

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Fries</i>	DATE <i>9-20-06</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000257</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-27-06</i>
2. DATE SIGNED BY DIRECTOR <i>Claudia 9/29/06, 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.			



House of Representatives

State of South Carolina

Doc. Ries
"Rohy's Sign."

Jeffrey D. Duncan

District No. 15 - Laurens-Newberry

Counties

P. O. Box 721

Clinton, SC 29325

RECEIVED

327-B Blatt Building
Columbia, SC 29211
Tel. (803) 734-2974

Committee:

Agricultural, Natural Resources
and Environmental Affairs,
2nd Vice Chairman

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Environmental I
Sub-Committee

SEP 19 2006

BLAD KOST
DHHS
VIA FACSIMILE: 803.255.6235

RE: MEDICARE ISSUE

Dear BLAD:

Could you look into this for me?
Call with questions.
THANKS!

JEFF DUNCAN

Joseph M. Goldsmith

202 Elm Street
Clinton SC, 29325

On 9/19/06, Joe Goldsmith <joe65950@yahoo.com>

September 8, 2006
Hand delivered this date to Laurens Co.

Tina Boyd, Laurens Co. Office
SC Dept. of Health and Human Services
P. O. Box 388
Laurens SC, 29360

RE: Timothy G. and Timothy Michael Staslerowski re-application for Medicaid

Dear Ms. Boyd,

Among the men in our All Saints Episcopal Church, I am one who accompanies Mr. Staslerowski in dealing with government and legal matters, due to his diminished capacity. I drove him the first time to your office to pick up the application papers, and made sure that the receptionist understood that he and his son were re-applying. I then helped him collect the needed documents and complete your thirteen page application.

A week later, I took him back to your offices to turn in the package. Your receptionist reviewed the materials and said that we need to have Mr. Staslerowski's and his son's birth certificate and Social Security Cards. Having anticipated this problem, I had highlighted in yellow the following passage from Section 9, the last line, the last phrase (and I precisely quote):

"(if you have provided this information before, you do not have to provide it again.)"

For your convenience I am also enclosing that page from your package and have also highlighted it in yellow. While I certainly understand your need for the financial information you request, your request for the Birth Certificate and Social Security Cards is both unreasonable and oppressive. As I explained to your colleague there two weeks ago, those documents are in the possession of his ex-wife, who opposed the fourteen-year-old moving back to his Dad two years ago, and remains most hostile.

A little over a month ago, the teen attended the Governor's school for Math and Science without insurance or Medicaid. He is very active in his Church, the High School R.O.T.C., and is an Honor student at Clinton High. Obviously this kid is being well parented, and deserves better than your office has provided so far. Due to this needless delay, I am sure that you will do everything in the power of your office to expedite the process, and to personally contact your client to see how you can help.

Most Sincerely,

Joseph M. Goldsmith
JMG/amd

RECEIVED

SEP 19 2006

cc: SC Rep. Jeff Duncan
House District 15
P. O. Box 721
Clinton SC, 29325

Department of Health & Human Services
OFFICE OF THE DIRECTOR

09/19/2006 09:06AM



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 29, 2006

Mr. Timothy G. Stasierowski
284 Bar B Villa Road
Clinton, South Carolina 29325

Dear Mr. Stasierowski:

Representative Jeffery Duncan asked our agency to assist you with questions about Medicaid eligibility requirements for your son, Timothy M. Stasierowski.

I am pleased to inform you that your son has been approved for Medicaid coverage under our Partners for Healthy Children program effective August 1, 2006.

The Federal Deficit Reduction Act of 2005 requires us to obtain original documents establishing citizenship and identity from all Medicaid applicants effective July 1, 2006. Current Medicaid beneficiaries must also provide original documents upon the beneficiary's first annual review after July 1, 2006, even if they had been eligible prior to that date and had previously provided similar documentation.

We regret any confusion or misunderstanding this new Federal requirement may have caused you, your son, or Mr. Goldsmith.

