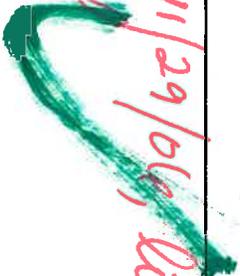


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO	DATE
Ries	11/6/06

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOC NUMBER 600346	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>11/14/06</u>
2. DATE SIGNED BY DIRECTOR <u>Cleared 11/29/06, letter attached</u> 	<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  
Washington, DC 20515

JUDICIARY  
EDUCATION AND WORKFORCE  
SCIENCE

BOB INGLIS  
4TH DISTRICT, SOUTH CAROLINA

FAX TRANSMITTAL

TO: Bryan Kost

FAX NUMBER: (803) 255-8235

DATE: Nov. 3, 2006

FROM: Spartanburg District Office of Congressman Bob Inglis  
464 East Main Street Ste 8, Spartanburg SC 29307  
TELEPHONE: 864.582.6422 FAX: 864. 573.9478



NOV 03 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dwayne Hatchett

SPECIAL REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 pages, including cover sheet

CONFIDENTIALITY NOTICE

The documents accompanying this facsimile transmission contain legally privileged, confidential or proprietary information belonging to the sender. The information is directed to the attention, and intended for the sole and exclusive use, of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for destruction, or return to us, of the contents of this transmission. Thank you for your observance and cooperation.

WASHINGTON, DC  
330 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
PHONE: (202) 225-5030  
FAX: (202) 228-1177

SPARTANBURG, SC  
464 EAST MAIN STREET, SUITE 8  
SPARTANBURG, SC 29302  
PHONE: (864) 582-6422  
FAX: (864) 573-9478

UNION, SC  
PHONE: (864) 427-2905  
www.house.gov/inglis

GREENVILLE, SC  
105 NORTH SPRING STREET, SUITE 111  
GREENVILLE, SC 29601  
PHONE: (864) 238-1161  
FAX: (864) 238-2160



House of Representatives  
Washington, DC 20515

BOB INGLES  
4TH DISTRICT, SOUTH CAROLINA

November 3, 2006

JUDICIARY  
EDUCATION AND WORKFORCE  
SCIENCE

VIA FACSIMILE

RECEIVED

NOV 03 2006

Bryan Kost, Government Liaison  
South Carolina Department of Medicaid  
South Carolina Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Bryan:

I am writing on behalf of my constituent, David A. Shafto (157-74-2368), about his request for Medicaid coverage for your family. Enclosed is a copy of his letter for your review.

I would greatly appreciate your addressing the questions and concerns mentioned in David's correspondence with respect to your agency's governing rules and regulations. I have assured David that I would write to emphasize my interest in his case and to help obtain a reply from your office.

Thank you, in advance, for your help and please feel free to call Dwayne Hatcher of my Spartanburg office if you have any questions or need further information. Dwayne can be reached at 864-582-6422.

I look forward to hearing from you soon.

Sincerely,

Bob Inglis  
Member of Congress

BI/dh

Enclosure

cc: David A. Shafto

WASHINGTON, DC  
390 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
Phone: (202) 225-6090  
Fax: (202) 225-1177

SPARTANBURG, SC  
484 EAST MAIN STREET, SUITE B  
SPARTANBURG, SC 29302  
Phone: (864) 582-6422  
Fax: (864) 573-8478  
UNION, SC  
Phone: (864) 427-2205  
www.house.gov/inglis

GREENVILLE, SC  
105 NORTH SPRING STREET, SUITE 111  
GREENVILLE, SC 29601  
Phone: (864) 226-1141  
Fax: (864) 226-2160

From: "webforms@inglis.house.gov" <webforms@inglis.house.gov>  
Date: 9/28/2006 7:55:44 PM  
To: sc04ima@mail.house.gov  
Subject: IMA MAIL

