

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>5-30-07</i>
---------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000744</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>6-8-07</i>		
2. DATE SIGNED BY DIRECTOR <i>Cleaved 6/7/07 [Signature]</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
<i>attached.</i>			

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

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES
INTERNATIONAL RELATIONS
EDUCATION AND THE WORKFORCE
HOUSE POLICY

Congress of the United States
House of Representatives

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

May 25, 2007

RECEIVED

MAY 29 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Mr. John M. Gilstrap for
Benjamin M. Gilstrap
DOB: 08-21-1978

*Log: Jacobs
(Jim. Wilson)*

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding his son's Medicaid benefits. Enclosed is a copy of Mr. Gilstrap's letter further explaining his concerns. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
MAILING ADDRESS: P.O. Box 7381
COLUMBIA, SC 29202
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
E-MAIL: joe.wilson@mail.house.gov
WEBSITE: www.house.gov/joewilson

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. Box 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2535



State of South Carolina
Department of Health and Human Services

744
✓

Mark Sanford
Governor

Susan B. Bowling
Acting Director

June 7, 2007

Mr. John M. Glistrap
18 Rocky Cove Road
Lexington, South Carolina 29072

Dear Mr. Glistrap:

Congressman Joe Wilson asked our agency to assist you with your questions concerning Medicaid eligibility for your son, Mr. Benjamin M. Glistrap.

We are pleased to inform you Benjamin's application for Medicaid's Community Long Term Care (CLTC) Elderly or Disabled waiver program has been approved without any break in his coverage. As you are aware, his previous eligibility for Medicaid under the Supplemental Security Income program ended when he began receiving full Social Security disability payments.

Good customer service is very important to us, and I regret any difficulty or misunderstandings you experienced in submitting your son's application and during the eligibility determination process. Please contact Mr. Jim Hampton, Richland County Medicaid Supervisor, at (803) 714-7561 if you need additional assistance with your son's Medicaid.

We hope this information proves helpful in meeting the healthcare needs of your son.

Sincerely,

Alicia Jacobs
Interim Deputy Director

AJ/odl

c: Mr. Jim Hampton, Richland County Medicaid Office



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

June 7, 2007

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Mr. John M. Glistrap's concerns about Medicaid eligibility for his son to our agency for review and response. We appreciate the opportunity to be of assistance in this matter.

A member of our staff has been in direct contact with Mr. Glistrap to address his concerns. We are pleased to report that the outstanding issues regarding the Medicaid eligibility process have been resolved.

We appreciate 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,

Susan B. Bowling

Susan B. Bowling
Acting Director

SBB/jodi

Medicaid Programs / Other Resources Check List

Log # 0744

Legislator/Inquirer: Congressman Wilson

Constituent: John M. Gilstrap (father)
for Benjamin M. Gilstrap

SS#: 251-39-0096

PROBLEM/ISSUE		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS	OTHER RESOURCES
Father upset son's Medicaid ended 5/1 due to SSI eligibility ending. Has applied MAOWV. 5/8/07. Has full Medicare, including PART D		1	N/A	ABD	Communicare
		STAFF PERSON		Foster Children	FQHC
		PA Liming		HCBWS	Free Medical Clinics
DATE	ACTIONS TAKEN TO HELP			LIF	Medicare
5/30/07	Receive case file; check data in MEDS, follow up with case worker			MAO	MiAP
6/1-6/5	See e-mails & notes Son meets LOC & Eligibility			MBCCP	Prescription Drug Programs
6/6/05	Speak w/ Mr. Gilstrap (father). He is very pleased and understanding - He was very pleased and most understanding			Optional Supplement	Social Security
				PHC	TogetherRX
				Pregnant Women/Infants	
				SILVERxCARD	
				SLMB	
				SSI	
				TEFRA	
				Working Disabled	

From: Robert G Liming
To: Hampton, Jimmy; Kelly, Stella ; Patton, Maria
Date: 6/6/2007 7:51 AM
Subject: Re: Fwd: Status of MAOWV application for Benjamin M. Gilstrap SS # 251-39-0096

CC: Busbee, Vanessa; Dabbs, Jennifer; Epps, Denise; FULLER, BETSY; McWhi...
Special thanks to all who made this happen, your help in getting services for this member are most appreciated. Thanks for the help

>>> Maria Patton 6/5/2007 4:27 PM >>>
good news. Thanks for your patience

>>> Jimmy Hampton 06/05/07 4:22 PM >>>
This issue is resolved. The medicaid has been reopened on Mr. Gilstrap retroactively back to 05/01/2007. I talked to Ms. Stella this evening and she verified that he back to receiving full CLTC services. Thanks