I hope this information proves helpful to you in meeting your son's healthcare needs.

Sincerely,


Gary Ries,
Deputy Director

GR/olm

257
✓



State of South Carolina
Department of Health and Human Services

9/26/06
[Signature]

Mark Sanford
Governor

Robert M. Kerr
Director

September 29, 2006

Mr. Timothy G. Stasierowski
284 Bar B Villa Road
Clinton, South Carolina 29325

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Sincerely,

Gary Ries,
Deputy Director

GR/olm

[Signature]
cc: Mr. Joseph M. Goldsmith, 202 Elm Street, Clinton, South Carolina 29325



State of South Carolina
Department of Health and Human Services

Mr. 6/27

Mark Sanford
Governor

Robert M. Kerr
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DS

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4 SP -7

Gary Ries,
Deputy Director

DS

GR/olm

DS

c: Mr. Joseph M. Goldsmith, 202 Elm Street, Clinton, South Carolina 29325



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable Jeffrey D. Duncan
Member, South Carolina House of Representatives
P. O. Box 721
Clinton, South Carolina 29325

Dear Representative Duncan:

Thank you for referring Mr. Joseph M. Goldsmith to our agency regarding his concerns about healthcare needs and Medicaid coverage for Timothy M. Stasierowski.

Our office has been in direct contact with Mr. Goldsmith and Mr. Stasierowski's father regarding Medicaid eligibility rules concerning proof of citizenship. The Federal Deficit Reduction Act of 2005 requires us to obtain original documents establishing citizenship from all Medicaid applicants effective July 1, 2006. Current Medicaid beneficiaries must also provide original documents upon the beneficiary's first annual review after July 1, 2006, even if they had been eligible prior to that date.

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 let me know.

Sincerely,

Robert M. Kerr
Director

*Didn't request
seph*

RMK/rjo

From: Robert G Liming
To: Goldsmith, Joe
Date: 9/25/2006 9:53 AM
Subject: Re: You changing the subject as if the issue was a policy issue or a professional misunderstanding

CC: Duncan, Jeff SC Rep; Kost, Bryan; Orf, Mark; Polatty, Jan
Thank you for your response, and I remain glad to help in any way that I can, Bob Liming

>>> Joe Goldsmith <joeeg5950@yahoo.com> 9/25/2006 9:18 AM >>>
9-25

Mr. Liming-

Thanks for trying, but you seem to believe that you have the authority or power to fix the problem . Your attempts to fodge the issue and placate me are only adding fuel to the fire. Desist SIR! A phone call would be a waste of your time and mine, and allow further confusion Rr obfuscation. The only viable communication will be written.

Out of courtesy and respect for Rep. Duncan, I will copy you with my letter to him. Several members of our church are now watching the situation closely and they vote too.

Sincerely,

J. M. Goldsmith

All-new Yahoo! Mail - Fire up a more powerful email and get things done faster.

From: Robert G Liming
To: Goldsmith, Joe
Subject: Re: Your Concerns about Medicaid Eligibility Policy

Dear Mr. Goldsmith:

Thank you so much for responding to my recent e-mail and I regret that there is no telephone number where we can communicate directly. I will be more than glad to call you at any number any time it would be convenient for you. In addition, you can call my personal cell phone at 803-917-4177 and I will be glad to call you back at my own expense.

Unfortunately Federal privacy laws prohibit me from discussing any individual's situation through external e-mails because they are not a secure means of communication. If you, or Mr. Stasierowski, would like for me to speak directly with Representative Duncan, or a member of his staff, I have mailed you a release form which you can complete and return to my attention.

As a citizen and a taxpayer I fully understand that often these procedures and requirements can be overwhelming to a client, but they are in place to protect the privacy and confidentiality of all citizens. They are policies set and established by our elected representatives at both the national, state and local level.