<APP>SCCMAIL  
<PREFIX>Mr</PREFIX>  
<FIRST>Dave</FIRST>  
<MIDDLE></MIDDLE>  
<LAST>Shafto</LAST>  
<SUFFIX></SUFFIX>  
<ADDR1>315 Belcher Rd.</ADDR1>  
<ADDR2></ADDR2>  
<PHONE>864-814-0011</PHONE>  
<CITY>Boiling Springs</CITY>  
<STATE>SC04</STATE>  
<ZIP>29316</ZIP>  
<ZIP4>8309</ZIP4>  
<EMAIL>birdaveofjersey@yahoo.com</EMAIL>  
<MSG>

Thursday, September 28, 2006

I am writing you to ask for help with a government agency. My family is in desperate need of help in applying and qualifying for medical insurance, Medicaid. I am a permanently disabled, former police officer/dispatcher, volunteer fire fighter, quadriplegic, confined to a wheelchair. I have brain/spinal cord damage that I suffered while in the hospital seven years ago. My diagnosis is critical care neuropathy.

My medical condition includes suffering from Type 2 diabetes. My family consists of my wife, who also suffers from the debilitating affects of Guillain-Barre Syndrome, and a seven year old step-daughter who suffers from A.D.H.D. We are all United States citizens living in Boiling Springs, South Carolina. My wife and I are registered voters.

My only means of financial support for me and my family is social security disability. My monthly income is \$1,092, my wife does not work (she is my only caregiver) and my daughter receives \$493 per month (SSI), for a total \$1495 per month for a family of three. We are below the Federal poverty guideline. Currently, my family of three is 120% below, according as published in the Federal Register on January 24, 2006.

My monthly income is \$1,092 per month from SSDI. Lyndsay receives \$493 per month from SSI, for a total of \$1,495 per month. My bills (mortgage, electric, phone, etc.) are approximately \$1,000 per month and my food, gas, clothing, meds is about \$450 per month. As you can see by my finances I cannot afford therapy or doctors at this time. I am the only one with medical insurance, Medicare, and currently have outstanding medical bills over \$600 and climbing. I do not receive any other assistance.

My doctor, Dr. Mark Martin, has recommended that I see a variety of specialists including a neurologist, a gastroenterologist, an endocrinologist, as well as physical, occupational, and speech therapy. I need therapy so I can exercise to help get my blood sugars under control.

I own my home; I have less than \$500 in savings and no other assets, other than my handicap accessible mini van.

Please help me and my family obtain the help we so desperately need.

Thank you

David A Shafto

</MSG>

</APP>

BOB INGLIS  
4th District, South Carolina

Washington DC:  
390 Cannon House Office  
Building  
Washington, DC 20515  
(202) 225-6030  
Fax: (202) 226-1177

Greenville:  
105 N. Spring St. Ste. 111  
Greenville, SC 29601  
(864) 232-1141

Spartanburg:  
489 Main Street, Ste. B  
Spartanburg, SC 29302  
(864) 582-6422

**RECEIVED**  
NOV 03 2006  
BY: DH  
Fax: (864) 573-9478

### Congress of the United States

House of Representatives  
Washington, DC 20515-4004

### Privacy Act Release Form

#### TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I, David A. Shaffro do hereby authorize Congressman Bob Inglis and/or his staff to all information in my files.

Signature

Address  
315 Belcher Road

Boiling Spring 5549516

157-24-2368  
Social Security Number

(864) 814-0011  
Telephone Number



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

November 29, 2006

Mr. David A. Shafto  
315 Belcher Road  
Boiling Springs, South Carolina 29316

Dear Mr. Shafto:

Congressman Bob Inglis asked our agency to respond to your concerns regarding Medicaid eligibility and your family's healthcare and financial needs.

You are now receiving Medicaid coverage through our Home and Community Based Services waiver program. Additionally, our Spartanburg County Medicaid Office has been in contact with you to assist with the eligibility process so we can determine if your family members also qualify for coverage. Please call Ms. Jill Bryant at (864) 596-2209 if you have any questions.

