

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Riesi</i>	DATE <i>7-28-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000118</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>8-8-06</i>	<input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>Cleaved 8/10/06, letter attached.</i>	<input type="checkbox"/> FOIA DATE DUE _____		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>2nd letter attached dated 8/25/06</i>			<i>Return to ³ Brunker 9/18/06</i>
2.			
3.			
4.			

*Log Ried
"Opprop. Sign."*

From: Bryan Kost
To: Denise Epps; Linda Malone
Date: 7/28/2006 10:37:18 AM
Subject: new log - Rep. Cato- Grace Styles

Hi Linda:
Please log.

Denise, here's what's coming:

I just hung up with Robert Styles, son of Grace B. Styles. Grace was born in 1925. Don't have SS# right now. Robert's phone is 864.979.5440.

Grace is in a nursing home, and has been for years. Medicaid beneficiary since 1995. She's gotten a VA pension since 1971. The issue is that recently, on her review, Medicaid told her (for the first time) that the VA pension is no longer a disregard. It's like \$90. (She also gets \$30 from Social Security.) So the thing he wants to know is what law changed, and when did it change, that now counts her VA pension (which the VA insists is not countable, calling it "aid and allowance.") He said he's spoken with Gville DHHS workers, and supervisors, and he's gotten seven different answers now about what law changed and when. He is in the appeals process (Robert French). He's not pleased with his communication with appeals folks, but said he'd like to offer that feedback later.

Rep. Cato's office would like a written response on this, so I'm logging it. But wanted to give y'all a heads up.

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhhs.gov

CC: Alicia Jacobs; Mark Of

RECEIVED

JUL 28 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 25, 2006

Mr. Robert Styles
P.O. Box 116
Slater, South Carolina

Dear Mr. Styles:

While reviewing the letter dated August 10 that I sent to you regarding the monthly personal income allowance for your mother, Mrs. Grace B. Styles, I realized that we did not explain the probable sequence of events regarding Mrs. Styles' allowance.

First let me explain the difference between an "Aid and Attendance" payment and a "Reduced Veterans Administration Pension." An Aid and Attendance payment is made to help cover the cost for assistance the individual may need while residing in their home. The amount varies depending on the level of disability and need. You are correct that this amount is excluded from a determination of Medicaid eligibility.

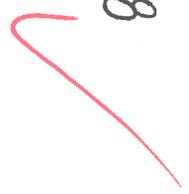
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The South Carolina Medicaid program allows a \$30 personal needs allowance only for individuals who do not have a reduced VA pension for personal needs. The \$30 is for the same purpose as the reduced VA pension.

It is likely that when Mrs. Styles entered the nursing home, she was receiving an Aid and Attendance payment which was disregarded. However, that payment was discontinued because the nursing home care now covers the services for which the Aid and Attendance payment is made.

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

#118



Mr. Robert Styles
August 25, 2006
Page 2

I hope this explanation better explains the decision regarding the disallowance of the \$30 personal needs allowance.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Ries". The signature is written in a cursive, somewhat stylized font.

Gary Ries
Deputy Director

GR:lm



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 25, 2006

The Honorable Harry F. Cato
Member, SC House of Representatives
P.O. Box 223
Travelers Rest, South Carolina 29690

Dear Representative Cato:

This is in reference to you request for our agency to review the Medicaid eligibility case for Mrs. Grace B. Styles.

The issue in the case is about the amount of personal needs allowance for individuals in a nursing home. The South Carolina Medicaid program provides a \$30 per month allowance. This is the amount a beneficiary is permitted to keep to pay for such things as special toiletries, snacks, and clothing. Any remaining income is considered recurring income and is paid to the nursing home.

However, if the Veterans Administration provides a reduced VA pension for the purpose of personal needs, the state allowance is not also given. The VA pension for personal needs for someone in a nursing home is \$90. An individual can get the state allowance of \$30 only if they do not also get a VA pension for the same purpose.

Some individuals are receiving an Aid and Attendance payment from the VA when they enter a nursing home. The purpose of this payment is to assist with cost of care for a person in their home. The Aid and Attendance payment is disregarded for Medicaid eligibility purposes. When a person enters a nursing home, this payment is discontinued.

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Thank you for bringing this case to our attention. The decision in Mrs. Styles' case is correct.

The Honorable Harry F. Cato
August 25, 2006
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I hope this information is helpful to you.

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Robert M. Kerr
Director

RMK:lm

Robby + Gary

I met with Betty Moore + also had her read my draft letter to Mr. Styler. She said it was good.

I still haven't heard from Robert French, our appeals examiner to find out why he called the "Payment - Aid + Attendance".

So, unless his reference wasn't an error, there are really to go if you'd like them OK. I'm sending Renice + you an electronic copy of my drafts

Given

Gary - I think our policy + procedures could be checked + Betty says staff have a hard time ~~getting~~ applying the policy correctly. Get me know if you wish me to work with staff through some reviews. Given

Dear Mr. Styles:

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I hope this explanation better explains the decision regarding the disallowance of the \$30 personal needs allowance.

Gary

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Because an individual begins receiving a reduced VA pension (the VA's equivalent to a personal needs allowance), beneficiaries sometimes think they are continuing to receive an Aid and Attendance payment which should be disregarded. Frequently, when a case is first budgeted, the Aid and Attendance payment has not been discontinued by the VA and is disregarded. If the reduced VA pension is not yet in place, the state \$30 personal needs allowance is provided. The state \$30 personal needs allowance is discontinued when the state becomes aware that the VA is providing a reduced VA pension.

Thank you for bringing this case to our attention. The decision in Mrs. Styles' case is correct. However, review of this case has identified a need for us to have clearer explanations regarding VA payments and nursing home coverage. We are reviewing our procedures in an effort to better explain the relationship of VA payments to personal needs allowances.

I hope this information is helpful to you.

R. S. bby



**Department of
Veterans Affairs**

**1801 ASSEMBLY ST
COLUMBIA SC 29201**

97 Feb

If this change in your award decreases your payments for a prior period, we may establish an overpayment in your award. If our adjustment results in an overpayment of the benefits we paid you, we will notify you shortly of the exact amount of the overpayment. Also, we will give you information about repayment.

Your rate of VA pension depends on total "family" income which includes your income and that of any dependents. We must adjust your payments whenever this income changes. You must notify us immediately if income is received from any source other than that shown above. You must also report any changes in the income shown above. Your failure to promptly tell VA about income changes may create an overpayment which will have to be repaid.

You are a patient in a Medicaid-approved nursing home and covered by a Medicaid plan. Therefore, your monthly pension is limited to \$90.00 while you are receiving this type of care.

The \$90 monthly payment is for your incidental needs, such as toilet articles, snacks, etc., and no part of this payment should be used by Medicaid to cover your medical expenses. You should notify your state Medicaid office that the benefits you receive under the Improved Pension Program are being reduced.

Generally, nursing home expenses that are in excess of your non-VA income should now be paid by Medicaid. Individual states, however, have considerable latitude in determining the amount, duration, and scope of nursing home services paid by the Medicaid program.

Please read the enclosed VA Form 21-8767. It contains important information about rights to receive this benefit.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.



State of South Carolina
Department of Health and Human Services

of South
Carolina

Robert M. Kari
Director

August 10, 2006

Mr. Robert Styles
Post Office Box 116
Slater, South Carolina 29683

Dear Mr. Styles:

Representative Harry Cato asked our agency to respond directly to you concerning Medicaid coverage for your mother, Mrs. Grace B. Styles, since you are her legal representative. We have enclosed a release that, once signed and returned, will allow us to provide information to Representative Cato.