I deeply regret that you or Mr. Stasierowski experienced any difficulty or misunderstanding. We at the SC Department of Health and Human Services all deeply value good customer service at every level and I personally apologize to you both for any confusion or difficulty you may have encountered. New Federal requirements effective July 1, 2006, mandate that we must verify US citizenship for all Medicaid clients, even if this documentation verification was provided in the past.

We appreciate your concerns and your thoughts, and I again regret any problems you may have encountered. I can also assure you we at DHHS are continually seeking ways to improve the delivery of services to each and every citizen. Thank you for sharing your thoughts and please feel free to call on me at any time if I can be of assistance.

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: rlimingr@scdhhs.gov

Website: www.scdhhs.gov

>>> Joe Goldsmith <joe95950@yahoo.com> 9/22/2006 6:25 PM >>>
9-22-06

Sir.

My problem is not with policy but attitude, and it appears to be agency wide according to your case worker!

Details to my Representative. You cannot fix the problem, but the General Assembly can. I will send you a courtesy copy.

And sorry, but I do not have a telephone. All communications will be in writing - less chance of double-talk.

Sincerely,

Joseph M. Goldsmith, Voter & Tax-payer

Robert G Liming <LIMINGR@scdhhs.gov> wrote:

Mr. Goldsmith: I have tried to locate a telephone number where I might be able to call and discuss your questions about Medicaid and program issues, but I was not able to locate a number for you. Can you please provide a number and a good time to be able to reach you so I can call and offer any assistance possible? Thank you

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E-Mail: limingr@scdhhs.gov

Website: www.scdhhs.gov

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.

Do you Yahoo!?

Everyone is raving about the all-new Yahoo! Mail.

CC: Duncan, Jeff SC Rep; Kost, Bryan; Orf, Mark; Polatty, Jan

From: Robert G Liming
To: joeg5950@yahoo.com
Date: 9/22/2006 1:17 PM
Subject: Your Concerns about Medicaid Eligibility Policy

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E-Mail: limingr@scdhhs.gov

Website: www.scdhhs.gov

From: Mark Orf
To: Jan Polatty; Robert G Liming
Date: 9/25/2006 11:35 AM
Subject: Re: Your Concerns about Medicaid Eligibility Policy

Yes, I don't think there is anything else we can do.

>>> Jan Polatty 9/25/2006 10:33 AM >>>
Hey, I think we just received a log on this one, too. #0257 - So, it may be that we can close using this e-mail???? Thanks, Jan

>>> Robert G Liming 09/25/06 8:05 AM >>>
Dear Mr. Goldsmith:

Thank you so much for responding to my recent e-mail and I regret that there is no telephone number where we can communicate directly. I will be more than glad to call you at any number any time it would be convenient for you. In addition, you can call my personal cell phone at 803-917-4177 and I will be glad to call you back at my own expense.

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Do you Yahoo!?

Everyone is raving about the all-new Yahoo! Mail.

From: Tina Boyd
To: Robert G Liming
Date: 9/22/2006 10:34 AM
Subject: Re: Status on Ty M. Stasierowski SS # 128-78-5451

