

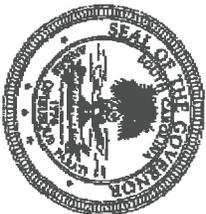
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Ries	7-12-06

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000075	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Singleton Cleared 7/20/06, letter attached. And additional</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <u>7-21-06</u>
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>Legal to respond -</i>
2.			<i>can, this was given to legal (risk). Denise</i>
3.			
4.			



*Reg. Rice
"Approp. Sign"
re: Singleton*

State of South Carolina

Office of the Governor

MARK SANFORD
GOVERNOR

OFFICE OF
POLICY AND
COUNSEL

FAX TRANSMITTAL COVER

RECEIVED

DATE:	7/10/06	JUL 12 2006
FAX TO:	Jan Polletty	Department of Health & Human Services OFFICE OF THE DIRECTOR
FAX #:	(803) 898-4615	
FROM:	Emily Jackson	

Total number of pages:

(including this cover sheet)

If you have any problems receiving this document, please contact:

Office of Constituent Services
Post Office Box 12257
Columbia, SC 29211
TELEPHONE: (803) 734-8048 • FAX: (803) 734-0799

DONALD A. GARDNER
ARCHITECTS, INC.

RECEIVED

6/11/11

JUL 07 2006

Referred to Joe

Answered Joe

Governor Mark Sanford
PO Box 12267
Columbia, SC
29211

RECEIVED

JUL 12 2006

July 6, 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Governor Sanford,

My name is Argela Santerini, and I met you at the YPO dinner held at the Governor's Mansion at the beginning of the year. Additionally my husband Bill Santerini and myself are the presidents of Allora, LLC and the Donald A. Gardner companies, respectively, and we sponsored an event for you in Greenville several months ago. It has been my pleasure to meet and assist you, and I am writing because I need your assistance to expedite my five-year-old son's trust approval so he can stay on children's Medicaid.

My son's name is William Anthony Santerini IV, and April said I would need to note his name and social security number, which is: 658-09-0601. Furthermore, my social security number is 250-25-8902. I have gotten notice that my son's Tefra/Medicaid coverage is going to expire on July 16th, 2006, which is a mere ten days from now. The reason given for the expiration of my son's coverage is that his trust is allegedly not set up correctly. This information concerns me gravely, and I would like to find resolution for this matter as soon as possible. In essence, my goal is to set up a trust fund for William while he simultaneously receives Tefra coverage from the state.

My primary healthcare provider for myself and for William is United Healthcare, and the remainder of William's health needs are covered by Tefra. I am also interested in how much funding Tefra has given on William's behalf (total to date). I have not received a statement about how much coverage they have provided, and I am interested in obtaining this information. If you could help me find this out as well, it would be greatly appreciated.

I have already faxed the HIPPA information to DHHS allowing my attorneys John Thomas and Judy Blackwell to speak on my behalf to the Department of Health and Human Services. I am hoping to solve the trust discrepancy promptly for my son. I can

P.O. Box 28178
Greenville, South Carolina 29616

150 Executive Center Drive,
Suite 215 (29615)

864/266-7560

Fax 864/289-0296

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Governor Sanford
Page 2

reached at my work number (864-288-7580) by dialing zero. If I am not available my assistants Tina Williamson or Stephanie Dunaway will be able to answer the call. I thank you in advance for your time and consideration.

Respectfully



Angela Santerini
President
Donald A. Gardner Architects, Inc.
Asanterini@dongardner.com
Enclosures (3)

EVT. 301

Asst 306

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/12/06

MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 06/12/05 END: PAGE: 0001

NAME: SANTERINI WILLIAM HH NAME: SANTERINI ANGELA

RCP NUMBER: 4838057101 HH NUMBER: 100620992 ACTION TYPE: MAINTENANCE

SSN: 658-09-0601 VC: V APL STATUS: ACTION DATE: 10/24/02

PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: TBIXL LOCATION: 054

409 THORNEBLADE BLVD SSCN: RRN:

RACE: 01 SEX: M MARITAL STATUS: S

TPL INSURANCE: N RELATION: CHILD

DOB: 11/02/2000 DOD:

CORRECT RCP NUMBER: SC 29650- LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BENEFITS QMB RETRO % OF POV CHIP

S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND LEVEL NUMBER

48380571 02/01/2001 57 50 FULL N .00

UPDATED: USER ID: TBIXL DATE: 08/11/03 SYSTEM ID: TTR1001 DATE: 10/24/02
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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

Cur

RECEIVED

JUL 12 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Diane Baker
To: LIMINGR@scdhhs.gov
Date: 7/18/2006 3:51 pm
Subject: Re: Status of TEFRA for William Santerini SS 658-09-0601

I received this case for maintenance last year. The client has 2 Trust Account that were never sent to Columbia to be determined that they were set up correctly to be excluded as a resource. My supervisor talked to the family and their attorney and it was determined from the conversation with the attorney that some of the "wording" needed to be changed. We were told that this would be taken care of and would receive copies of the corrections. We never received the information so my supervisor advised me to close the case with the information that we already had. The case was closed back 06-15-06 due to being over the resource limit. Clients mother called after she received the closure notice and she told me that she thought that the attorney had taken care of this. The attorney called and spoke with my supervisor and myself. From that conversation the case was reopened and eligibility reinstated without any loss of coverage.

Hope this is what you were needing.

Diane Baker

Diane Baker
Medicaid Caseworker
bakerd@dhhs.state.sc.us
864-454-1074

>>> Robert G Liming 07/17/06 11:43 AM >>>
I think you are listed as the case worker for this youngster's case and was wondering if you can provide me with any background. I am handling a referral on this from the Governor's Office, apparently there is some issue of the mother trying to establish a trust for the youngster?

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Any background would be appreciated

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@scdhhs.gov
Website: www.scdhhs.gov

From: Robert G Liming
To: Hepfer, Rick
Subject: Re: Fwd: Status of TEFRA for William Santerini SS 658-09-0601

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I have copied Jan Polatty in Deputy Director Gary Ries' office to see if we both need to respond. Thanks

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803-898-2621

E-Mail: limingr@scdhhs.gov

Website: www.scdhhs.gov

CC: Epps, Denise; Kost, Bryan; Morrison, Rhonda; Orf, Mark; Polatty, Jan

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/17/06
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 06/12/05 END: PAGE: 0001

NAME: SANTERINI WILLIAM HH NAME: SANTERINI ANGELA
RCP NUMBER: 4838057101 HH NUMBER: 100620992 ACTION TYPE: MAINTENANCE
SSN: 658-09-0601 VC: V APL STATUS: ACTION DATE: 10/24/02
PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: TBIXL LOCATION: 054
409 THORNEBLADE BLVD SSCN: RRN:

GREER SC 29650- DOB: 11/02/2000 DOD:
CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:

BG BEG END BENEFITS QMB RETRO % OF POV CHIP
S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND LEVEL NUMBER
_ 48380571 02/01/2001 57 50 FULL N .00

UPDATED: USER ID: TBIXL DATE: 08/11/03 SYSTEM ID: TTR1001 DATE: 10/24/02
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

MEDELDD00 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/17/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: ANGELA SANTERINI DATES-FROM: 06 / 2005 THRU: ___ / ___ HH NUMBER: 100620992
 BG NUMBER: 48380571 CATEGORY: TEFRA QCAT: 50 ACTION TYPE: MAINTENANCE
 BG: A BGP: P WKR: CBAKE DIANE BAKER ACTION DATE: 07/07/06

REQUIREMENTS WILLI S
 APPLYING: A
 CITIZENSHIP: P
 RESIDENCY: P
 SSN: P
 PREGNANCY: N/A
 AGE: P
 RELATIONSHIP: N/A
 IDENTITY: P
 DISABLED/BLIND: P
 ASSIGNMENT OF RIGHTS: P
 REFERRAL TO OTHER BENEFITS: P
 LIVING ARRANGEMENTS: N/A
 UPDATED: USER ID: CBAKE DATE: 07/07/06 SYSTEM ID: ELD2000 DATE: 07/07/06
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1->HELP PF3->NEXT SCR PF5->HH MBR DTL PF6->RETURN PF10->MENU PF13->FIELD HELP
 PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST+

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/17/06
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 04/19/06 END: PAGE: 0001