>>> Vanessa Busbee 06/05/07 2:25 PM >>>
I haven't heard anything on this and Bob Liming is needing this response. VB

>>> Pat McWhite 6/1/07 1:07 PM >>>
Jim is working on this. We discussed it this morning. Jim, do provide an update. Thanks

Pat McWhite, Regional Administrator
Local Eligibility Processing, Region IV
(Fairfield, Kershaw, Lexington & Richland Counties)
7499 Parklane Road, Suite 164
Columbia, SC 29223
Office: (803) 741-1165
Fax: (803) 741-9475
E-mail: mcwhitep@scdchs.gov

>>> Vanessa Busbee 05/31/07 4:32 PM >>>
We have backed out the closure in RSP which makes client eligible for CLTC services but I see he is still pending in MEDS and is still ineligible in MWIS. Will Eligibility be reopening and retro eligibility back to the 5/1/07 date? Thanks. VB

>>> Maria Patton 5/31/07 4:13 PM >>>

>>> Robert G Liming 05/31/07 2:53 PM >>>
This is a case we are handling after a request from Congressman Wilson, is there anything we can do to speed up the process? I understand that the LOC assessment has been completed and all the other eligibility information has been compiled. Thanks for taking a look at this for us. As always we appreciate the help.

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

>>> Torri Toland 5/31/2007 2:43 PM >>>
We have received the requested information from the client, we are now waiting on the level of care from CLTC.

Thanks,

Torri Toland

>>> Pat McWhite 05/31/07 10:11 AM >>>
FYI

Pat McWhite, Regional Administrator
Local Eligibility Processing, Region IV
(Fairfield, Kershaw, Lexington & Richland Counties)
7499 Parklane Road, Suite 164
Columbia, SC 29223
Office: (803) 741-1165
Fax: (803) 741-9475
E-mail: mcwhitep@scdhhs.gov

From: Robert G Liming
To: Tate, Tawanaka
Date: 5/30/2007 4:55 PM
Subject: Status of MAOWV application for Benjamin M. Gilstrap SS # 251-39-0096

CC: Dabbs, Jennifer; FULLER, BETSY; Hampton, Jimmy; McWhite, Pat; Tate, ...
I believe you are the CW for this member. I am handling a referral we received on the case from Congressman Wilson. It appears that Mr. Gilstrap had been SSI Medicaid, but that coverage ended 5/1/07 when his SSI ended. He appears to meet the requirements for an adult disabled child and I would appreciate it if you can tell me the current status, what additional information or documentation that may be needed to make a determination. We want to do all we can to assist this member and his family and obtain any coverage he may be entitled to receive. Please let me know ASAP where this case stands and what needs to be done at this point. Thanks so much for looking into this for us.

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

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/06/07
MEDSPROD RECIPIENT INFORMATION ACTION: PAGE: 0001

MEMBER PERIOD START: 05/01/07 END:

HH NAME: GILSTRAP BENJAMIN M

NAME: GILSTRAP BENJAMIN M HH NUMBER: 100393048 ACTION TYPE: MAINTENANCE

RCP NUMBER: I just got VC: V APL STATUS: APL CO: 40

SSN: 251-39-0096 WORKER ID: TAWAT LOCATION: 001

PRIMARY INDIVIDUAL: APL CO: 40 SSCN: 250980501C1 RRN:

18 ROCKY COVE RD RACE: 01 SEX: M MARITAL STATUS: S

DOB: 08/21/1978 TPL INSURANCE: Y RELATION: SELF

DOD:

LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

SC 29072-9763

LEXINGTON CORRECT RCP NUMBER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
S	NUMBER	ELIG	ELIG	15	10	FULL	N	N	LEVEL NUMBER
	69615659	05/01/2007							1.27
	97269590	10/01/1996	05/01/2007	80	50				.00

UPDATED: USER ID: TAWAT DATE: 05/04/07 SYSTEM ID: BUY1000 DATE: 06/06/07
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

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/06/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 3 OF 3

DATES-FROM: 05 / 2007 THRU: / / HH NUMBER: 100393048

HH NAME: BENJAMIN M GILSTRAP CATEGORY: MAOWV ACTION TYPE: MAINTENANCE

BG NUMBER: 69615659 WKR: TAWAT TAWANAKA TATE ACTION DATE: 05/31/07

BG: A BGP: A RCP NAME: BENJAMIN M GILSTRAP RCP NUMBER: 9726959001

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N OMB: N PROT PER DATE:

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT BEGIN	DATES---	---MEDICAID+OMB BEGIN	DATES---	SERVICE TYPE	REASON CODE 1	REASON CODE 2
05/01/2007						