The BG# is 39346959 and it includes Timothy the father and Timothy M. the son. Mr. Stasierowski applied on 8/28/06. I sent a check list of the items needed. On 9/8/06 M. Goldsmith responded with a notice stating that pg. 9 of the application stated that they didn't have to supply the information if it had been provided in the past. On 9/12/06 they came into the office and demanded to see me or the supervisor. I went up front and spoke with them trying to explain the new guidelines. I told them that we had some of the verification from an old file from 1997 and 2001 and that we could not use that because of the new guideline. I stated even if they had applied in 6/06 we would still need the verification because of the 7/01/06 new guidelines. He stated that his ex-wife had all the son's original birth certificate and that he had ordered one. I told him we could wait on it because I had to have it. I then told him that we could use one of the other options to verify citizenship on his son because I had to have it to process the case. I told him I could use two affidavits that had to be notarized. Mr. Goldsmith said he would do one and they would get someone else to sign the other. I explained that the people filling out the affidavits would need to provide proof of their identity and citizenship as well. Mr. Goldsmith let me get a copy of his passport. I also told Mr. Stasierowski that he would not be eligible because of his unemployment of \$201.00 weekly. I explained to him that his son Timothy will be eligible but I must have proof of citizenship. Mr. Goldsmith signed the authorized representative section on that date. On 9/13/06 Mr. Stasierowski brought in the affidavits into the office. One was filled out by his mother but she did not have proof of her citizenship or identity. I called him and stated as explained on 9/12/06 I had to have verification of both on the person signing the affidavit. He said they would bring in on 9/13/06 which he did. I told him he should get a notice by mail within the next week or so. Mr. Stasierowski does seem to have a hard time understanding the process and requirements. He just called me on the phone a few minutes ago and I told him that I will be processing his case today. I told him that he will be eligible for the month 8/06 because of the lack of hours on his job for that month in case he had any medical bills for that month but he would not be eligible for any other months because of his unemployment benefits. I don't have a phone on Mr. Goldsmith but he provided a email address on the letter he left on 9/8/06. joeg5950@yahoo.com. I will be processing the case with in the next few minutes.

>>> Robert G Liming 09/22/06 8:58 AM >>>
Appreciate your help with this one, and I know you are still working on it. Please let me know when it is completed.

As I read MEDS there is a BG 88810676 that includes Mr. Todd Stasierowski and his wife, Mrs. Charlene Smith? Then there appear to be three children, Ty M. and Cory D. Stasierowski and a William H. Smith. It appears all three children are covered under PHC?

Can you verify that the parents are over income for LIF? I just want to be certain of all my facts before I respond. Can you explain why the citizenship issue came up? Mr. Stasierowski seems difficult to understand the process and requirements and I want to try and go as easy as I can with him.

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Thanks for all of your efforts and for keeping us posted.

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E-Mail: limingr@scdhhs.gov
Website: www.scdhhs.gov

From: Joe Goldsmith <joe5950@yahoo.com>
To: <LIMINGR@scdhs.gov>
Date: 9/25/2006 9:19 AM
Subject: You changing the subject as if the issue was a policy issue or a professional misunderstanding

9-25

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1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621
E-Mail: limingr@scdhs.gov
Website: www.scdhs.gov

From: Tina Boyd
To: Robert G Liming
Date: 9/22/2006 10:52 AM
Subject: Re: Status on Ty M. Stasierowski SS # 128-78-5451

Case has been approved. I approved the father for the month he is entitled to and the son in BG 19370916. I explained to the father this morning that he could reapply when his unemployment ran out to see if he would be eligible then.

First Name	Last Name	Answer Station or Phone Number
Edna	Boyd	803.898.2640
Otisha	Boyd	803.898.2972
Tammy	Boyd	803.635.5502
Tina	Boyd	(864) 833-6109

Results 1 - 4 of 4

JEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
 MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: STASIEROWSKI TIMOTHY G ACTION TYPE: MAINTENANCE
 HH NUMBER: 100598087 APL STATUS: ACTION DATE: 08/31/06
 APPL EFFECTIVE DATE: 08/28/2006 WORKER: TBOYD TINA R BOYD

MAIL IN(Y/N): N
 APPLICANT'S COUNTY: 30 LAURENS WORKER'S COUNTY: 30 LAURENS
 COURTESY APPLICATION(Y/N): N
 MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
 284 BAR B VILLA RD REASON FOR APPLICATION:

CLINTON SC 29325- ADULT WITH CHILDREN(Y/N): Y
 RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): Y
 INFANTS UNDER AGE 1(Y/N): N
 PREGNANT(Y/N): Y
 BLIND/DISABLED(Y/N): N