NAME: MICHAELSON HATLEY M HH NAME: THOMAS CHRISTINE M
RCP NUMBER: 5780590912 HH NUMBER: 100830030 ACTION TYPE: MAINTENANCE
SSN: 658-22-0395 VC: V APL STATUS: ACTION DATE: 08/29/05
PRIMARY INDIVIDUAL: APL CO: 10 WORKER ID: MURIB LOCATION: 053
1208 ELLIE CT RRN:

SUMMERVILLE SC 29483-
CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYP	IND	IND	% OF POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYP	IND	IND	LEVEL	NUMBER
89198610	04/01/2006		12	30	FULL	N	N		.00	

UPDATED: USER ID: ATALB DATE: 05/19/06 SYSTEM ID: SVE3000 DATE: 05/23/06
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

Murib

249-35-2729

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/14/06
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 06/12/05 END: PAGE: 0001

NAME: SANTERINI WILLIAM HH NAME: SANTERINI ANGELA
RCP NUMBER: 4838057101 HH NUMBER: 100620992 ACTION TYPE: MAINTENANCE
SSN: 658-09-0601 VC: V APL STATUS: ACTION DATE: 10/24/02
PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: TBIXL LOCATION: 054
409 THORNEBLADE BLVD SSCN: RRN:

GREER SC 29650- RACE: 01 SEX: M MARITAL STATUS: S
CORRECT RCP NUMBER: _____ TPL INSURANCE: N RELATION: CHILD
DOB: 11/02/2000 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
	48380571	02/01/2001	57	50	FULL	N			.00	

UPDATED: USER ID: TBIXL DATE: 08/11/03 SYSTEM ID: TTR1001 DATE: 10/24/02
ME900063 RECIPIENT RECORD FOUND
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->EILD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->EILD00 PF18->HH MBR BGS

Donna Deaf

Jim Duval
R

AEDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/14/06
MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001

HH NAME: SANTERINI ANGELA ACTION TYPE: MAINTENANCE
HH NUMBER: 100620992 APL STATUS: ACTION DATE: 10/24/02

RCP/SSN/BG: 658090601 LAST APL: 05/24/01 HH COUNTY: 23 GREENVILLE
RES ADDR HOME PHONE: 864-234-0892 MAIL ADDR WORK PHONE: - -
409 THORNEBLADE BLVD

S	RCP NUMBER	PI NAME	SC	-	GREER	SSN	LATEST ELG PERIOD	AGE	SC 29650-
-	4838057101	WILLIAM SANTERINI			658-09-0601	02/01/01	-	5	
-	WRKR ID: CBAKE	NAME: BAKER DIANE			BG: 48380571			23	
-	7780180978	* ANGELA SANTERINI			250-25-8902			37	
-	WRKR ID: CBAKE	NAME: BAKER DIANE			BG:			23	

ME900049 HOUSEHOLD RECORD FOUND
PF2->PI PF5->HH MBR DTL PF7->PREV PF8->NEXT PF9->HH APLS PF11->HH MBRS
PF12->HH BGS PF14->RCP INFO PF17->ELDD00 PF18->HH MBR BGS PF19->REPL CARD

LEGISLATIVE LOG #	0075
LEGISLATOR/INQUIRER	Governor Sanford #61131
CONSTITUENT	Angela Santerini for son, William Anthony Santerini IV
SSN	658-09-0601
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	7/12/2006
DATE DRAFT DUE GR	7/20/2006
LOG LETTER DUE DATE	7/21/2006
DATE REFERRED TO BC	7/12/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	7/12/2006	Jan	8-2502	Jacobs box
	7/13/2006	Denise	8-2505	Rec'd log & Mark wants Valerie to handle.