One healthcare option for your family is a Community Health Center. These centers treat residents in their service areas regardless of income or insurance status. Their charges for medical services will be based on your income. Your nearest CHC is ReGenesis Community Health Center at (864) 582-2411.

Another option is the Medically Indigent Assistance Program (MIAP). This program sponsors inpatient hospital coverage for individuals who lack financial resources to pay for their care and whose income is below 200% of the Federal Poverty Level. Please call Ms. Ruth Bentley at (864) 560-7926 to find out more about the MIAP in Spartanburg County.

Medicaid is a healthcare program only and does not provide financial assistance to pay utility bills, house payments or living expenses. We mailed you a list of governmental, non-profit and charitable organizations in Spartanburg County for possible assistance with these concerns. I hope this information proves helpful to you and your family.

Sincerely,  
  
Gary Ries  
Deputy Director

GR/jol

c: Ms. Jill Bryant, Spartanburg County Medicaid Office

346



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

December 11, 2006

The Honorable Bob Inglis  
United States House of Representatives  
464 East Main Street, Suite 8  
Spartanburg, South Carolina 29302

Dear Congressman Inglis:

Thank you for referring Mr. David A. Shafito to our agency regarding his questions about Medicaid eligibility, healthcare and financial needs.

Mr. Shafito recently was determined eligible for Medicaid coverage through our Home and Community Based Services waiver program. Additionally, our Spartanburg County Medicaid Office has been in direct contact with Mr. Shafito to help determine if his wife or stepdaughter can also qualify for Medicaid. Once we received their application we will review it expeditiously.

In the meantime, we provided him information on other healthcare programs that can assist individuals with limited incomes and materials on charitable and non-profit organizations in Spartanburg County that may be able to assist the Shafito family.

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,

A handwritten signature in black ink that reads "Robert M. Kerr".

Robert M. Kerr  
Director

RMK/role



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

The Honorable Bob Inglis  
United States House of Representatives  
464 East Main Street, Suite 8  
Spartanburg, South Carolina 29302

Dear Congressman Inglis:

Thank you for referring Mr. David A. Shaffo to our agency regarding his questions about Medicaid eligibility, healthcare and financial needs.

*Additional*  
Mr. Shaffo receives ~~Medicaid~~ <sup>separate administrative</sup> coverage through our Home and Community Based Services waiver program. ~~To qualify for Medicaid benefits, an individual must meet certain financial and categorical requirements.~~ Our Spartanburg County Medicaid Office has been in direct contact with Mr. Shaffo to help determine if his wife or step-daughter can also qualify for Medicaid. ~~One we receive his application we will~~ <sup>review it expeditiously.</sup>

*Thank you*  
We provided him information on other healthcare programs that can assist individuals with limited incomes and materials on charitable and non-profit organizations in Spartanburg County that may be able to assist the Shaffo family.

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

RMK/role

c: Jill Bryant, Spartanburg County Medicaid Office



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

Mr. David A. Shafto  
315 Belcher Road  
Boiling Springs, South Carolina 29316

Dear Mr. Shafto:

Congressman Bob Inglis asked our agency to respond to your concerns regarding Medicaid eligibility and your family's healthcare and financial needs.

*are now*  
You receive Medicaid coverage through our Home and Community Based Services waiver program. ~~To qualify for Medicaid benefits, an individual must meet certain financial and categorical requirements.~~ Our Spartanburg County Medicaid Office has been in contact with you to assist with the eligibility process so we can determine if your family members also qualify for coverage. Please call Ms. Jill Bryant at (864) 596-2209 if you have any questions.

One healthcare option for your family is a Community Health Center. These centers treat residents in their service areas regardless of income or insurance status. Their charges for medical services will be based on your income. Your nearest CHC is ReGenesis Community Health Center at (864) 582-2411.

Another option is the Medically Indigent Assistance Program (MIAP). This program sponsors inpatient hospital coverage for individuals who lack financial resources to pay for their care and whose income is below 200% of the Federal Poverty Level. Please call Ms. Ruth Bentley at (864) 560-7926 to find out more about the MIAP in Spartanburg County.

Medicaid is a healthcare program only and does not provide financial assistance to pay utility bills, house payments or living expenses. We mailed you a list of governmental, non-profit and charitable organizations in Spartanburg County for possible assistance with these concerns. I hope this information proves helpful to you and your family.

Sincerely,

Gary Ries  
Deputy Director

GR/jol

c: Ms. Jill Bryant, Spartanburg County Medicaid Office

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

<b>LEGISLATIVE LOG #</b>	0346
<b>LEGISLATOR/INQUIRER</b>	Congressman Bob Inglis
<b>CONSTITUENT</b>	David A. Shaffo
<b>SSN</b>	157-74-2368
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	11/3/2006
<b>DATE DRAFT DUE GR</b>	11/13/2006
<b>LOG LETTER DUE DATE</b>	11/14/2006
<b>DATE REFERRED TO BC</b>	11/7/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	11/7/2006	Jan	8-2502	To Jacobs
	11/8/2006	Jill	8-3936	To Jenny to distribute
	11/8/2006	Jenny	8-3965	To Bob to handle
	11/9/2006	Jill	8-3936	Formatted letters & gave folder to Denise (4pm)
	11/9/2006	Jenny	8-3965	Edits and to Mark (5:15)
	11/13/2006	Mark		To Bob to investigate SSI
	11/14/2006	Jill	8-3936	11th floor (3pm)

See Bob's notes:  
 She receives SSA  
 not SSI. It is  
 under Bendex, Bob  
 verified w/ Renee Johnson,  
 Interface Supervisor.

-Jenny

<b>CHECKLIST</b>		<b>Programs:</b>	
Family Size		ABD (32)	
Income/Resources		Foster Children (31,60)	
		General Hospital (14)	
		HCBWS (15)	
		LIF (59)	
<b>Other Resources:</b>		MBCCP (71)	
Communicare		Nursing Home (10)	
FQHCs		OSS (85,86)	
Free Medical Clinics		PHC (88)	
Medicare		Pregnant Women & Infants (12,87)	
MIAP		QMB (90)	
Prescription Drug Programs		SILVERxCARD (92)	
Social Security		SLMB (48,52)	
Together Rx		SSI (80)	
		TEFRA (57)	
		Transitional (11)	
		Working Disabled (40)	

**Instructions:**  
 Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.  
 Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)  
 If question about current status of a log letter, contact previous user.

<b>LEGISLATIVE LOG #</b>	0346	
<b>LEGISLATOR/INQUIRER</b>	Congressman Bob Inglis	
<b>CONSTITUENT</b>	David A. Shafo	
<b>SSN</b>	157-74-2368	
<b>BC ASSIGNED LOG</b>	Jacobs	
<b>DATE REC'D BY AGENCY</b>	11/3/2006	<b>LOG LETTER DUE DATE</b> 11/14/2006
<b>DATE DRAFT DUE GR</b>	11/13/2006	<b>DATE REFERRED TO BC</b> 11/7/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
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	11/9/2006	Jill	8-3936	Formatted letters & gave folder to Denise (4pm)
	11/9/2006	Jenny	8-3965	Edits and to Mark (5:15)

**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)	
HCBS (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)	

**Instructions:**

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #. Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.) If question about current status of a log letter, contact previous user.

Medicaid Programs / Other Resources Check List

Log # 0346

Legislator/Inquirer: Congressman ~~Byrd~~ Inglis

Constituent: David A. Shafto

SS#: 157-74-2368

PROBLEM / ISSUE		FAMILY SIZE	INCOME / RESOURCES	MEDICAID PROGRAMS		OTHER RESOURCES	
Wants Medicaid for family, he was approved HBCW 10/1/06; also seeks financial assistance  Not SSI as stated by Father's e-mail		3	1,092	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Lining		HCBWS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP		LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	
11/8/06	Get folder at 3pm, spoke with client, he said he never told case worker had child; only applied for HBCS didn't understand Medicaid. I walked him through and explained might have daughter under PHC		MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>	
11/8/06	Jill Bryant/Sptg. sent him application and spoke with him to assist; told him of CHCs, MIAP prescription programs; discussed charitable sources + Food Stamps. Gave him my number		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
11/9/06	also sent him more detailed info on programs; called and verified that he is being helped by Jill Bryant + Jennifer Cain. He was most appreciative for our help and has my direct number		Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
11/13/06	Diseases with MARK, he questioned SSI, called mother who insists daughter under SSI. We check Interface and Renee Johnson very helpful, we are able to determine child gets benefits from her natural father's status. <del>But</del> if she does not receive SSI OUR Sptg. office continues to assist to see if they will meet PHC, Jill Bryant has been in direct contact / Revised letters to MARK		PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>	
11/14/06			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"/>			

*HIPAA Compliant Verbal Agreement*

Constituent's Full Name: David A. Shafts

Phone Number: 864-814-0011 (home) \_\_\_\_\_ (alternate)

Date of Birth: \_\_\_\_\_

SSN: 157-24-2368

Verbal permission from constituent given to Bob Liming

Date: 11/8/06

Relationship Pient

Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (alternate)

Issue of verbal agreement:

Spare with Mr. Shafts got his verbal okay  
to spare w/ case worker + Congressman  
Inglis staff about his and daughter's  
medical issues + family finances

I have read the HIPAA compliant verbal agreement statement to the above constituent and have been given permission to discuss this issue with the above representative.

BSB Liming  
Staff Signature \_\_\_\_\_ Date 11/8/06

**From:** Robert G Liming  
**To:** Johnson, Renee H  
**Date:** 11/14/2006 10:32 AM  
**Subject:** Re: SSI Eligibility for Ms. Lyndsay May-Deemer SS # 655-05-8121

**CC:** Dabbs, Jennifer; Epps, Denise; Orf, Mark

Great, this is what we thought all along, but both parents insisted it was SSI. Your help is greatly appreciated on this one, and thanks to your efforts we can get the response out on time. We already have them working on the straight Medicaid. Thanks so much for the help, much appreciated.

>>> Renee H Johnson 11/14/2006 10:12 AM >>>  
She is receiving SSA as a child under a parent's disability or death claim but she is not receiving SSI. In order to be eligible for Medicaid she will need to apply at the local Medicaid office. The categories she would most likely be eligible for are LIF or PHC.

>>> Robert G Liming 11/14/2006 10:03 AM >>>  
Thanks so much for trying to help with this one, it is a bit of a bear

Mrs. Shatto (May) said they moved back to SC from NJ in July 2005, and that they notified SSA of the address change in August 2005 and physically visited SSA Office in Spartanburg. She said the child's SSI check is being direct deposited in Wachovia Bank in her name and that SSA had no problem assigning the check to her name. Their current address is 315 Belcher Road, Spartanburg, SC 29316 and the phone is 864-814-0011.

Thanks for offering to contact SSA, your help is most appreciated.

>>> Renee H Johnson 11/14/2006 9:53 AM >>>  
We have not gotten an SDX transaction for this child to make her eligible (or to prove ineligibility) for SSI Medicaid. But we do process 2 weeks behind SSA. When did they move to SC. Did she say when she went to SSA? I can call the SSA office. Where do they live now?

>>> Robert G Liming 11/14/2006 9:16 AM >>>  
Sorry to bother you with this one, but we need some guidance regarding this child. The step-father has contacted a Congressman regarding eligibility for his family.

The child's mother is Ms. Andrea (May) Shatto, SS # 248-59-0975. MEDS shows they were both covered under LIF until April 1, 2004 when they apparently failed to complete and return a review form and coverage ended.

It is a messy and confusing story, but Ms. Shatto apparently married Mr. Shatto moved to NJ and then returned recently to SC. Mr. Shatto draws full SSA disability of \$1,092 a

month and was recently approved (10/1/06) for HBCW coverage. He is seeking Medicaid now for the wife and daughter. The Spartanburg Medicaid Office has assisted and is in the process of trying to determine if the child might be PHC eligible.