AGED(Y/N): N
 LIMITED DATA COLLECTION: 00 NONE
 FIRST SIGNATURE OBTAINED(Y/N): Y

PHONE: H: 864-682-0087 W: - - WITHDRAW APPLICATION(W/C/N): N
 UPDATED: USER ID: TBOYD DATE: 09/22/06 SYSTEM ID: HMS5000 DATE: 08/31/06
 ME900049 HOUSEHOLD RECORD FOUND
 PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
 PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

JEDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: STASIEROWSKI TIMOTHY G ACTION TYPE: MAINTENANCE
HH NUMBER: 100598087 APL STATUS: ACTION DATE: 08/31/06

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:
NAME: JOSEPH _____ GOLDSMITH _____

ADDRESS: _____ RELATIONSHIP: _____
202 ELM ST

CLINTON _____ LEGAL RELATIONSHIP:
_____ COMMITTEE/CONSERVATOR
HOME PHONE: - - GUARDIAN
WORK PHONE: - - POWER OF ATTORNEY
E-MAIL: _____

UPDATED: USER ID: TBOYD DATE: 09/22/06 SYSTEM ID: HMS5000 DATE: 08/31/06
ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
MEMBER PERIOD START: 08/28/06 END:
NAME: STASIEROWSKI TIMOTHY G HH NAME: STASIEROWSKI TIMOTHY G
RCP NUMBER: 9304230802 HH NUMBER: 100598087 ACTION TYPE: MAINTENANCE
SSN: 059-54-8767 VC: V APL STATUS: ACTION DATE: 08/31/06
APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
DOB: 01/10/1960 AGE: 46 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
DOD: MEDICARE COVERAGE(Y/N): N
SEX: M MALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 059548767A
REL: SFI SELF RAILROAD NUMBER(Y/N): N
SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME
MARITAL STATUS: D DIVORCED PROVIDER NAME:
STUDENT STATUS: GRADE: ADMISSION DATE:
PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:
BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N
DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): Y UNEARNED INC(Y/N): Y
US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: D
US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): N
UPDATED: USER ID: TBOYD DATE: 09/22/06 SYSTEM ID: DATE:
ME900063 RECIPIENT RECORD FOUND
2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

AEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 08/28/06 END:

NAME: STASIEROWSKI TIMOTHY M HH NAME: STASIEROWSKI TIMOTHY G

RCP NUMBER: 9304230806 HH NUMBER: 100598087 ACTION TYPE: MAINTENANCE

SSN: 055-80-1897 VC: V APL STATUS: ACTION DATE: 08/31/06

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 09/23/1991 AGE: 15 SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: MEDICARE COVERAGE(Y/N): N

SEX: M MALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): N

REL: CH1 LEGAL CHILD OF SELF ONLY RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: U UNKNOWN PROVIDER NAME:

STUDENT STATUS: GRADE: ADMISSION DATE:

PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): N

US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: E

US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): N

UPDATED: USER ID: TBOYD DATE: 08/31/06 SYSTEM ID: DATE:

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

AEDHMS07 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
MEDSPROD HOUSEHOLD MEMBERS ACTION: PAGE: 0001

HH NAME: STASIEROWSKI TIMOTHY G ACTION TYPE: MAINTENANCE
HH NUMBER: 100598087 APL STATUS: ACTION DATE: 08/31/06

COMPLETE FOR ALL HOUSEHOLD MEMBERS

A/	RCP	NAME	CAT1	CAT2	REL	AGE	Y/N	Y/N	LA
S NA	NUMBER								
A	9304230802	* TIMOTHY G STASIEROWSKI	LIF		SELF	046	N	N	HOME
A	9304230806	TIMOTHY M STASIEROWSKI	LIF		CHILD	015	N	N	HOME

UPDATED: USER ID: TBOYD DATE: 09/22/06 SYSTEM ID: HMS5000 DATE: 08/31/06
ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF2->HH MBR DTL PF3->NEXT SCR PF4->REF PF5->HH BGS PF6->RETURN
PF7->PREV PF8->NEXT PF14->RCP INF PF16->ADD BG PF21->HIST- PF22->HIST+

AEDHMS11 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
MEDSPROD EARNED INCOME DETAIL ACTION:

NAME: STASIEROWSKI TIMOTHY G PERIOD START: 08/28/2006 END: HH NAME: STASIEROWSKI TIMOTHY G
RCP NUMBER: 9304230802 HH NUMBER: 100598087 ACTION TYPE: MAINTENANCE
SSN: 059-54-8767 STATUS: ACTION DATE: 08/31/2006

EMPLOYER: REEDER'S FISHING VILLAGE END DATE: _____
ADDRESS: SELF-EMPLOYED(Y/N): N

PER STATEMENT FROM EMPLOYER LAST WORKED
8/20/06. LAST 4 WKS EARNINGS WERE
600.00 DIVIDED 600 BY 4 -

PAGE: 0001

GROSS WAGES	DATE PAID	FREQUENCY	YEAR TO DATE
150.00	06/25/2006	WEEKLY	

UPDATED: USER ID: TBOYD DATE: 09/22/2006 SYSTEM ID DATE
PF1->HELP PF2->ADD PF3->NEXT SCR PF4->REFH PF5->ESCO1 PF6->RETURN
PF10->PREV MENU PF13->FIELD HELP PF21->HIST-

MEDHMS14 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
 MEDSPROD UNEARNED INCOME INFORMATION ACTION:

MEMBER PERIOD START: 08/28/06 END:

NAME: STASIEROWSKI TIMOTHY G HH NAME: STASIEROWSKI TIMOTHY G

RCP NUMBER: 9304230802 HH NUMBER: 100598087 ACTION TYPE: MAINTENANCE

SSN: 059-54-8767 STATUS: ACTION DATE: 08/31/06.

INDICATE WITH AN "X" IF YOU RECEIVE OR IF YOU HAVE APPLIED FOR THE FOLLOWING:

INDICATE INCOME RECEIVED OR APPLIED FOR THIS INDIVIDUAL BY ANOTHER.

- SSI	- RENTAL/LEASE	- ROOM/BOARD	- INTEREST/DIVIDENDS
- SSA	- CHILD SUPPORT	- LUMP SUM	- TRUST
- VA COMP	- ALIMONY	- RAILROAD RETIREMENT	- X UNEMP COMP
- VA A&A	- SC RETIREMENT	- ANNUITY	- WORKER COMP
- VA PENSION	- OTHER PENSIONS	- GRANTS/SCHOLARSHIPS/	- OTHER
- CONTRIBUTIONS	- CIVIL SERVICE	- EDU LOANS	

HAVE YOU WORKED FOR THE GOVERNMENT OR FOR THE RAILROAD (Y/N): N
 DO YOU RECEIVE PAYMENTS FROM LOAN, PROMISSORY NOTE OR MORTGAGE (Y/N): N
 PAYMENTS TO A RCF BY A FRIEND OR RELATIVE ON YOUR BEHALF (Y/N): N
 HAVE YOU EVER VOLUNTARILY GIVEN UP ANY PORTION OF ANY INCOME (Y/N): N

UPDATED: USER ID: TBOYD DATE: 09/22/06 SYSTEM ID: DATE:

ME900063 RECIPIENT RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP

PF21->HIST- PF22->HIST+

AEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:
NAME: STASIEROWSKI TIMOTHY G PERIOD START: 08/28/2006 END:
NUMBER: 9304230802 HH NAME: STASIEROWSKI TIMOTHY G
SSN: 059-54-8767 HH NUMBER: 100598087 ACTION TYPE: MAINTENANCE
STATUS: ACTION DATE: 08/31/2006

SOURCE TYPE: UNEMPLOYMENT COMPENSATION 1 SOURCE: UCB
ADDRESS

DATE APPLIED FOR: _____
END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
201.00	09/11/2006	WEEKLY
201.00	09/04/2006	WEEKLY
201.00	09/01/2006	WEEKLY
201.00	05/15/2006	WEEKLY