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

Programs:

ABD	(32)	
Foster Children	(31,60)	
General Hospital	(14)	
HCBWS	(15)	
LIF	(59)	
MBCCP	(71)	
Nursing Home	(10)	
OSS	(85,86)	
PHC	(88)	
Pregnant Women & Infants	(12,87)	
QMB	(90)	
SILVERxCARD	(92)	
SLMB	(48,52)	
SSI	(80)	
TEFRA	(57)	
Transitional	(11)	
Working Disabled	(40)	

Medicaid Programs / Other Resources Check List

Log # 00073

Legislator/Inquirer: Governor Sanford

Constituent: William Santerini

SS#: 658-09-0601

PROBLEM / ISSUE:		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Mother concerned re TEFRA coverage for son		3	NOT Applicable	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP:		LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	
7/17/06	Received from Denise E-mail case worker re status		MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>	
7/18/06	Speak w Mrs. Santerini, all now in order		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
7/18/06	E-mail from Gil case worker, all in order		Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
7/19/06	Closed log, Rick Hefner to respond due to privacy issues		PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>	
			Pregnant Women/Infants	<input type="checkbox"/>			
			SILVERxCARD	<input type="checkbox"/>			
			SLMB	<input type="checkbox"/>			
			SSI	<input type="checkbox"/>			
			TEFRA	<input type="checkbox"/>			
			Working Disabled	<input type="checkbox"/>			

From: Robert G Liming
To: Hepfer, Rick
Date: 7/19/2006 10:26:17 AM
Subject: Re: Fwd: Status of TEFRA for William Santerini SS 658-09-0601

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803-898-2621

E-Mail: jlimingr@scdhhs.gov

Website: www.scdhhs.gov

CC: Epps, Denise; Kost, Bryan; Morrison, Rhonda; Orf, Mark; Polatty, Jan

From: Robert G Liming
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Subject: Re: Fwd: Status of TEFRA for William Santerini SS 658-09-0601

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E-Mail: jlimingr@scdhhs.gov

Website: www.scdhhs.gov

CC: Epps, Denise; Hillian, Linda; Kost, Bryan; Morrison, Rhonda; Orf, Mark; Polatty, Jan



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

July 20, 2006

Ms. Angela Santerini
409 Thornblade Blvd.
Greer, South Carolina 29650

Re: Detailed Claims Report

Dear Ms. Santerini:

Enclosed is a Detailed Claims Report (DCR), in partial response to your July 6, 2006, letter to Governor Sanford. The DCR lists services billed to Medicaid as well as the amount Medicaid paid for the time period of February 2001 through present. Providers have one (1) year from the date of service to bill. The totals are listed on the last page of the report. In the Medicaid Program, explanations of benefits paid are not routinely sent, except as part of the Program's fraud control efforts.

I believe that Mr. Robert Liming responded by telephone to your other questions. I hope this information is helpful to you. Please contact me if there are any questions. My direct is (803) 898-2791.

Sincerely,


Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures

cc: Mr. Robert Liming (w/o enclosures)

Log #75

DONALDA A. GARDNER
ARCHITECTS, INC.

RECEIVED

6/11/11

JUL 0 7 2006

Referred to

Answered

Jack

RECEIVED

JUL 12 2006

July 6, 2006

Governor Mark Sanford
PO Box 12267
Columbia, SC
29211

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Governor Sanford,

My name is Argela Sarterini, and I met you at the YPO dinner held at the Governor's Mansion at the beginning of the year. Additionally my husband Bill Sarterini and myself are the presidents of Allora, LLC and the Donald A. Gardner companies, respectively, and we sponsored an event for you in Greenville several months ago. It has been my pleasure to meet and assist you, and I am writing because I need your assistance to expedite my five-year-old son's trust approval so he can stay on children's Medicaid.

My son's name is William Anthony Sarterini IV, and April said I would need to note his name and social security number, which is: 658-09-0601. Furthermore, my social security number is 250-25-8902. I have gotten notice that my son's Tefra/Medicaid coverage is going to expire on July 16th, 2006, which is a mere ten days from now. The reason given for the expiration of my son's coverage is that his trust is allegedly not set up correctly. This information concerns me gravely, and I would like to find resolution for this matter as soon as possible. In essence, my goal is to set up a trust fund for William while he simultaneously receives Tefra coverage from the state.

My primary healthcare provider for myself and for William is United Healthcare, and the remainder of William's health needs are covered by Tefra. I am also interested in how much funding Tefra has given on William's behalf (total to date). I have not received a statement about how much coverage they have provided, and I am interested in obtaining this information. If you could help me find this out as well, it would be greatly appreciated.

