

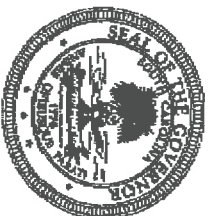
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

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

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000075</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-06</i>	
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton Cleared 7/20/06, letter attached. And additional</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.			<i>Legal to respond -</i>
2.			<i>can, this has given to legal (risk). Denise</i>
3.			
4.			



*Reg. Rice*  
*"Approp. Sign"*  
*cc: 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 Polatty	Department of Health & Human Services OFFICE OF THE DIRECTOR
FAX #:	(803) 898-4615	
FROM:	Emily Jackson	

Total number of pages:

3

(including this cover sheet)

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

(803) 734-0081

Office of Constituent Services  
Post Office Box 12257  
Columbia, SC 29211  
TELEPHONE: (803) 734-6046 • FAX: (803) 734-0799

  
DONALD A. GARDNER  
ARCHITECTS, INC.

611/11  
RECEIVED

JUL 07 2006

Referred to 23  
Answered Jack

Governor Mark Sanford  
PO Box 12267  
Columbia, SC  
29211

RECEIVED

JUL 12 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 6, 20

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 Tefra/Medicaid coverage is going to expire on July 16<sup>th</sup>, 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 (29615)

864/266-7560

Fax 864/266-0206

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)

EXT. 301

Asst 306

4EDHMS54 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:

GREER SC 29650- RACE: 01 SEX: M MARITAL STATUS: S  
TPL INSURANCE: N RELATION: CHILD

DOB: 11/02/2000 DOD:

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PROVIDER:

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*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?

Any background on the case would be most helpful, the mother says she has been notified that his TEFRA will end on July 16, but the doesn't seem to be clear to me and why would it end in the middle of a month? She may be confused since I show him as eligible in the system since 2/1/01.

Any background would be appreciated

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

803-898-2621  
E-Mail: [limingr@scdhhs.gov](mailto:limingr@scdhhs.gov)

Website: [www.scdhhs.gov](http://www.scdhhs.gov)

**From:** Robert G Liming  
**To:** Hefter, 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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803.898.2865  
cell- 429.3201  
[kostbr@scdhhs.gov](mailto:kostbr@scdhhs.gov)

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803-898-2621

E-Mail: [limingr@scdhhs.gov](mailto:limingr@scdhhs.gov)

Website: [www.scdhhs.gov](http://www.scdhhs.gov)

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



AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/17/06  
MEDSPROD MEMBER PERIOD START: 06/12/05 END: ACTION: 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

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

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->ELD02 PF6->RETURN PF7->PREV  
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

MEDEL000 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: / PAGE: 1 OF 3  
BG NUMBER: 48380571 CATEGORY: TEFRA QCAT: 50 HH NUMBER: 100620992  
BG: A BGP: P WKR: CBAKE DIANE BAKER ACTION TYPE: MAINTENANCE  
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 HAILEY 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 SSCN: RRN:

SUMMERVILLE SC 29483-  
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
	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

244-35-2729

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

TPL INSURANCE: N

RELATION: CHILD

DOB: 11/02/2000

DOD:

CORRECT RCP NUMBER:

SC 29650-

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

*Donna Day*

*Jim Duval*

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:			CNTY: 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->ELD00 PF18->HH MBR BGS PF19->REPL CARD

<b>LEGISLATIVE LOG #</b>	0075
<b>LEGISLATOR/INQUIRER</b>	Governor Sanford #61131
<b>CONSTITUENT</b>	Angela Santerini for son, William Anthony Santerini IV
<b>SSN</b>	658-09-0601
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	7/12/2006
<b>DATE DRAFT DUE GR</b>	7/20/2006
<b>LOG LETTER DUE DATE</b>	7/21/2006
<b>DATE REFERRED TO BC</b>	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	
<b>Other Resources:</b>	
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		HCBWS	<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	Response 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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E-Mail: [limingr@scdhhs.gov](mailto:limingr@scdhhs.gov)

Website: [www.scdhhs.gov](http://www.scdhhs.gov)

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

**From:** Robert G Liming  
**To:** Hepfer, Rick  
**Date:** 7/19/2006 10:05:14 AM  
**Subject:** Re: Fwd: Status of TEFRA for William Santerini SS 658-09-0601

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Bryan Kost  
DHHS Public Information  
803.898.2865  
cell- 429.3201  
[kostbr@scdhhs.gov](mailto:kostbr@scdhhs.gov)

>>> Robert G Liming 7/17/2006 11:48 AM >>>

Bryan: Could use your help, this is one from Governor's Office. The mother is unclear, and I have a call in to her now. She states in her letter that she wants to know how much TEFRA has paid for her son since he became eligible. Is there someone who can give me this figure? Is this an FOI issue, and if so how do we handle? It doesn't appear she wants actual copies of the bills and payments, but more an overall listing.

Thanks for any advice, or for pointing me in the direction of someone who can get this information for me.

>>> Robert G Liming 7/17/2006 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?

Any background on the case would be most helpful, the mother **says** she has been notified that his TEFRA will end on July 16, but the doesn't seem to be clear to me and why would it end in the middle of a month? She may be confused since I show him as eligible in the system since 2/1/01.

Any background would be appreciated

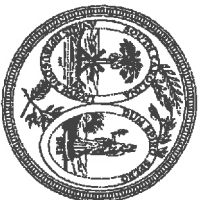
Robert G. Liming  
Special Project Manager, Office of Constituent Services  
South Carolina Department of Health and Human Services  
Room 310  
1801 Main Street  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: [rlimingr@scdhhs.gov](mailto:rlimingr@scdhhs.gov)

Website: [www.scdhhs.gov](http://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 Thorneblade Blvd.  
Greer, South Carolina 29650

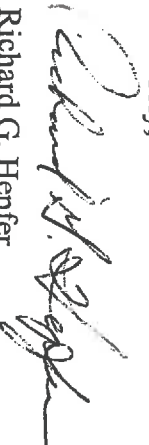
Re: Detailed Claims Report

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)

  
DONALD A. GARDNER  
ARCHITECTS, INC.

10/11/11  
RECEIVED

JUL 0 7 2006

Referred to \_\_\_\_\_  
Answered Jack

Governor Mark Sanford  
PO Box 12267  
Columbia, SC  
29211

RECEIVED

JUL 1 2 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 6, 2006

Dear Governor Sanford,

My name is Angela Saterini, and I met you at the YPO dinner held at the Governor's Mansion at the beginning of the year. Additionally my husband Bill Saterini 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 Saterini 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 16<sup>th</sup>, 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

160 Executive Center Drive,  
Suite 215 (29015)

864/266-7580

Fax 864/289-0266

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)

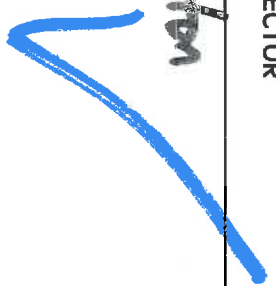
EXT. 301

Per 306

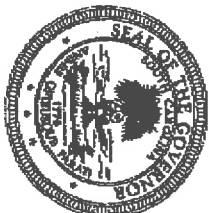
**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

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

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

<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			



*Reg. Rice*  
*"Approp. Sign"*  
*cc: 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 Polatty	Department of Health & Human Services OFFICE OF THE DIRECTOR
FAX #:	(803) 898-4515	
FROM:	Emily Jackson	

Total number of pages:

3

(including this cover sheet)

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

(803) 734-0081

Office of Constituent Services

Post Office Box 12267

Columbia, SC 29211

TELEPHONE: (803) 734-5049 • FAX: (803) 734-0799



  
DONALD A. GARDNER  
ARCHITECTS, INC.

61111  
RECEIVED

JUL 03 2006

Referred to \_\_\_\_\_

Answered Jack

Governor Mark Sanford  
PO Box 12267  
Columbia, SC  
29211

**RECEIVED**

JUL 12 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 6, 2006

Dear Governor Sanford,

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07/12/2006 11:59AM

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

A handwritten signature in black ink, appearing to read 'ASan', with a long horizontal line extending to the right.

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

DATE: 07/12/06

**ACTION:**

PAGE: 0001

HH NAME: SANTERINI ANGELA

ACTION TYPE: MAINTENANCE

ACTION DATE: 10/24/02

LOCATION: 054

PRN:

MARITAL STATUS: S

RELATION: CHILD

DOD:

LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

CHIP

NUMBER

DATE: 10/24/02

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELDD02 PF6->RETURN PF7->PREV  
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELDD00 PF18->HH MBR BGS

JUL 12 2006

# REVISED

**Department of Health & Human Services  
OFFICE OF THE DIRECTOR**

Date: 7/12/2006 Time: 11:51:58 AM