITE 2268
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) 849-3887

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



RECEIVED JUL 9 1 2008

UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize DSS & other (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: Shirley W. Porowski Phone: 843-264-2407
* Address: 402 South Rosemary Avenue
* City: Andrews State: South Carolina Zip: 29510
* Social Security Number: 250-70-8351 VA Number (if applicable): _____

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 applied in early November to get Medicaid to pay for my husband's Medicare insurance. We qualify financially and I filled out everything required, but each time I receive a letter from Janice McKnight in the Columbia office, she raises the bar of requirements. Even though I had shown our life ins. policies, she wanted proof from the ins. companies that we had life ins. I've taken many copies to the town office that the lady there was amazed that she needed more info. ms. McKnight's phone # is 843-381-8260
* Signed: Shirley W. Porowski Date: July 30, 2008

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney should be advised that you have contacted the Senator's office. This is to reduce any confusion associated with your case.

If represented by an attorney, please give attorney's name _____

Please return form to:

U.S. Senator Lindsey O. Graham
140 East Main Street, Suite 110
Rock Hill, South Carolina 29730
Phone: (803) 366-2828
Fax: (803) 366-5353

608 HAZARD STREET
SUITE 202
COLUMBIA, SC 29601
(803) 835-0112

401 WEST EVANS STREET
SUITE 225B
FLORENCE, SC 29501
(843) 680-1505

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

630 JOHNNIE DOODGE BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-5987

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-0528

135 EAGLES NEST DRIVE
SUITE B
SPYGLASS, SC 29578
(804) 288-5330



State of South Carolina
Department of Health and Human Services

Log # 0085

Mark Sanford
Governor

Emma Forkner
Director

September 10, 2008

Shirley and Arnold L. Borowsky, Sr.
402 South Rosemary Avenue
Andrews, South Carolina 29510

Dear Mr. and Mrs. Borowsky:

Senator Lindsey Graham asked our agency to assist with your questions concerning Medicaid eligibility. Good customer service is important to us, and I regret any difficulty or misunderstandings you experienced during the eligibility process.

Mr. Borowsky has been found eligible for Medicaid's Aged, Blind or Disabled (ABD) program effective November 1, 2007, through September 30, 2008. This program also pays his Medicare Part B premium. Please share his Medicaid ID # (2780752599) with his medical providers for services he received and ask them to file with Medicaid. Not all providers accept Medicaid patients so there may be some charges that will be his responsibility. Since he receives Medicare coverage, Medicaid is the second payer on all claims. The Social Security Administration should send him a refund check for deductions made during this period for his Medicare Part B premiums. He has been automatically enrolled in Medicare's Part D *Extra Help* low-income drug program. *Extra Help* offers little or no monthly fees and only a small co-payment for each prescription.

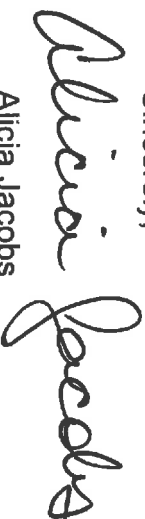
When Ms. Borowsky began receiving Social Security, your income as a couple increased over the limit for the ABD program. Therefore, as of October 1, 2008, Mr. Borowsky will no longer be eligible for full Medicaid benefits. Fortunately, Medicaid can continue to pay his Medicare Part B premium through the Specified Low Income Medicare Beneficiaries (SLMB) program.

We mailed Ms. Borowsky an application for SLMB under separate cover. Please complete and submit this application to Jamie McKnight in the Horry County Medicaid Office for processing. Ms. McKnight will need your bank statements from May–August 2008 to see if you also qualify for retroactive coverage. If determined eligible, Medicaid can also pay her Medicare Part B premium.

According to our records, you received a lump sum payment from a reverse mortgage. Money retained from the payment will be counted as a resource and may affect your eligibility. Please send verification of the amount you received from the reverse mortgage and the date you received it. If you have any questions regarding the eligibility process, or will have a problem gathering this information, please contact Nancy Wallace, Medicaid Eligibility Supervisor, at (843) 381-8260 Ext. 162 and she will be happy to assist you.

We have enclosed information on other programs and organizations that provide help with prescriptions and daily living expenses. We hope this information is helpful. If you have any questions about the Medicaid program, please call Denise Epps in Constituent Services at (803) 898-2505 or 1-888-549-0820, Ext. 2505 (toll-free) and she will be happy to help you.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs". The signature is written in black ink and is positioned above the printed name and title.

Alicia Jacobs
Acting Deputy Director

AJ/cole

Enclosures