UPDATED: USER ID: TAWAT DATE: 05/31/07 SYSTEM ID: ELD3000 DATE: 05/31/07
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
 PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/06/07
MEDSPROD BUDGET GROUP DETERMINATION ACTION:
BUDGET GROUP PERIOD START: 05/01/07 END: PAGE: 1
HH NAME: GILSTRAP BENJAMIN M HH NUMBER: 100393048
BG NUMBER: 69615659 CATEGORY: MAOWV ACTION TYPE: MAINTENANCE
BG STAT: ACTIVE WKR: TAWAT TAWANAKA TATE ACTION DATE: 05/31/07

BUDGET GROUP COUNT: 1

BGM

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
S	GILSTRAP BENJAMIN M	A	SELF	28	E	EL3		

RETRO MONTHS REQUESTED(Y/N): N

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: TAWAT DATE: 05/31/07 SYSTEM ID: ELD3000 DATE: 05/31/07
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->ELD00 PF21->HIST- PF22->HIST+

4EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/30/07
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: GILSTRAP BENJAMIN M HH NAME: GILSTRAP BENJAMIN M
RCP NUMBER: 9726959001 HH NUMBER: 100393048 ACTION TYPE: MAINTENANCE
SSN: 251-39-0096 APL STATUS: ACTION DATE: 05/04/2007
MCN: 250980501C1 VALIDATED BY: BUY IN ON: 05/06/2007

PART A - BEGINNING DATE: 03/01/2003 ENDING DATE: _____ BY: MMA

PART B - BEGINNING DATE: 03/01/2003 ENDING DATE: _____ BY: MMA

PART C - BEGINNING DATE: 01/01/2006 ENDING DATE: _____ BY: MMA

PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: _____ BY: MMA

LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2007 BY: MMA
SUBSIDY

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: TTR1004 DATE: 05/10/07
ME900063 RECIPIENT RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

MEMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/30/07
MEDSPROD MEMBER PERIOD START: 05/01/07 END: ACTION: 0001

RECIPIENT INFORMATION
NAME: GILSTRAP BENJAMIN M HH NAME: GILSTRAP BENJAMIN M

RCP NUMBER: 9726959001 HH NUMBER: 100393048 ACTION TYPE: MAINTENANCE
SSN: 251-39-0096 VC: V APL STATUS: ACTION DATE: 05/04/07

PRIMARY INDIVIDUAL: APL CO: 40 WORKER ID: TAWAT LOCATION: 001
18 ROCKY COVE RD SSCN: 250980501C1 RRN:

LEXINGTON RACE: 01 SEX: M MARITAL STATUS: S
CORRECT RCP NUMBER: SC 29072-9763 DOB: 08/21/1978 RELATION: SELF

LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF POV	CHIP		
S NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
S 97269590	10/01/1996	05/01/2007	80	50					.00

UPDATED: USER ID: TAWAT DATE: 05/04/07 SYSTEM ID: IEV7115 DATE: 05/27/07
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

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/30/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 04 / 2007 THRU: / PAGE: 3 OF 3

HH NAME: BENJAMIN M GILSTRAP HH NUMBER: 100393048

BG NUMBER: 97269590 CATEGORY: SSI ACTION TYPE: MAINTENANCE

BG: C BGP: C WKR: CUWKR CENTRAL WORKER ACTION DATE: 04/13/07

RCP NAME: BENJAMIN M GILSTRAP RCP NUMBER: 9726959001

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: EXPARTE: QMB: PROT PER DATE:

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---

--MEDICAID+QMB DATES--

SERVICE REASON REASON
 TYPE CODE 1 CODE 2

BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
10/01/1996	05/01/2007				S75	

UPDATED: USER ID: DATE: SYSTEM ID: SDX1000 DATE: 04/13/07

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/30/07
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: GILSTRAP BENJAMIN M ACTION TYPE: MAINTENANCE
HH NUMBER: 100393048 APL STATUS: ACTION DATE: 05/04/07
APPL EFFECTIVE DATE: 05/01/2007 WORKER: TAWAT TAWANAKA TATE

MAIL IN(Y/N): Y WORKER'S COUNTY: 40 RICHLAND
APPLICANT'S COUNTY: 40 RICHLAND
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
18 ROCKY COVE RD REASON FOR APPLICATION:

LEXINGTON SC 29072-9763 ADULT WITH CHILDREN(Y/N): N
RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): Y

AGED(Y/N): N
LIMITED DATA COLLECTION: 00 NONE
FIRST SIGNATURE OBTAINED(Y/N): Y
WITHDRAW APPLICATION(W/C/N): N
PHONE: H: 803-957-2114 W: SC - -
UPDATED: USER ID: TAWAT DATE: 05/04/07 SYSTEM ID: HMS5000 DATE: 05/04/07