Mrs. Styles is covered under Medicaid's Nursing Home program and also receives Medicare coverage. Since your mother receives a \$90 monthly payment from the Veterans Administration, she is precluded under Medicaid policy from also receiving the regular \$30 monthly personal income allowance for Medicaid nursing home recipients.

Unfortunately, we did not identify the error until Mrs. Styles' most recent annual Medicaid review. When we realized our error, we discontinued the additional \$30. We apologize to you and your mother for any inconvenience or misunderstanding this error may have caused your family.

You appealed our denial of the additional \$30 allowance and that appeal was denied on July 25, 2006 for lack of cause. If you wish to seek a further review of this matter, you may appeal directly to the South Carolina Administrative Law Court as explained in the certified mail you recently received.

I hope this information proves helpful to you in dealing with your mother's healthcare needs.

Sincerely,


Gary Ries
Deputy Director

GR/jole
enclosure



#118

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State of South Carolina
Department of Health and Human Services

of certified
representative

Robert M. Kern
Director

August 10, 2006

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Post Office Box 116
Slater, South Carolina 29683

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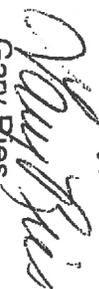
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Sincerely,


Gary Ries
Deputy Director

GR/jole
enclosure

From: Robert French
To: Gwen Power
Date: 8/24/2006 3:18:02 PM
Subject: Re: Appeal' Case #06-MAO-342

Respondent's exhibit #4 is the Medicaid Review Form that the representative, Robert Styles signed and dated on May 30, 2006 in which he wrote that Grace Styles received \$90.00 per month in "VA-A&A". In my opinion you are correct. The county and the representative mistakenly called the \$90.00, VA Aid and Attendance; however, the county treated it as a reduced VA pension, as did I. The client has been in a Nursing Facility for a long time and I find it hard to believe that she is receiving Aid and Attendance. I hope this helps out and if there is anything else you need from me, just let me know.

Robbie

Robert French
Hearing Officer
DHHS-Appeals & Hearings
1801 Main Street, Suite 901
Columbia, SC 29202-8206
(803) 898-2714
Fax (803) 898-3104

>>> Gwen Power 8/24/06 11:57 >>>

Robert, At Mr. Kerr's request, I am reviewing the letter from our eligibility staff sent to the beneficiary's son and I am trying to explain more clearly the policy and what has happened in this case. I noted in your Appeals' Case document that under findings of fact, (2) says "The Petitioner receives \$90.00 per month in the form of Veterans Administration Aid and Attendance benefits (Respondent's Exhibit #4)."

I don't have the Exhibits in the material I am reviewing. I think that the \$90 payment is a reduced veteran's pension for personal needs, not an Aid and Attendance payment. Could you please look at the Respondent's Exhibit #4 and let me know. She should not be getting and Aid and Attendance payment. However, if she is, such payments are disregarded.

Thanks for you help.

CC: Betty Moses



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

July 25, 2006

Robert M. Kerr
Director

CERTIFIED MAIL

Robert Styles
P.O. Box 116
Slater, South Carolina 29683

RE: Order of Dismissal in the Appeal Matter of Grace Styles v. SCDHHS
Appeals' Case #06-MAO-3420
Family Medicaid #100768980
Social Security #249-32-5723

Dear Mr. Styles:

The Order of Dismissal in the referenced appeal matter is set forth in the enclosure.

Any party has the right to petition for further review of this Decision, as provided in the Administrative Procedures Act [S.C. Code Ann. Section 1-23-310, et seq. (1976, as amended)]. To request a review, a Notice of Appeal must be filed with the Administrative Law Court, 1205 Pendleton Street, Brown Building - 2nd floor, Columbia, South Carolina 29201 within thirty (30) days of receipt of the Decision/Order from which the appeal is taken. The Notice of Appeal must be submitted in accordance with the Rules of Procedure for the S.C. Administrative Law Court, including Rule 33 which establishes specific requirements for the contents of a Notice of Appeal. For a copy of the ALC rules, you may contact the Administrative Law Court at (803) 734-0550.

If an appeal to the Administrative Law Court is filed, a copy of the Petition should also be provided to the DHHS Office of General Counsel. Also, please see the enclosed copy of Rule 71 the Rules of Procedure for the ALC requiring a filing fee for an appeal.

Sincerely,


Vastine G. Crouch

Acting Director, Division of Appeals and Hearings

VGC/rmsj
Enclosures (2)

Robert Styles
July 25, 2006
Page Two

cc: Stan Brown, Administrator, Region I
Office of General Counsel, DHHS

**ORDER OF DISMISSAL
IN THE APPEAL MATTER OF
GRACE STYLES v. DHHS**

Appeals' Case #06-MAO-342
Medicaid Number: 8832393201
Hearing date: Not held

JURISDICTION

Procedure in this case is governed under the authority granted by the South Carolina General Assembly to the South Carolina Department of Health and Human Services to administer various programs and grants (See e.g., S.C. Code Ann. 44-6-10, et seq.). This appeal has been conducted pursuant to the provisions of the Appeals and Hearings regulations of the South Carolina Department of Health and Human Services (Reg. 126-150, et seq.) and the South Carolina Administrative Procedures Act (S.C. Code Ann. 1-23-310, et seq.).

STATEMENT OF THE CASE

The Petitioner has been receiving Medicaid sponsored Nursing Home benefits including Nursing Home vendor payments since at least July 13, 2000. Since at least July 13, 2000 the Respondent, South Carolina Department of Health and Human Services (DHHS) has erroneously allowed the Petitioner to keep \$120.00 per month, as her personal needs allowance. Via notice of June 14, 2006 the Respondent notified the Petitioner's representative that the Petitioner would only be allowed to keep \$90.00 per month as her personal needs allowance beginning July 1, 2006. Via letter of June 29, 2006 the Petitioner's representative appealed the Respondent's determination to decrease the Petitioners' personal needs allowance from \$120.00 per month to \$90.00 per month. On July 10, 2006 the Petitioner's representative was sent a letter from this Hearing Officer directing him to inform the Hearing Officer of the Cause of Action for his appeal and to delineate the error made by the Respondent and directing him to state the error in writing and mail the correspondence back within fourteen (14) days of receiving this Hearing Officer's letter, or the appeal would be dismissed.

ISSUE

The issue is whether the Respondent (DHHS) properly determined that the Petitioner, beginning July 1, 2006, would only be allowed to keep \$90.00 per month as her

personal needs allowance instead of \$120.00 per month. Any issues raised in the proceedings or hearing of this case but not addressed in this Decision are deemed denied.

SUMMARY OF EVIDENCE

Respondent's Evidence:

The Petitioner has been receiving Medicaid sponsored Nursing Home benefits including Nursing Home vendor payments since at least July 13, 2000 (Respondent's exhibit #3). Since at least July 13, 2000 the Respondent, South Carolina Department of Health and Human Services (DHHS) has erroneously allowed the Petitioner to keep \$120.00 per month, as her personal needs allowance (Respondent's exhibit #3). Via notice of June 14, 2006 the Respondent notified the Petitioner's representative that the Petitioner would only be allowed to keep \$90.00 per month as her personal needs allowance beginning July 1, 2006 (Respondent's exhibits #1 and #3). Via letter of June 29, 2006 the Petitioner's representative appealed the Respondent's determination to decrease the Petitioner's personal needs allowance from \$120.00 per month to \$90.00 per month (Respondent's exhibit #2).