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: ESC3100 DATE: 03/14/06
INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

AEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
 MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: STASIEROWSKI TIMOTHY G PAGE: 0001
 HH NUMBER: 100598087 APL STATUS: ACTION TYPE: MAINTENANCE
 ACTION DATE: 08/31/06

BG		NEXT		LAST		BG	
S	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	STATUS
-	19370916	PHC	TBOYD	30	001	09/23/2007	ACTIVE
-	19370933	LIF	TBOYD	30	001	12/23/2007	CLOSED
-	43043938	PHC	TBOYD	30	001	03/18/2004	CLOSED
-	39346959	LIF	TBOYD	30	001	09/23/2007	DENIED

UPDATED: USER ID: TBOYD DATE: 09/22/06 SYSTEM ID: HMS5000 DATE: 08/31/06
 ME904675 HOUSEHOLD BUDGET GROUPS FOUND
 PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
 PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/25/06
 MEDSPROD BUDGET GROUP DETERMINATION ACTION:

BUDGET GROUP PERIOD START: 09/22/06 END:

PAGE: 1

HH NAME: STASIEROWSKI TIMOTHY G

HH NUMBER: 100598087

BG NUMBER: 19370916

CATEGORY: PHC

ACTION TYPE: MAINTENANCE

BG STAT: ACTIVE

WKR: TBOYD TINA BOYD

ACTION DATE: 09/22/06

BUDGET GROUP COUNT: 2

BGM

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
-	STASIEROWSKI TIMOTHY G	NA	SELF	46	I	RT1		
-	STASIEROWSKI TIMOTHY M	A	CHILD	15	E	RT1		

RETRO MONTHS REQUESTED(Y/N): N

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: TBOYD DATE: 09/22/06 SYSTEM ID: ELD3000 DATE: 09/22/06

ME904660 BUDGET GROUP INFORMATION FOUND

PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU

PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELDD00 PF21->HIST- PF22->HIST+

put w/ log 257

From: Robert G Liming
To: Goldsmith, Joe
Date: 9/25/2006 9:53:20 AM
Subject: Re: You changing the subject as if the issue was a policy issue or a professional misunderstanding

Thank you for your response, and I remain glad to help in any way that I can, Bob Liming

>>> Joe Goldsmith <joe95950@yahoo.com> 9/25/2006 9:18 AM >>>
9-25

Mr. Liming-

Thanks for trying, but you seem to believe that you have the authority or power to fix the problem .
Ypour attempts to fodge the issue and placate me are only adding fuel to the fire. Desist SJR! A phone call would be a waste of your time and mine, and allow further confusion Rr obfuscation. The only viable communication will be written.

Out of courtesy and respect for Rep. Duncan, I will copy you with my letter to him. Several members of our church are now watching the situation closely and they vote too.

Sincerely,

J. M. Goldsmith

All-new Yahoo! Mail - Fire up a more powerful email and get things done faster.

CC: Duncan, Jeff SC Rep; Kost, Bryan; Orf, Mark; Polatty, Jan

From: Robert G Liming
To: Goldsmith, Joe
Date: 9/25/2006 8:05:26 AM
Subject: Re: Your Concerns about Medicaid Eligibility Policy

Dear Mr. Goldsmith:

Thank you so much for responding to my recent e-mail and I regret that there is no telephone number where we can communicate directly. I will be more than glad to call you at any number any time it would be convenient for you. In addition, you can call my personal cell phone at 803-917-4177 and I will be glad to call you back at my own expense.

Unfortunately Federal privacy laws prohibit me from discussing any individual's situation through external e-mails because they are not a secure means of communication. If you, or Mr. Stasierowski, would like for me to speak directly with Representative Duncan, or a member of his staff, I have mailed you a release form which you can complete and return to my attention.