I have already faxed the HIPPA information to DHHS allowing my attorneys John Thomas and Judy Blackwell to speak on my behalf to the Department of Health and Human Services. I am hoping to solve the trust discrepancy promptly for my son. I can

P.O. Box 26178
Greenville, South Carolina 29616

150 Executive Center Drive,
Suite 215 (29616)

864/298-7580

Fax 864/298-0295

www.dongardner.com

Governor Sanford
Page 2

reached at my work number (864-288-7580) by dialing zero. If I am not available my assistants Tina Williamson or Stephanie Dunaway will be able to answer the call. I thank you in advance for your time and consideration.

Respectfully



Angela Santerini
President
Donald A. Gardner Architects, Inc.
Asanterini@dongardner.com
Enclosures (3)

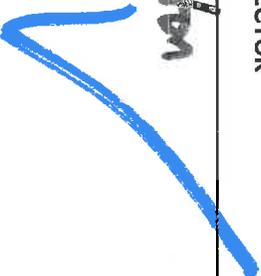
EVTT. 301

Asst 306

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>7-12-06</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000075</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-06</i> 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.			



*Reg. Rice
"Approp. Sign"
cc: Swagston*

State of South Carolina

Office of the Governor

OFFICE OF
POLICY AND

MARK SANFORD
GOVERNOR

FAX TRANSMITTAL COVER

RECEIVED

DATE:	7/12/06	JUL 12 2006
FAX TO:	Jan Pallathy	Department of Health & Human Services OFFICE OF THE DIRECTOR
FAX #:	(803) 898-4615	
FROM:	Emily Jackson	

Total number of pages:

(including this cover sheet)

If you have any problems receiving this document, please contact:

Office of Constituent Services
Post Office Box 12267
Columbia, SC 29214
TELEPHONE: (803) 734-5049 • FAX: (803) 734-0799


DONALD A. GARDNER
 ARCHITECTS, INC.

6111
RECEIVED

JUL 07 2006

Referred to _____

Answered Jack

RECEIVED

JUL 12 2006

July 6, 2006

Governor Mark Sanford
 PO Box 12267
 Columbia, SC
 29211

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

Dear Governor Sanford,

My name is Angela Santerini, and I met you at the YPO dinner held at the Governor's Mansion at the beginning of the year. Additionally my husband Bill Santerini and myself are the presidents of Allora, LLC and the Donald A. Gardner companies, respectively, and we sponsored an event for you in Greenville several months ago. It has been my pleasure to meet and assist you, and I am writing because I need your assistance to expedite my five-year-old son's trust approval so he can stay on children's Medicaid.

My son's name is William Anthony Santerini IV, and April said I would need to note his name and social security number, which is: 658-09-0601. Furthermore, my social security number is 250-25-8902. I have gotten notice that my son's Tefta/Medicaid coverage is going to expire on July 16th, 2006, which is a mere ten days from now. The reason given for the expiration of my son's coverage is that his trust is allegedly not set up correctly. This information concerns me gravely, and I would like to find resolution for this matter as soon as possible. In essence, my goal is to set up a trust fund for William while he simultaneously receives Tefta coverage from the state.

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Governor Sanford
Page 2

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Respectfully



Angela Santerini
President
Donald A. Gardner Architects, Inc.
Asanterini@dongardner.com
Enclosures (3)

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/12/06
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 06/12/05 END: PAGE: 0001

NAME: SANTERINI WILLIAM HH NAME: SANTERINI ANGELA
RCP NUMBER: 4838057101 HH NUMBER: 100620992 ACTION TYPE: MAINTENANCE
SSN: 658-09-0601 VC: V APL STATUS: ACTION DATE: 10/24/02
PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: TBIXL LOCATION: 054
409 THORNEBLADE BLVD SSN: RRN:

GREER SC 29650- RACE: 01 SEX: M MARITAL STATUS: S
CORRECT RCP NUMBER: _____ DOB: 11/02/2000 RELATION: CHILD
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	LEVEL	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	NUMBER
48380571	02/01/2001	57	50	FULL	N			.00	

UPDATED: USER ID: TBIXL DATE: 08/11/03 SYSTEM ID: TTR1001 DATE: 10/24/02
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

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JUL 12 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR