

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Floyd <i>ly</i>	4/9/08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000524	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>4-16-08</u>
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cc: Jacobs, Forster</i> <i>closed 4/17/08, letter attached.</i>	
	<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.	<i>✓</i>		
3.			
4.			

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1. LOG NUMBER 000524	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>4-16-08</u>
2. DATE SIGNED BY DIRECTOR cc: Jacobs, Forkner	<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
SOUTH CAROLINA



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

UNITED STATES SENATE

April 9, 2008

RECEIVED

APR 08 2008

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: Carol Boulware
SS# 250-11-3126

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/t

Please refer to case (499871) 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) 933-0112

401 WEST EVANS STREET
SUITE 220B
FLORENCE, SC 29501
(843) 669-1506

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) 396-2828

135 EAGLES NEST DRIVE
SUITE B
SARASOTA, SC 28678
(864) 688-5330

04/09/2008 11:42AM

MAR 19 2008

RECEIVED APR 07 2008

AUTHORIZATION FORM

I hereby authorize United States Senator Lindsey O. Graham to receive any information from agencies pertaining to my request below. This authorization is in accordance with the provisions of the Privacy Act of 1974.

(PLEASE TYPE OR PRINT BELOW.)

Name: CAROL A BOUTCHAS Phone: 843-277-0778
Address: 4021 Saint Martin's Court
City: Georgetown State: SC Zip: 29445
Social Security Number: 250-11-3126 VA Number: _____

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 this form or an additional piece of paper.)

My monthly SSA is \$1785.40 my daughter Sydney
(SSN 242-71-8433) is \$992.00. She has been diagnosed
bipolar, OCD, ODD, and dyslexia. I have been
disabled since 2002. Every agency I've applied to
says she doesn't qualify for medicine due to the mental part
benefits. My mother paid up to \$1000 for her meds.
She needs a physical, go to the doctor, and see the same doctor
I'm seeing about a potential surgery condition... I can afford it
Signature: Carol Boutchas Date: 3-8-08

Please return form to:

U.S. Senator Lindsey O. Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464

From: "WebServer Reserved UID" <webserverd@www.senate.gov>
Date: 2/26/2008 8:20:16 AM
To: webmail@lgraham-ig.senate.gov
Subject: Senator Lindsey Graham

Sender's IP address = 68.58.176.47
<APP>SCCMAIL
<PREFIX>Ms.</PREFIX>
<FIRST>Carol</FIRST>
<LAST>Boulware</LAST>
<ADDR1>4021 St. Martins Court</ADDR1>
<ADDR2></ADDR2>
<CITY>Goose Creek</CITY>
<STATE>SC</STATE>
<ZIP>29445</ZIP>
<HPHONE>843-277-0778</HPHONE>
<WPHONE></WPHONE>
<EMAIL>calanne7878@aol.com</EMAIL>
<ISSUE>HEA</ISSUE>
<>Yes, I would like a written response.</>
<MSG>Senator Graham,

Please allow me to once again thank you and Jean for your tireless efforts in assisting me in obtaining my social security disability benefits. I am certain that without you two, it would never have been accomplished.

Having said that, I would like to address a breakdown in the medicaid system. Unlike most children of parents who are disabled, my daughter is ineligible for medicaid. In applying for coverage for her...I've been told that my disability benefits exceed the income level criteria.

I've worked since I was sixteen years old, paying in a tremendous amount of taxes to support the very programs that my daughter is ineligible. I'm sure you understand my source of frustration.

Sydney has been diagnosed as ADHD, Bipolar, OCD, and Dyslexic. I have had to pay all medical and medication expenses out of pocket...until recently her monthly medication expenses were close to \$1,000 per month.

Shouldn't there be some common sense guidelines in place for those in this situation?

As always, thank you for your vast efforts in serving our state and nation.
Regards,

Carol Boulware</MSG>
<>please enter your zip code in the format 12345 or 12345-1234.</>
</APP>

MEDHMS54. P
MEDSPROD

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE: 04/09/08

RECIPIENT INFORMATION

ACTION:

MEMBER PERIOD START: 08/31/05 END:

PAGE: 0001

NAME: BOULWARE SYDNEY M

HH NAME: BOULWARE CAROL A

RCP NUMBER: 1204512702

HH NUMBER: 100452359

ACTION TYPE: MAINTENANC

SSN: 246-71-8433 VC: V

APL STATUS:

ACTION DATE: 10/29/04

PRIMARY INDIVIDUAL:

APL CO: 07

WORKER ID: GWAHI

LOCATION: 003

143 SKYLAND SPRUCE DRIVE

SSCN: 250113126C1 RRN:

RACE: 01 SEX: F MARITAL STATUS: S

TPL: N RSP: 2 RELATION: CHILD

FORT STEWART

GA 31315-1779

DOB: 11/17/1991

DOD:

CORRECT RCP NUMBER: _____

LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	%	OF	POV		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	SPONSOR
-	88599480	10/01/2004	12/01/2005	88	30	FULL	N	Y	.52	
-	58136281	09/01/2003	10/01/2004	59	30	FULL	N	Y	.00	
-	58136281	08/01/2003	09/01/2003	59	30	FULL	N	Y	.00	
-	12045127	06/01/2001	08/01/2003	88	30	FULL			.00	
-		05/01/2001	06/01/2001	59					.00	

UPDATED: USER ID: RMITC

DATE: 09/12/03

SYSTEM ID: IEV7115

DATE: 05/14/06

ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV

PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS



May 05/08



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 17, 2008

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

Re: Case 499871

Dear Senator Graham:

Thank you for referring Ms. Carol Boulware to our agency regarding Medicaid eligibility and healthcare needs for her daughter, Sydney.

A member of our staff has been in direct contact with Ms. Boulware concerning her daughter's Medicaid eligibility. Although Ms. Boulware has moved to Georgia, we provided her with information on Medicaid programs that might apply to her family should she return to South Carolina as well as information on Georgia Medicaid programs. We also sent information on community programs and organizations that can assist with her family's healthcare 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,

Emma Forkner
Director

EF/fcoll



Aug 15-14

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Ms. Carol Boulware
631 1/2 West 37th Street
Savannah, Georgia 31415

Dear Ms. Boulware:

Senator Lindsey Graham asked our agency to respond to your concerns about Medicaid eligibility and healthcare needs for your daughter, Sydney.

Your most recent Medicaid coverage ended in 2005 when we did not receive the required forms for your annual review. Based on the current income figures provided for you and your daughter, your family's monthly income exceeds the allowable limits for most Medicaid programs.

Your email correspondence indicates that your family temporarily resides in Georgia. Georgia and South Carolina both offer a program called the Tax Equity and Fiscal Responsibility Act (TEFRA) program that covers some children without counting their parents' income. However, the eligibility guidelines differ slightly from state to state. This program is for children who are disabled and need institutional care. The program was designed to help parents who want to care for their child at home, even though the child needs continuous care in an institution such as a nursing home or intermediate care facility for the mentally retarded. We have enclosed an overview of the South Carolina TEFRA program and an application should you choose to apply upon your family's return to South Carolina.

Also enclosed is information on Georgia's TEFRA program. Please contact the Chatham County Division of Family and Children Services at (912) 651-2216 for more information.

If you have any questions regarding South Carolina Medicaid, please contact Robert Liming at (803) 898-2621, as he will be happy to assist you. We hope this information is helpful.

Sincerely,

Raymond J. Floyd
Deputy Director

RJF/coll
Enclosures

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