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+

MEDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/30/07
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: GILSTRAP BENJAMIN M ACTION TYPE: MAINTENANCE
HH NUMBER: 100393048 APL STATUS: ACTION DATE: 05/04/07

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:
NAME: JOHN GILSTRAP

ADDRESS: RELATIONSHIP: _____
18 ROCKY COVE RD LEGAL RELATIONSHIP:

LEXINGTON SC 29072-9763 COMMITTEE/CONSERVATOR
HOME PHONE: - - GUARDIAN
WORK PHONE: - - POWER OF ATTORNEY
E-MAIL: _____

UPDATED: USER ID: TAWAT DATE: 05/04/07 SYSTEM ID: HMS5000 DATE: 05/04/07
ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/30/07
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: GILSTRAP BENJAMIN M ACTION TYPE: MAINTENANCE
HH NUMBER: 100393048 APL STATUS: _____ ACTION DATE: 05/04/07

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST REVIEW	BG STATUS
S	69615659	MAOWV	TAWAT	40	001	_____	_____	PENDING
__	97269590	SSI	CWWR	47	099	_____	_____	CLOSED

UPDATED: USER ID: TAWAT DATE: 05/04/07 SYSTEM ID: HMS5000 DATE: 05/04/07
ME904675 HOUSEHOLD BUDGET GROUPS FOUND
PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

4EDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/30/07
MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001
HH NAME: GILSTRAP BENJAMIN M ACTION TYPE: MAINTENANCE
HH NUMBER: 100393048 APL STATUS: ACTION DATE: 05/04/07
RCP/SSN/BG: LAST APL: 05/01/07 HH COUNTY: 40 RICHLAND
RES ADDR HOME PHONE: 803-957-2114 MAIL ADDR WORK PHONE: - -
18 ROCKY COVE RD

SC - LEXINGTON SC 29072-9763
S RCP NUMBER PI NAME SSN LATEST ELG PERIOD AGE
9726959001 * BENJAMIN M GILSTRAP 251-39-0096 10/01/96 - 05/01/07 28
WRKR ID: CUWKR NAME: WORKER CENTRAL UNIT BG: 97269590 CNTY: 47

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

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/30/07
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: GILSTRAP BENJAMIN M PAGE: 0001
HH NUMBER: 100393048 APL STATUS: ACTION TYPE: MAINTENANCE
ACTION DATE: 05/04/07

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	REVIEW	STATUS
S	69615659	MAOWV	TAWAT	40	001			PENDING
	97269590	SSI	CUWKR	47	099			CLOSED

UPDATED: USER ID: TAWAT DATE: 05/04/07 SYSTEM ID: HMS5000 DATE: 05/04/07
ME904675 HOUSEHOLD BUDGET GROUPS FOUND PF5->BG DETERMINATION
PF1->HELP PF3->HH MEMBERS PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->EILD00

From: Robert G Liming
To: Patton, Maria
Date: 5/31/2007 2:53 PM
Subject: Re: Fwd: Status of MAOWV application for Benjamin M. Glistrap SS # 251-39-0096

CC: Hampton, Jimmy; McWhite, Pat; Tate, Tawanaka; Toland, Torri; waldrép...
This is a case we are handling after a request from Congressman Wilson, is there anything we can do to speed up the process? I understand that the LOC assessment has been completed and all the other eligibility information has been compiled. Thanks for taking a look at this for us. As always we appreciate the help.

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

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

>>> Torri Toland 5/31/2007 2:43 PM >>>
We have received the requested information from the client, we are now waiting on the level of care from CLTC.

Thanks,
Torri Toland

>>> Pat McWhite 05/31/07 10:11 AM >>>
FYI

Pat McWhite, Regional Administrator
Local Eligibility Processing, Region IV
(Fairfield, Kershaw, Lexington & Richland Counties)
7499 Parklane Road, Suite 164
Columbia, SC 29223
Office: (803) 741-1165
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E-mail: mcwhitep@scdhhs.gov

From: Robert G Liming
To: Tate, Tawanaka
Date: 5/30/2007 4:55 PM
Subject: Status of MAQWV application for Benjamin M. Gilstrap SS # 251-39-0096

CC: Dabbs, Jennifer; FULLER, BETSY; Hampton, Jimmy; McWhite, Pat; Tate, ...
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South Carolina Department of Health and Human Services
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P.O. Box 8206
Columbia, South Carolina 29202-8206

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Website: www.scdhhs.gov