The issue is that the mother says the daughter receives a SSI check of \$493 and is SSI-eligible. She claims the SSI is check is sent to her by SSA, but when they were living in NJ it was being issued to the child's actual physical father, and that SSA now pays the check to her for the daughter. She says the check is received here in SC and that she has notified SSA that the address of the child is now in SC.

I guess the issue for us is there somehow we can check and determine if the child is indeed SSI covered as the mother maintains, and if she is why is she not showing in MEDS as SSI-eligible for medicaid?

Hope this makes sense and if there is something we are missing can you please give me a ring? Is there some special SSA category that would find her SSI eligible, but not allowed Medicaid here in SC? Could the parents be mistaken about the SSI issue? Thanks for any information you can provide. This is just something I have never confronted before in any case. Thanks for your 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: [rlimingr@scdhhs.gov](mailto:rlimingr@scdhhs.gov)

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

**From:** Jill Bryant  
**To:** LIMINGR@scdhhs.gov  
**Date:** 11/9/2006 8:01 AM  
**Subject:** Re: Fwd: Re: Coverage for Family of Mr. David A. Shaffo SS # 157-74-2368

**CC:** FULLERB@scdhhs.gov, LYNCHJEN@scdhhs.gov, CARRONC@scdhhs.gov  
We sure will.  
Jill

>>> Robert G Liming 11/09/06 7:30 AM >>>

I think all this makes some sense now, it was hard to get a clear picture from Mr. Shaffo when we spoke yesterday. Can you please have someone mail him an application and also call to help walk him through an application for PHC? Apparently he wasn't aware he could apply for the step daughter. I will write him and the Congressman advising them that we have provided the family with an application and that they may apply for PHC. Based on the income figures he provided yesterday it would appear they will not qualify for LIF. Really appreciate your help in contacting this gentleman. Thank You

**From:** Jennifer P Cain  
**To:** LIMINGR@scdhs.gov  
**Date:** 11/8/2006 6:13 PM  
**Subject:** Re: Coverage for Family of Mr. David A. Shatto SS # 157-74-2368

I do not know if a PHC or LIF app. was filed. I am an outstationed worker contracted with DDSN, so I only handle MR/RD & HASCI Waiver cases for the entire Piedmont Region. Based on income they would definitely be ineligible for LIF. They should apply at their local office for PHC. Mr. Shatto receives between \$1000 - \$1100 monthly in gross SSA benefits. We do not count the spouse's income for Waiver services, so I do not know what Mrs. Shatto makes monthly. Let me know if I can be of further assistance. I will be at my Laurens office on Thursday if you need to call me for further information. My number there is 864-938-3115.

Thanks,  
-Jennifer

Jennifer Cain  
Laurens DHHS @ Whitten Center  
Waiver Sponsored Worker  
PO Box 239  
Clinton, SC 29325  
864-938-3129- Laurens Office  
864-229-5258 x 109 - Greenwood Office  
fax: 864-938-3115  
cainjp@scdhs.gov

>>> Robert G Liming 11/08/06 3:42 PM >>>

I'm handling a referral on this family from Congressman Inglis and I believe you are the case worker for Mr. Shatto's case. It appears in MEDS that he was approved 10/1/06 for HBCW services, but apparently he is seeking coverage for his wife and seven-year-old daughter. Could you please call Mr. Shatto at 864-814-0111 and see if the family needs to file another application? Can you provide any background on the status of the case, did the family apply for LIF or do you know if the daughter might be eligible for PHC? Based on income amounts he gave me over the phone it looks as if the daughter might at least be eligible for PHC. Any information you can provide would be most appreciated. Thanks

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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/14/06  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3