As a citizen and a taxpayer I fully understand that often these procedures and requirements can be overwhelming to a client, but they are in place to protect the privacy and confidentiality of all citizens. They are policies set and established by our elected representatives at both the national, state and local level.

I deeply regret that you or Mr. Stasierowski experienced any difficulty or misunderstanding. We at the SC Department of Health and Human Services all deeply value good customer service at every level and I personally apologize to you both for any confusion or difficulty you may have encountered. New Federal requirements effective July 1, 2006, mandate that we must verify US citizenship for all Medicaid clients, even if this documentation verification was provided in the past.

We appreciate your concerns and your thoughts, and I again regret any problems you may have encountered. I can also assure you we at DHHS are continually seeking ways to improve the delivery of services to each and every citizen. Thank you for sharing your thoughts and please feel free to call on me at any time if I can be of assistance.

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621
E-Mail: rlimingr@scdhhs.gov

Website: www.scdhhs.gov

>>> Joe Goldsmith <joeg5950@yahoo.com> 9/22/2006 6:25 PM >>>
9-22-06

Sir.

My problem is not with policy but attitude, and it appears to be agency wide according to your case worker!

Details to my Representative. You cannot fix the problem, but the General Assembly can. I will send

you a courtesy copy.

And sorry, but I do not have a telephone. All communications will be in writing - less chance of double-talk.

Sincerely,

Joseph M. Goldsmith, Voter & Tax-payer

Robert G Liming <LIMINGR@scdhs.gov> wrote:

Mr. Goldsmith: I have tried to locate a telephone number where I might be able to call and discuss your questions about Medicaid and program issues, but I was not able to locate a number for you. Can you please provide a number and a good time to be able to reach you so I can call and offer any assistance possible? Thank you

Robert G. Liming

Special Project Manager, Office of Constituent Services

South Carolina Department of Health and Human Services

Room 310

1801 Main Street

P.O. Box 8206

Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: limingr@scdhs.gov

Website: www.scdhs.gov

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.

Do you Yahoo!?

Everyone is raving about the all-new Yahoo! Mail.

CC: Duncan, Jeff SC Rep; Kost, Bryan; Orf, Mark; Polatty, Jan

Medicaid Programs / Other Resources Check List

Log # 0257

Legislator/Inquirer: Rep. Jeffrey Duncan

Constituent: Timothy M Stasierowski
son, Father

SS#: 055-80-1897

Joseph M. Goldsmith, AR

Timothy G. Stasierowski

HH 100598087

PROBLEM / ISSUE:		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Mr. Goldsmith, was writing re the boy having to provide original identification under new rules to verify citizenship		2	N/A	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		BA himing	HCBS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>	
DATE	ACTIONS TAKEN TO HELP:			LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>
9/21/06	Get file from MARK, locate in MEDS, call and e-mail case worker (TWO FAMILIES SAME NAME AND VERY SIMILAR STREET ADDRESS; verify correct is Father + Son, STASIEROWSKI @ 284 BAR B			MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>
				MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
				Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
9/22/06	Attempt to get telephone # for Goldsmith, no listing, verify he is authorized rep			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>
9/23/	Contact case worker twice, get her background see notes. E-mail Goldsmith w/offer to help			Pregnant Women/Infants	<input type="checkbox"/>		
9/25	Mr. Goldsmith very upset e-mail (ATTACHED). I still respond positive; also verify case worker has talked to Mr. Stasierowski re son. Son now eligible, documentation has been provided!			SILVERxCARD	<input type="checkbox"/>		
				SLMB	<input type="checkbox"/>		
9/26	as required. Son eligible for PHC as of 8/1/06 Mark says use only e-mail. I submit letters because I think we should notify father and have a paper trail in event Mr Goldsmith keeps complaining			SSI	<input type="checkbox"/>		
	Prepared letter to Father / legislator, but, showed copy for Goldsmith for MARK's review			TEFRA	<input type="checkbox"/>		
				Working Disabled	<input type="checkbox"/>		