DATES-FROM: 05 / 2002 THRU: \_\_\_ / \_\_\_

HH NAME: ANDREA MAY CATEGORY: LIF HH NUMBER: 100064843

BG NUMBER: 64210425 WKR: FMERE FRIDA MEREDITH ACTION TYPE: MAINTENANCE ACTION DATE: 03/03/04

COUNTABLE BG MEMBERS: 2

COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00  
 INCOME LIMIT: 497.00 RESOURCE LIMIT: 0.00

POV-LVL: +.00 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 03/03/04

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 03/01/04

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_\_\_\_\_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

082 We did not receive your completed review form.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) : -  
 APPEAL REQUEST DATE: \_\_\_\_\_ COUNTY DECISION UPHELD? (Y/N) : -

UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM ID: ELD4000 DATE: 03/03/04

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

JEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/14/06  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 05/25/02 END: PAGE: 0001

NAME: MAY ANDREA HH NAME: MAY ANDREA

RCP NUMBER: 6421042501 HH NUMBER: 100064843 ACTION TYPE: MAINTENANCE

SSN: 248-59-0975 VC: V APL STATUS: ACTION DATE: 05/22/02

PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: FMERE LOCATION: 004

SSCN: RRN:

305 FRANCIS MARION DR RACE: 01 SEX: F MARITAL STATUS: S

SPARTANBURG TPL INSURANCE: RELATION: SELF

CORRECT RCP NUMBER: SC 29302- DOB: 04/28/1975 DOD:

LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	CHIP
S NUMBER	ELIG	ELIG	TYPE	IND	IND	LEVEL	NUMBER
64210425	04/01/2000	04/01/2004	59	30	FULL	.00	
-	03/01/1999	04/01/2000	55			.00	
-	06/01/1998	03/01/1999	87			.00	

UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM ID: TTR1001 DATE: 05/22/02

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

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/14/06

MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 05 / 2002 THRU: / / PAGE: 3 OF 3

HH NAME: ANDREA MAY HH NUMBER: 100064843

BG NUMBER: 64210425 CATEGORY: LIF ACTION TYPE: MAINTENANCE

BG: C BGP: C WKR: FMERE FRIEDA MEREDITH ACTION DATE: 03/03/04

RCP NAME: ANDREA MAY RCP NUMBER: 6421042501

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

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

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---		--MEDICAID+QMB DATES--		SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
04/01/2000	04/01/2004				082	

UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 03/03/04

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

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/14/06  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 05/25/02 END: PAGE: 0001

NAME: MAY LYNDASAY M HH NAME: MAY ANDREA

RCP NUMBER: 6421042502 HH NUMBER: 100064843 ACTION TYPE: MAINTENANCE

SSN: 655-05-8121 VC: V APL STATUS: ACTION DATE: 05/22/02

PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: FMERE LOCATION: 004

SSCN: 195621920C1 RRN:

305 FRANCIS MARION DR RACE: 01 SEX: F MARITAL STATUS: U

TPL INSURANCE: RELATION: SELF

DOB: 12/12/1998 DOD:

SPARTANBURG SC 29302- LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	CHIP
S NUMBER	ELIG	ELIG	TYPE	IND	IND	LEVEL	NUMBER
64210425	06/01/2000	04/01/2004	59	30	FULL	.00	
-	12/01/1999	06/01/2000	88			.00	
-	03/01/1999	12/01/1999	12			.00	
-	12/01/1998	03/01/1999	87			.00	

UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM ID: IEV7110 DATE: 03/09/03

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

AEDHMS51 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/13/06  
MEDSPROD HOUSEHOLD MEMBER BUDGET GROUPS

MEMBER PERIOD START: 09/20/06 END:

PAGE: 1

NAME: SHAFTO DAVID A HH NAME: SHAFTO DAVID A  
RCP NUMBER: 1780648790 HH NUMBER: 101148587 ACTION TYPE: MAINTENANCE  
SSN: 1577442368 APL STATUS: ACTION DATE: 09/20/06

CURRENT A/ BG BG MBR  
S BG'S NA CATEGORY WORKER COUNTY STATUS STATUS  
29367870 A MAOWV JPCAI JENNIFER P CAIN 30 A E

ME900063 RECIPIENT RECORD FOUND

PF 1-> HELP PF 6-> RETURN PF 7-> PREV PF 8-> NEXT  
PF11-> HH MBRS PF12-> HH BG PF14-> BG DETERM PF17-> ELIG

864-814-0011

Lyndsey  
Mary - Deanna

3

855-05-0075  
855-59-0075  
780-59-0075

4EDHMS60 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/08/06  
MEDSPROD REVIEW DEDUCED RELATIONSHIPS ACTION: PAGE: 0001

NAME: SHAFTO DAVID A HH NAME: SHAFTO DAVID A  
RCP NUMBER: 1780648790 HH NUMBER: 101148587 ACTION TYPE: MAINTENANCE  
SSN: 157-74-2368 STATUS: ACTION DATE: 09/20/2006

S SSN RELATIONSHIP RECIPIENT NAME STATUS  
157-74-2368 SELF SHAFTO DAVID A DEDUCED

UPDATED: USER ID: JPCAI DATE: 2006-09-25 SYSTEM ID: DATE:

PF1->HELP PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU  
PF13->FIELD HELP

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/08/06  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 09/20/06 END: PAGE: 0001

NAME: SHAFTO DAVID A HH NAME: SHAFTO DAVID A  
RCP NUMBER: 1780648790 HH NUMBER: 101148587 ACTION TYPE: MAINTENANCE  
SSN: 157-74-2368 VC: V APL STATUS:  
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: JPCAI LOCATION: 001  
315 BELCHER ROAD SSCN: 157742368A RRN:

BOILING SPRINGS SC 29316-  
CORRECT RCP NUMBER: \_\_\_\_\_ DOB: 05/18/1971 RELATION: SELF  
LIV ARRANGEMENT: HOME INCOME TRUST: DOD:  
PROVIDER: DDSN-HASCI

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE <td>IND</td> <td>IND</td> <td>LEVEL</td> <td>NUMBER</td>	IND	IND	LEVEL	NUMBER
S	29367870	10/01/2006	15	50	FULL	N	N		1.44	

UPDATED: USER ID: JPCAI DATE: 09/20/06 SYSTEM ID: TTR1001 DATE: 10/18/06  
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

*Andrea*

*\$1,092*  
*\$ 493*  
*hynsac*

*\$*

AEDELID02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/08/06  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 09 / 2006 THRU: /

PAGE: 3 OF 3

HH NAME: DAVID A SHAFTO

HH NUMBER: 101148587

BG NUMBER: 29367870

CATEGORY: MAOWV

ACTION TYPE: MAINTENANCE

BG: A BGP: A

WKR: JPCAI JENNIFER CAIN

ACTION DATE: 10/17/06

RCP NAME: DAVID A SHAFTO

RCP NUMBER: 1780648790

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--- END	--MEDICAID+OMB BEGIN	DATES-- END	SERVICE TYPE	REASON CODE 1	REASON CODE 2
10/01/2006						

UPDATED: USER ID: JPCAI DATE: 10/17/06 SYSTEM ID: ELD3000 DATE: 10/17/06  
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

EDHMS07 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/08/06  
MEDSPROD HOUSEHOLD MEMBERS ACTION:

HH NAME: SHAFTO DAVID A PAGE: 0001  
HH NUMBER: 101148587 APL STATUS: ACTION TYPE: MAINTENANCE  
ACTION DATE: 09/20/06

COMPLETE FOR ALL HOUSEHOLD MEMBERS

A/	RCP	NUMBER	NAME	CAT1	CAT2	REL	AGE	Y/N	Y/N	LA	PRG	B/D
A		1780648790	* DAVID A SHAFTO	MAOWV		SELF	035	N	Y	HOME		

UPDATED: USER ID: JPCAI DATE: 09/20/06 SYSTEM ID: HMS5000 DATE: 09/20/06  
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+