Petitioner's Evidence:

In response to this Hearing Officer's Cause of Action letter the Petitioner's representative, via letter of July 18, 2006, writes, "I respectfully submit to you sir, that I have provided herein adequate information to justify a fair hearing. Also, there are obviously many concerns and errors that need to be addressed in this matter." (Petitioner's exhibit #7).

FINDINGS OF FACT

Having studied the exhibits and closely passed upon their credibility, and considering the burden of persuasion by the parties, I make the following Findings of Fact by a Preponderance of the evidence:

- (1) The Petitioner has been receiving Medicaid sponsored Nursing Home benefits including Nursing Home vendor payments since at least July 13, 2000 (Respondent's exhibit #3).
- (2) The Petitioner receives \$90.00 per month in the form of Veterans Administration (VA), Aid and Attendance (A & A) benefits (Respondent's Exhibit #4).
- (3) Since at least July 13, 2000 the Respondent, South Carolina Department of Health

- and Human Services (DHHS) has erroneously allowed the Petitioner to keep \$120.00 per month, as her personal needs allowance (Respondent's exhibit #3).
- (4) Via notice of June 14, 2006 the Respondent notified the Petitioner's representative that the Petitioner would only be allowed to keep \$90.00 per month as her personal needs allowance beginning July 1, 2006 (Respondent's exhibits #1 and #3).
- (5) Via letter of June 29, 2006 the Petitioner's representative appealed the Respondent's determination to decrease the Petitioner's personal needs allowance from \$120.00 per month to \$90.00 per month (Respondent's exhibit #2).
- (6) On July 10, 2006 the Petitioner's representative was sent a letter from this Hearing Officer directing him to inform the Hearing Officer of the Cause of Action for his appeal and to delineate the error made by the Respondent and directing him to state the error in writing and mail the correspondence back within fourteen (14) days of receiving this Hearing Officer's letter, or the appeal would be dismissed [Hearing Officer's (HO) exhibit #1].
- (7) In response to this Hearing Officer's Cause of Action letter the Petitioner's representative, via letter of July 18, 2006, writes, "I respectfully submit to you sir, that I have provided herein adequate information to justify a fair hearing. Also, there are obviously many concerns and errors that need to be addressed in this matter." (Petitioner's exhibit #7).
- (8) An Administrative Hearing Officer has only jurisdiction to hear appeals of final administrative decisions that are matters asserted to be in error of fact or law, or flowing from delay in processing a claim.
- (9) The Petitioner's representative has failed to state a legitimate cause of action for which relief can be granted except for the assertion of "several issues of concern regarding the handling of this matter."
- (10) This Hearing Officer does not have the power or jurisdiction in this matter to set aside law or policy, absent an established error of fact or law on the question.

DISCUSSION

I understand that the Petitioner's representative is confused as to how suddenly after a number of years the Petitioner is no longer able to keep \$120.00 per month of her income as a personal needs allowance, and instead, is only able to keep \$90.00. As I explained in my Cause of Action letter to the Petitioner's representative, the Petitioner has been allowed in the past to keep \$120.00 per month as a personal needs allowance **only** because of an error made by the Respondent. It is certainly not reasonable to make the Respondent continue to violate its own published policy just because it has

made a mistake in the past. According to published policy that has been in effect for ten years or longer, the \$90.00 that the Petitioner is now receiving, as a personal needs allowance is the most that the Petitioner can possibly receive.

The Petitioner's representative states that he verbally asked for continued benefits for the Petitioner though the appeals period; however, he did not mark the block asking for continued benefits when he signed the Request for Fair Hearing (DHHS Form 3260 ME).

Finally, the Petitioner's representative is adamant about going forward with a hearing. Since the Petitioner is now receiving the very maximum per month as a personal needs allowance that is allowed by policy, hearing oral arguments can in no way change my final decision, as I do not have the power or jurisdiction to set aside policy or law.

APPLICABLE LAW

(1) "A Hearing Officer has the authority, among other things, to: direct all procedures, issue interlocutory orders; schedule hearings and conferences; preside at formal proceedings; rule on procedural and evidentiary issues; require the submission of briefs and/or conclusions of law; call witnesses; recess, continue, and conclude any proceedings; dismiss any appeal for failure to comply with the requirements of this subarticle." South Carolina Department of Health and Human Services, Chapter 126, "Administration" R.126-154, §44-6-90, S.C. Code, 1976, as amended.

(2) "Continuation of Benefits During the Appeal Process:

When a request for a fair hearing is received within ten (10) days of the date on the notice, assistance may be continued pending a hearing decision IF the beneficiary requests.

Note: Only open cases may receive continued benefits.

When the beneficiary requests continuation of benefits, the eligibility worker must:

- Fully explain to the beneficiary at the time of request for a fair hearing that, should the final decision be adverse, any payments received ineligibly during the period are subject to repayment.
- Prepare a refund summary in accordance with policy as outlined in MPPM 101.17.03 when a decision is adverse to the beneficiary." South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 101.13.04 (Effective 11/01/05)

(3) "101.17.03 Repayment of Medicaid Benefits Resulting from Continued Benefits During an Appeal

If a beneficiary files an appeal and requests continued benefits pending the outcome of an appeal hearing, the DHHS Form 3260 MF, Request for a Fair Hearing, or written notice to receive continued benefits must be in the case record. If the decision upholds the action taken on the case, any Medicaid payments received during this period are subject to repayment. (Refer to MPPM 101.13.04.)” South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 101.17.03 (Effective 10/01/05)

(4) South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 304.14.02A (Effective 02/01/06) discusses how much income a Medicaid client can keep each month as a personal needs allowance and not have this money counted as income, and reads as follows:

“304.14.02A Income Allocation

In the post-eligibility step, the deductions from gross income are made in the following order:

- Personal Needs Allowance
- o \$100 -- if the institutionalized individual participates in a work therapy program as a part of the plan of care; or
- o \$90 -- if the institutionalized individual receives a reduced Veterans Administration (VA) pension; or
- o \$30 -- if the institutionalized individual does not receive a reduced VA pension or participate in a work therapy program.

Note: Sometimes an individual will be receiving a veteran’s benefit that is NOT a \$90 reduced VA pension. In such cases, the personal needs allowance is \$30. For example:

- o \$114 per month -- all of which is Aid and Attendance (excluded income)
- o \$35 per month -- insurance benefit resulting from the death of a veteran (countable unearned income)”

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact and Applicable Law, I conclude the following as a matter of law:

(1) The Petitioner’s representative did not request continued benefits for the

Petitioner through the appeals process on the Request for Fair Hearing (DHHS Form 3260 ME); therefore, the Petitioner is not eligible to receive \$120.00 per month as a personal needs allowance from her income but is only eligible to receive \$90.00 per month as a personal needs allowance beginning July 2006, per South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 101.17.03 (Effective 10/01/05).

(2) This matter is dismissed as the Petitioner's representative has failed to state a legitimate Cause of Action for his appeal.

DECISION

Based on the Findings of Fact, Discussion, Applicable Law and Conclusions of Law, it is determined that the determination of the Respondent to decrease the Petitioner's personal needs allowance from \$120.00 per month to \$90.00 per month was not a decision based on an error in fact or law. Unfortunate circumstances caused the Petitioner's personal needs allowance to decrease. While I sympathize and understand the Petitioner's circumstances, I cannot change Medicaid policy.

This matter is hereby **DISMISSED.**
AND IT IS SO ORDERED.


Robert French
Hearing Officer

Dated at Columbia,
South Carolina

, 2006

Medicaid Programs / Other Resources Check List

Log # 0118

Legislator/Inquirer: Rep Cato (e-mail)

Constituent: Grace B. Styles

SS#: 249-32-5723

PROBLEM ISSUE	FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS	OTHER RESOURCES
Son (POH) upset by new billing out \$300 disregard for AH costs	1	n/a	ABD	Communicare
			Foster Children	FOHC
			HCBWS	Free Medical Clinics
ACTIONS TAKEN TO HELP				
			LIF	Medicare
Get case file from Veronika			MAO	MIAAP
E-mail Betty Moses, per Alicia			MBCCP	Prescription Drug Programs
E-mail Hollis Strasser, \$30 should have been			Optional Supplement	Social Security
deduct six years ago discovered in most recent review			PHC	TogetherRX
Bryan Guts may telephone number, because Mr. Styles doesn't return voice mails.			Pregnant Women/Infants	
E-mail from Jennings + Appeal, they dismissed the case 7/26/06 over six years we allowed some \$2,100 in disbursements we should not have allowed.			SILVERCARD	
Spoke to Mr. Styles - he still says we are wrong. Get full decision on appeal + disbursements from R. Hinds			SLMB	
discussed w/ Mark re drafted letters; tell Mr. Styles we can appeal our denial			SSI	
			TEFRA	
			Working Disabled	

From: Robert French
To: Robert G Liming
Date: 8/7/2006 10:29 am
Subject: Fwd: Re: Status of Appeal of Mrs. Grace B. Styles SS # 249-32-5723

Robert,

I am making a copy of everything in my file and I will bring it to you today. In response to your questions: (1) No, Mr. Styles did not send me a copy of the VA and/or Federal Code that he is referencing and I specifically asked for this information in my Cause of Action letter to him. I dismissed his appeal specifically because he did not send me a legitimate cause for his appeal. (2) The \$30.00 is not a disregard, it is counted as income. The \$90.00 is a personal needs allowance, which means that this income is not counted as income and, therefore, can be used by his mother and not surrendered to the Nursing Home, as is all of her other income (See South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 304.18.01). According to this chapter, only one of the \$90.00 or \$30.00 can be counted as a personal needs allowance, **not both**.
(3) Since I do not work in Eligibility I cannot tell you when the last review was done, I suggest you talk with someone who does work in Eligibility. From Ms. Strozier's summary it appears that the client has been receiving both the \$90.00 and the \$30.00 as a personal needs allowance for many years simply because of an error on Eligibility's part. When the last review was done has no bearing on the fact that finally someone in Eligibility corrected their mistake.

Finally, for Mr. Styles' benefit, Appeals no longer has an open case. If Mr. Styles has Federal Code that shows Eligibility's decision and my decision is in violation of Federal Code, then he should appeal my decision to the State Administrative Law Court as was explained to him in the cover letter to my decision.

Robert French
Hearing Officer
DHS-Appeals & Hearings
1801 Main Street, Suite 901
Columbia, SC 29202-8206
(803) 898-2714
Fax (803) 898-3104

>>> Robert G Liming 8/7/06 8:28 >>>

Robert: Can you please help me try to figure this out? I spoke late Friday with Mr. Styles concerning his mother's case. He claims to have documentation from the VA stating that their \$90 monthly payment is not to be considered as a disregard when qualifying for Medicaid. He cites a variety of VA and Federal laws which he says clearly back this up.

When he submitted his appeal of our denial of the \$30.00 disregard did he submit this paperwork in support of his claim? He seems to be claiming that Medicaid policy is in direct conflict with VA policy and wants to know why we can override what he claims is Federal law? Mr. Styles said the VA has told him the "aid and attendance" is not to be treated as a disregard.

Frankly I simply lack the knowledge and expertise to address Mr. Styles. I am at a loss to see how to clarify the issue and respond to him. Can you provide me with a copy of what we may have sent him, and also any reference to Medicaid rules where we can disallow the \$30 if she gets the \$90 from VA?

Another problem seems to develop over when the last review was done on his mother, he claims to have a document from us dated in 2003 when he completed the review and the disregard was allowed. However, in Hollis Strozier's earlier e-mail she said the case hadn't been reviewed in six years.

Sorry for so many questions, just trying to see if I can resolve all of this since a response is due tomorrow. Thanks for any input or clarification.

>>> Robert G Liming 8/1/2006 10:28 am >>>
Great, thanks for the info. Now I can call the son and try to explain it all to him. Apparently we had been allowing the \$30 disregard for six years because of our clerical error in not reviewing, by my math this has given the lady some \$2,160 she otherwise wouldn't have received. Appreciate your information. Thanks again.

>>> Robert French 8/1/2006 10:01 am >>>
I dismissed the appeal and the Order of Dismissal was mailed out on July 26, 2006.

Robert French
Hearing Officer

DHHS-Appeals & Hearings
1801 Main Street, Suite 901
Columbia, SC 29202-8206
(803) 898-2714
Fax (803) 898-3104

>>> Robert G Liming 7/31/06 16:24 >>>

Can you advise me of the status of an appeal for this lady regarding a \$30 disregard issue? I am handling a legislative referral on the case and wanted to know if a hearing has been set and if so where and when. Thanks for any input.

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: French, Robert
Date: 8/7/2006 8:28 am
Subject: Fwd: Re: Status of Appeal of Mrs. Grace B. Styles SS # 249-32-5723

CC: Of, Mark

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803-898-2621

E-Mail: rlimingr@scdhhs.gov

Website: www.scdhhs.gov

From: Bryan Kost
To: Denise Epps; Linda Malone
Date: 8/1/2006 4:15 PM
Subject: Fwd: new log - Rep. Cato- Grace Styles

Mr. Styles just called, and he wanted to give us another phone number to use to reach him if necessary. He isn't always available on cell, and doesn't check cell phone messages. His home number is 864.836.3318. Thanks for working this one. Rep. Cato's office would like written correspondence when we're done....

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhhs.gov

>>> Bryan Kost 7/28/2006 10:37 AM >>>

Hi Linda:
Please log.

Denise, here's what's coming:

I just hung up with Robert Styles, son of Grace B. Styles. Grace was born in 1925. Don't have SS# right now. Robert's phone is 864.979.5440.

Grace is in a nursing home, and has been for years. Medicaid beneficiary since 1995. She's gotten a VA pension since 1971. The issue is that recently, on her review, Medicaid told her (for the first time) that the VA pension is no longer a disregard. It's like \$90. (She also gets \$30 from Social Security.) So the thing he wants to know is what law changed, and when did it change, that now counts her VA pension (which the VA insists is not countable, calling it "aid and allowance.") He said he's spoken with Gville DHHS workers, and supervisors, and he's gotten seven different answers now about what law changed and when. He is in the appeals process (Robert French). He's not pleased with his communication with appeals folks, but said he'd like to offer that feedback later.

Rep. Cato's office would like a written response on this, so I'm logging it. But wanted to give y'all a heads up.

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhhs.gov

From: Robert French
To: Robert G Liming
Date: 8/1/2006 2:06 pm
Subject: Re: Status of Appeal of Mrs. Grace B. Styles SS # 249-32-5723

You're welcome. Let me know if there is anything else you need from me. I hope the son was able to understand my Order of Dismissal. I tried to let the son know in my Order, in a round about way, that his mother did receive, as you said, money that she really wasn't entitled to.

Robbie

Robert French
Hearing Officer
DHHS-Appeals & Hearings
1801 Main Street, Suite 901
Columbia, SC 29202-8206
(803) 898-2714
Fax (803) 898-3104

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Special Project Manager, Office of Constituent Services
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Columbia, South Carolina 29202-8206

803-898-2621
E-Mail: rliming@scdhhhs.gov
Website: www.scdhhhs.gov

From: Robert G Liming
To: Strozler, Hollis
Date: 8/1/2006 10:33 am
Subject: Re: Status on Ms. Grace Styles SS # 249-32-5723

Thanks so very much, fully understand now. FYI, Robert French in appeals dismissed the case on July 26. I will try to explain this to Mr. Styles, but I doubt he will be too happy with us.

It is sad it took us 6 years to realize there hadn't been a review, but it also means that Mrs. Stules has received some \$2,160 she really shouldn't have received.....Thanks again for your great help.

>>> Hollis Strozler 7/31/2006 4:48 pm >>>
Every recipient of nursing home medicaid gets 30.00 personal needs allowance deducted from their gross income to pay for toothpaste, powder etc.. This is 30.00 that they do not pay the nursing home. When a recipient gets 90.00 aid and attendance from veterans affairs, they do not also get the 30.00 personal allowance deducted from their gross income. Instead, they get to keep the 90.00 for their spending money.

>>> Robert G Liming 07/31/06 9:48 AM >>>
So is the only issue the \$30.00? Ms. Styles keeps her full Nursing Home coverage, but instead of having \$120 per month in spending from her income (including the \$90 from VA) she now has to allocate an additional \$30 to pay toward her nursing home care. I guess I am a bit confused as to where the \$30 comes from and I am assuming it comes from her regular monthly income?

The only issue being appealed is the \$30.00 income disregard? Thanks, I have much to learn and really appreciate your expertise. It is invaluable in trying to answer these letters.

>>> Michael Jones (Hollis Strozler) 7/31/2006 9:27 am >>>
The responsible relative of Mrs. Styles is appealing my decision to charge her 30.00 more in recurring income paid to the nursing home. The Division of Appeals has already contacted me about this. Due to some kind of error, this case had not been reviewed in 6 years. While reviewing the case, I discovered that it had not been correctly budgeted even though the 90.00 veterans Aid and Attendance check had always been reported. Medicaid policy states that a recipient is not eligible for the 30.00 personal needs disregard if they receive the 90.00 Aid and Attendance. There was some confusion years ago at the county level about how to treat these situations which accounts for the error 6 years ago. The responsible relative is making a large issue out of a 30.00 increase. The client continues to keep the 90.00. Hollis >> Robert G Liming 07/31/06 7:44 AM >>>
Can you give me some background on this case, we have a legislative referral from her

son. The son says he got word from Medicaid that some law had changed and that her small VA pension is no longer a disregard?

I'm a bit confused because MEDS seems to show she is covered in full and her next review is June 2007. Can you give me any background, just want to be sure of facts before I contact the son or the legislator. Many thanks.

Robert G. Liming
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803-898-2621

E-Mail: rlimingr@scdhhs.gov

Website: www.scdhhs.gov

From: Robert G Liming
To: Moses, Betty
Date: 7/31/2006 8:05 am
Subject: Fwd: Status on Ms. Grace Styles SS # 249-32-5723

Betty: Not sure I understand this one, it was the one Alicia asked you to look at on Friday. If you can explain it to me I will be glad to try and develop a letter to the legislator and client's son. Left a copy of what I had at your desk, Thank You, BOB

Robert G. Liming
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Website: www.scdhhs.gov

>>> Robert G Liming 7/31/2006 7:44 am >>>
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EDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: STYLES GRACE B APL STATUS: ACTION TYPE: MAINTENANCE
HH NUMBER: 100768980 ACTION DATE: 10/24/02

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:
NAME: ROBERT STYLES

ADDRESS: RELATIONSHIP: C1 CHILD
P O BOX 116

LEGAL RELATIONSHIP:
SLATER SC 29683- COMMITTEE/CONSERVATOR
HOME PHONE: 864-836-3318 GUARDIAN
WORK PHONE: - - X POWER OF ATTORNEY
E-MAIL: _____

UPDATED: USER ID: HSTRO DATE: 01/02/04 SYSTEM ID: CNV1000 DATE: 10/24/02
ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
.MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 05/14/06 END:

NAME: STYLES GRACE B HH NAME: STYLES GRACE B
RCP NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE
SSN: 249-32-5723 VC: V APL STATUS: ACTION DATE: 10/24/02

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

DOB: 05/19/1925 AGE: 81 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
DOD: MEDICARE COVERAGE(Y/N): Y 251146041D

SEX: F FEMALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 251146041D

REL: SFI SELF RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE: LIV ARRANGEMENT: NFCL NURSING FACILIT

MARITAL STATUS: S SINGLE PROVIDER NAME: LAURL BAYE

STUDENT STATUS: GRADE: ADMISSION DATE:

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

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

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

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

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

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

UPDATED: USER ID: HSTRO DATE: 06/14/06 SYSTEM ID: TTR1004 DATE: 07/15/06

ME900063 RECIPIENT RECORD FOUND

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

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

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
 MEDSPROD RECIPIENT INFORMATION ACTION:
 MEMBER PERIOD START: 05/14/06 END: PAGE: 0001

NAME: STYLES GRACE B HH NAME: STYLES GRACE B
 RCP NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE
 SSN: 249-32-5723 VC: V APL STATUS: ACTION DATE: 10/24/02
 PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: SCULP LOCATION: 077
 LAUREL BAYE HEALTH CARE
 661 RUTHERFORD RD
 GREENVILLE SC 29609-
 CORRECT RCP NUMBER: _____

DOB: 05/19/1925 DOD:
 LIV ARRANGEMENT: NECL INCOME TRUST:
 PROVIDER: LAURL BAYE
 TPL INSURANCE: N RELATION: SELF
 RACE: 01 SEX: F MARITAL STATUS: S
 SSCN: 251146041D RRN:
 DOB: 05/19/1925 DOD:
 TPL INSURANCE: N RELATION: SELF
 RACE: 01 SEX: F MARITAL STATUS: S
 SSCN: 251146041D RRN:
 WORKER ID: SCULP LOCATION: 077
 ACTION DATE: 10/24/02
 ACTION TYPE: MAINTENANCE
 HH NAME: STYLES GRACE B
 HH NUMBER: 100768980
 HH NUMBER: 100768980
 APL STATUS: ACTION DATE: 10/24/02
 VC: V APL STATUS: ACTION DATE: 10/24/02
 SSN: 249-32-5723
 RCP NUMBER: 8832393201
 NAME: STYLES GRACE B

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	LEVEL	% OF POV	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	88323932	04/01/1996	10	10					.96	
-		03/01/1995	04/01/1996	10					.96	
-		01/01/1995	03/01/1995	10					.96	

UPDATED: USER ID: HSTRO DATE: 06/14/06 SYSTEM ID: IEV7110 DATE: 03/11/03
 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

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06

MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 3 OF 3

DATES-FROM: 05 / 2006 THRU: / HH NUMBER: 100768980

HH NAME: GRACE B STYLES CATEGORY: MAONH ACTION TYPE: MAINTENANCE

BG NUMBER: 88323932 WKR: HSTRO HOLLIS STROZIER ACTION DATE: 06/14/06

BG: A BGP: A GRACE B STYLES RCP NUMBER: 8832393201

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

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

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---		--MEDICAID+QMB DATES--		SERVICE TYPE	REASON CODE 1	REASON CODE 2
BEGIN	END	BEGIN	END			
03/01/1995	04/01/1996	04/01/1996				
01/01/1995	03/01/1995					

UPDATED: USER ID: HSTRO DATE: 06/14/06 SYSTEM ID: ELD3000 DATE: 06/14/06
 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

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

HH NAME: GRACE B STYLES DATES-FROM: 05 / 2006 THRU: ___ / ___ PAGE: 2 OF 3
 BG NUMBER: 88323932 CATEGORY: MAONH HH NUMBER: 100768980

BG: A BGP: A WKR: HSTRO HOLLIS STROZIER ACTION TYPE: MAINTENANCE
 COUNTABLE BG MEMBERS: 1 ACTION DATE: 06/14/06

COUNTABLE INCOME: 787.00 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 1809.00 RESOURCE LIMIT: 2000.00
 POV-LVL: +.96 % HLTH INS PREM: 0.00

RECURRING INC: 787.00 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: 06/14/06
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 06/14/07
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _
 APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _
 UPDATED: USER ID: HSTRO DATE: 06/14/06 SYSTEM ID: ELD3000 DATE: 06/14/06
 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

AEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 05/14/2006 END:

NAME: STYLES GRACE B HH NAME: STYLES GRACE B
NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE
SSN: 249-32-5723 STATUS: ACTION DATE: 10/24/2002

SOURCE TYPE: VETERAN'S ADMIN A & A 1 SOURCE: A AND A
ADDRESS

DATE APPLIED FOR: _____
END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
90.00	01/01/2006	MONTHLY

UPDATED: USER ID: HSTRO DATE: 06/14/2006 SYSTEM ID: DATE:
INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: STYLES GRACE B HH NAME: STYLES GRACE B
RCP NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE
SSN: 249-32-5723 APL STATUS: ACTION DATE: 10/24/2002
MCN: 251146041D VALIDATED BY: BUY IN ON: 07/02/2006

PART A - BEGINNING DATE: 02/01/1980 ENDING DATE: _____ BY: MMA
PART B - BEGINNING DATE: 02/01/1980 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: 12/31/2006 BY: MMA
SUBSIDY

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: TTR1004 DATE: 07/15/06
ME900063 RECIPIENT RECORD FOUND
PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

NAME: STYLES GRACE B PERIOD START: 05/14/2006 END: HH NAME: STYLES GRACE B
NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE
SSN: 249-32-5723 STATUS: ACTION DATE: 10/24/2002

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: 10/24/2002
END DATE:

PHONE: - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
787.00	01/03/2006	MONTHLY
756.00	01/03/2005	MONTHLY
736.00	01/03/2004	MONTHLY
721.00	03/03/2003	MONTHLY

UPDATED: USER ID: DATE: SYSTEM ID: CNV1010 DATE: 10/24/02
INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

MEDEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD BENDEX INFORMATION

***** CONFIDENTIAL - FOR INTERNAL USE ONLY *****

ROW: 1 OF 1

SSA SSN: 249-32-5723 SSA NAME: GRACE B STYLES

B STYLES

SSN: 249-32-5723 NAME: GRACE

COUNTY: 23 ELIGIBILITY STATUS: E

RCP NUM: 8832393201 HH NUM: 100768980

PAYMENT INFORMATION

INDIVIDUAL DATA:

PAYMENT STATUS CODE: CP

SSA SSN: 249-32-5723

GROSS AMOUNT PAYABLE (MBA): 787.20

SSA NAME: GRACE B STYLES

EFFECTIVE DATE: 12/05

SSCN: 251146041D

NET MONTHLY BNFTS AMT (MBC): 787.00

SSA DOB: 05/19/1925

INITIAL ENTITLEMENT DATE: 09/71

PROOF OF DOB: P

CURRENT ENTITLEMENT DATE: 05/90

SEX: F

MONTHLY BENEFITS PAYABLE: 787.00

VALIDATED BOSSN: 249-32-5723

RETRO PAYMENT AMOUNT: 0.00

CATEGORY OF ASSISTANCE: N

MONTHLY OP DEDUCTION AMT: 0.00

STATE AND COUNTY CODE: 422220

ENDING DATE FOR OP DEDUCTION:

ALTERNATE SSN: 249-32-5723

GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR: C

PAYMENT CYCLING INDICATOR: 1

UPDATED: SYSTEM ID: IEV7012 DATE: 2005-11-25-07.31.10.465874

ME905004 BENDEX MASTER RECORD FOUND

PF1->HELP PF2->BENDEX HIST PF3->NEXT PF5->RECIP PF10->PREV MENU

PF11->BDX AUDIT PF12->BDX ACTION PF14->SDX PF16->BDX INPUT PF17->BUY-IN



State of South Carolina
Department of Health and Human Services

0118

closed...

Mark Sanford
Governor

Robert M. Kerr
Director

August 10, 2006

Mr. Robert Styles
Post Office Box 116
Slater, South Carolina 29683

Dear Mr. Styles:

Representative Harry Cato asked our agency to respond directly to you concerning Medicaid coverage for your mother, Mrs. Grace B. Styles, since you are her legal representative. We have enclosed a release that, once signed and returned, will allow us to provide information to Representative Cato.

Mrs. Styles is covered under Medicaid's Nursing Home program and also receives Medicare coverage. Since your mother receives a \$90 monthly payment from the Veterans Administration, she is precluded under Medicaid policy from also receiving the regular \$30 monthly personal income allowance for Medicaid nursing home recipients.

Unfortunately, we did not identify the error until Mrs. Styles' most recent annual Medicaid review. When we realized our error, we discontinued the additional \$30. We apologize to you and your mother for any inconvenience or misunderstanding this error may have caused your family.

You appealed our denial of the additional \$30 allowance and that appeal was denied on July 25, 2006 for lack of cause. If you wish to seek a further review of this matter, you may appeal directly to the South Carolina Administrative Law Court as explained in the certified mail you recently received.

I hope this information proves helpful to you in dealing with your mother's healthcare needs.

Sincerely,

Gary Ries
Deputy Director

GR/jole
enclosure

SCDHHS AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name: _____ Date of Birth: _____

Record #: _____ Client SS #: _____

I _____ hereby authorize
(Client or Personal Representative)

_____ to disclose specific health information
(Name of Provider/Plan/Agency) from the records of the above named client to: _____
(Recipient Name/Address/Phone/Fax)

_____ for the specific purpose(s): _____

_____ Specific information to be disclosed: _____

_____ I understand that this authorization will expire on the following date, event or condition: _____

_____ I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time and that I will be asked to sign the *Revocation Section* on the back of this form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

_____ I understand that refusal to sign this authorization will not condition or limit my access to treatment, payment, enrollment or eligibility for benefits available to me.

_____ I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

_____ I further understand that I may request a copy of this signed authorization.

_____ *(Signature of Client)* _____ *(Date)* _____ *(Witness-If Required)*

_____ *(Signature of Personal Representative)* _____ *(Date)* _____ *(Personal Representative Relationship/Authority)*

NOTE: This Authorization was revoked on _____ *(Date)* _____ *(Signature of Staff)*



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable Harry F. Cato
Member, South Carolina House of Representatives
Post Office Box 223
Travelers Rest, South Carolina 29690

Dear Representative Cato:

Thank you for referring Mr. Robert Styles to our agency with his concerns about healthcare and Medicaid eligibility for his mother, Mrs. Grace B. Styles.

Mrs. Styles currently receives full Medicaid benefits for her nursing home care. Medicaid policy states that recipients are not eligible for the \$30 personal income allowance if they receive the \$90 Aid and Attendance benefit.

Unfortunately, we did not identify the error until Mrs. Styles' most recent annual Medicaid review. Although she had been allowed the additional \$30 in error for several years, we can no longer permit this additional allowance under Medicaid regulations. Mr. Styles appealed our decision and the case was dismissed because he failed to provide cause for the decision to be reversed.

Since Mr. Styles is his mother's authorized representative, we have apologized for any inconvenience or misunderstanding our mistake has caused him or his family.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

Robert M. Kerr
Director

RMK/jole



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

July 25, 2006

Robert M. Kerr
Director

CERTIFIED MAIL

Robert Styles
P.O. Box 116
Slater, South Carolina 29683

RE: Order of Dismissal in the Appeal Matter of Grace Styles v. SCDHHS
Appeals' Case #06-MAO-342 0
Family Medicaid #100768980
Social Security #249-32-5723

Dear Mr. Styles:

Dear Mr. Styles,
Apparently this case was suggested
incorrectly allowing the \$90 and \$30
designards since 1995. It is my
understanding that it has never been
reviewed. This means the families
now has to pay \$30 additional
for her cost of care.
RS

VG/C/msj
Enclosures (2)

Robert Styles
July 25, 2006
Page Two

cc: Stan Brown, Administrator, Region I
Office of General Counsel, DHHS

**ORDER OF DISMISSAL
IN THE APPEAL MATTER OF
GRACE STYLES v. DHHS**

Appeals' Case #06-MAO-342
Medicaid Number: 8832393201
Hearing date: Not held

JURISDICTION

Procedure in this case is governed under the authority granted by the South Carolina General Assembly to the South Carolina Department of Health and Human Services to administer various programs and grants (See e.g., S.C. Code Ann. 44-6-10, *et seq.*).

This appeal has been conducted pursuant to the provisions of the Appeals and Hearings regulations of the South Carolina Department of Health and Human Services (Reg. 126-150, *et seq.*) and the South Carolina Administrative Procedures Act (S.C. Code Ann. 1-23-310, *et seq.*).

STATEMENT OF THE CASE

The Petitioner has been receiving Medicaid sponsored Nursing Home benefits including Nursing Home vendor payments since at least July 13, 2000. Since at least July 13, 2000 the Respondent, South Carolina Department of Health and Human Services (DHHS) has erroneously allowed the Petitioner to keep \$120.00 per month, as her personal needs allowance. Via notice of June 14, 2006 the Respondent notified the Petitioner's representative that the Petitioner would only be allowed to keep \$90.00 per month as her personal needs allowance beginning July 1, 2006. Via letter of June 29, 2006 the Petitioner's representative appealed the Respondent's determination to decrease the Petitioner's personal needs allowance from \$120.00 per month to \$90.00 per month. On July 10, 2006 the Petitioner's representative was sent a letter from this Hearing Officer directing him to inform the Hearing Officer of the Cause of Action for his appeal and to delineate the error made by the Respondent and directing him to state the error in writing and mail the correspondence back within fourteen (14) days of receiving this Hearing Officer's letter, or the appeal would be dismissed.

ISSUE

The issue is whether the Respondent (DHHS) properly determined that the Petitioner, beginning July 1, 2006, would only be allowed to keep \$90.00 per month as her

personal needs allowance instead of \$120.00 per month. Any issues raised in the proceedings or hearing of this case but not addressed in this Decision are deemed denied.

SUMMARY OF EVIDENCE

Respondent's Evidence:

The Petitioner has been receiving Medicaid sponsored Nursing Home benefits including Nursing Home vendor payments since at least July 13, 2000 (Respondent's exhibit #3). Since at least July 13, 2000 the Respondent, South Carolina Department of Health and Human Services (DHHS) has erroneously allowed the Petitioner to keep \$120.00 per month, as her personal needs allowance (Respondent's exhibit #3). Via notice of June 14, 2006 the Respondent notified the Petitioner's representative that the Petitioner would only be allowed to keep \$90.00 per month as her personal needs allowance beginning July 1, 2006 (Respondent's exhibits #1 and #3). Via letter of June 29, 2006 the Petitioner's representative appealed the Respondent's determination to decrease the Petitioner's personal needs allowance from \$120.00 per month to \$90.00 per month (Respondent's exhibit #2).

Petitioner's Evidence:

In response to this Hearing Officer's Cause of Action letter the Petitioner's representative, via letter of July 18, 2006, writes, "I respectfully submit to you sir, that I have provided herein adequate information to justify a fair hearing. Also, there are obviously many concerns and errors that need to be addressed in this matter." (Petitioner's exhibit #7).

FINDINGS OF FACT

Having studied the exhibits and closely passed upon their credibility, and considering the burden of persuasion by the parties, I make the following Findings of Fact by a preponderance of the evidence:

- (1) The Petitioner has been receiving Medicaid sponsored Nursing Home benefits including Nursing Home vendor payments since at least July 13, 2000 (Respondent's exhibit #3).
- (2) The Petitioner receives \$90.00 per month in the form of Veterans Administration (VA), Aid and Attendance (A & A) benefits (Respondent's Exhibit #4).
- (3) Since at least July 13, 2000 the Respondent, South Carolina Department of Health

- and Humar Services (DHHS) has erroneously allowed the Petitioner to keep \$120.00 per month, as her personal needs allowance (Respondent's exhibit #3).
- (4) Via notice of June 14, 2006 the Respondent notified the Petitioner's representative that the Petitioner would only be allowed to keep \$90.00 per month as her personal needs allowance beginning July 1, 2006 (Respondent's exhibits #1 and #3).
- (5) Via letter of June 29, 2006 the Petitioner's representative appealed the Respondent's determination to decrease the Petitioner's personal needs allowance from \$120.00 per month to \$90.00 per month (Respondent's exhibit #2).
- (6) On July 10, 2006 the Petitioner's representative was sent a letter from this Hearing Officer directing him to inform the Hearing Officer of the Cause of Action for his appeal and to delineate the error made by the Respondent and directing him to state the error in writing and mail the correspondence back within fourteen (14) days of receiving this Hearing Officer's letter, or the appeal would be dismissed [Hearing Officer's (HO) exhibit #1].
- (7) In response to this Hearing Officer's Cause of Action letter the Petitioner's representative, via letter of July 18, 2006, writes, "I respectfully submit to you sir, that I have provided herein adequate information to justify a fair hearing. Also, there are obviously many concerns and errors that need to be addressed in this matter." (Petitioner's exhibit #7).
- (8) An Administrative Hearing Officer has only jurisdiction to hear appeals of final administrative decisions that are matters asserted to be in error of fact or law, or flowing from delay in processing a claim.
- (9) The Petitioner's representative has failed to state a legitimate cause of action for which relief can be granted except for the assertion of "several issues of concern regarding the handling of this matter."
- (10) This Hearing Officer does not have the power or jurisdiction in this matter to set aside law or policy, absent an established error of fact or law on the question.

DISCUSSION

I understand that the Petitioner's representative is confused as to how suddenly after a number of years the Petitioner is no longer able to keep \$120.00 per month of her income as a personal needs allowance, and instead, is only able to keep \$90.00. As I explained in my Cause of Action letter to the Petitioner's representative, the Petitioner has been allowed in the past to keep \$120.00 per month as a personal needs allowance **only** because of an error made by the Respondent. It is certainly not reasonable to make the Respondent continue to violate its own published policy just because it has

made a mistake in the past. According to published policy that has been in effect for ten years or longer, the \$90.00 that the Petitioner is now receiving, as a personal needs allowance is the most that the Petitioner can possibly receive.

The Petitioner's representative states that he verbally asked for continued benefits for the Petitioner through the appeals period; however, he did not mark the block asking for continued benefits when he signed the Request for Fair Hearing (DHHS Form 3260 ME).

Finally, the Petitioner's representative is adamant about going forward with a hearing. Since the Petitioner is now receiving the very maximum per month as a personal needs allowance that is allowed by policy, hearing oral arguments can in no way change my final decision, as I do not have the power or jurisdiction to set aside policy or law.

APPLICABLE LAW

(1) "A Hearing Officer has the authority, among other things, to: direct all procedures, issue interlocutory orders; schedule hearings and conferences; preside at formal proceedings; rule on procedural and evidentiary issues; require the submission of briefs and/or conclusions of law; call witnesses; recess, continue, and conclude any proceedings; dismiss any appeal for failure to comply with the requirements of this subarticle." South Carolina Department of Health and Human Services, Chapter 126, "Administration" R.126-154, §44-6-90, S.C. Code, 1976, as amended.

(2) "Continuation of Benefits During the Appeal Process:

When a request for a fair hearing is received within ten (10) days of the date on the notice, assistance may be continued pending a hearing decision IF the beneficiary requests:

Note: Only open cases may receive continued benefits.

When the beneficiary requests continuation of benefits, the eligibility worker must:

- Fully explain to the beneficiary at the time of request for a fair hearing that, should the final decision be adverse, any payments received ineligibly during the period are subject to repayment.
- Prepare a refund summary in accordance with policy as outlined in MPPM 101.17.03 when a decision is adverse to the beneficiary." South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 101.13.04 (Effective 11/01/05)

(3) "101.17.03 Repayment of Medicaid Benefits Resulting from Continued Benefits During an Appeal

If a beneficiary files an appeal and requests continued benefits pending the outcome of an appeal hearing, the DHHS Form 3260 ME, Request for a Fair Hearing, or written notice to receive continued benefits must be in the case record. If the decision upholds the action taken on the case, any Medicaid payments received during this period are subject to repayment. (Refer to MPPM 101.13.04.)” South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 101.17.03 (Effective 10/01/05)

(4) South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 304.14.02A (Effective 02/01/06) discusses how much income a Medicaid client can keep each month as a personal needs allowance and not have this money counted as income, and reads as follows:

“304.14.02A Income Allocation

In the post-eligibility step, the deductions from gross income are made in the following order:

- Personal Needs Allowance
 - o \$100 -- if the institutionalized individual participates in a work therapy program as a part of the plan of care; or
 - o \$90 -- if the institutionalized individual receives a reduced Veterans Administration (VA) pension; or
 - o \$30 -- if the institutionalized individual does not receive a reduced VA pension or participate in a work therapy program.

Note: Sometimes an individual will be receiving a veteran’s benefit that is NOT a \$90 reduced VA pension. In such cases, the personal needs allowance is \$30. For example:

- \$114 per month -- all of which is Aid and Attendance (excluded income)
- \$35 per month -- insurance benefit resulting from the death of a veteran (countable unearned income)”

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact and Applicable Law, I conclude the following as a matter of law:

(1) The Petitioner’s representative did not request continued benefits for the

Petitioner through the appeals process on the Request for Fair Hearing (DHHS Form 3260 ME); therefore, the Petitioner is not eligible to receive \$120.00 per month as a personal needs allowance from her income but is only eligible to receive \$90.00 per month as a personal needs allowance beginning July 2006, per South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 101.17.03 (Effective 10/01/05).

(2) This matter is dismissed as the Petitioner's representative has failed to state a legitimate Cause of Action for his appeal.

DECISION

Based on the Findings of Fact, Discussion, Applicable Law and Conclusions of Law, it is determined that the determination of the Respondent to decrease the Petitioner's personal needs allowance from \$120.00 per month to \$90.00 per month was not a decision based on an error in fact or law. Unfortunate circumstances caused the Petitioner's personal needs allowance to decrease. While I sympathize and understand the Petitioner's circumstances, I cannot change Medicaid policy.

This matter is hereby **DISMISSED.**
AND IT IS SO ORDERED.


Robert French
Hearing Officer

Dated at Columbia,
South Carolina

July 25, 2006

Medicaid Programs / Other Resources Check List

Log # 0118

Legislator/Inquirer: Rep Cate (e-mail)

Constituent: Bruce B. Styles

SS #: 249-32-5723

PROBLEM / ISSUE		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS	OTHER RESOURCES
Son (PPT) upset by new taking out \$300 dis regard for NH costs		1	N/A	ABD	Communicare
		STAFF PERSON		Foster Children	FOHC
ACTIONS TAKEN TO HELP		Bob Lanning		HCBWS	Free Medical Clinics
		LIF	Medicare		
7/28/06	Get case file from Venetia.		MAO	M/IAF	
7/31/06	E-mail Betty Massos, per Alicia E-mail Hollis Stozler E-mail Hollis Stozler		MBCP	Prescription Drug Programs	
8/1/06	Get e-mail Hollis Stozler, \$30 should have been denied six years ago discovered in most recent review		Optional Supplement	Social Security	
8/1/06	Bryan Guts may telephone number, because Mr. Styles doesn't read voice mails.		PHC	TogetherRX	
8/1/06	E-mail from Thomas + Appel, they dismissed the case 7/26/06 but six years we allowed some \$2,100 in disregard we should not have allowed.		Pregnant Women/Infants		
8/4/06	Spoke to Mr. Styles - he still says we are wrong		SILVERCARD		
8/7/06	Get full decision on appeal + documents from R. Trend discussed w/Mark re drafted letters; tell Mr. Styles no our appeal our denial		SLMB		
			SSI		
			TEFRA		
			Working Disabled		

From: Robert French
To: Robert G Liming
Date: 8/7/2006 10:29 am
Subject: Fwd: Re: Status of Appeal of Mrs. Grace B. Styles SS # 249-32-5723

Robert,

I am making a copy of everything in my file and I will bring it to you today. In response to your questions: (1) No, Mr. Styles did not send me a copy of the VA and/or Federal Code that he is referencing and I specifically asked for this information in my Cause of Action letter to him. I dismissed his appeal specifically because he did not send me a legitimate cause for his appeal. (2) The \$30.00 is not a disregard, it is counted as income. The \$90.00 is a personal needs allowance, which means that this income is not counted as income and, therefore, can be used by his mother and not surrendered to the Nursing Home, as is all of her other income (See South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual, Chapter 304.18.01). According to this chapter, only one of the \$90.00 or \$30.00 can be counted as a personal needs allowance, **not both**. (3) Since I do not work in Eligibility I cannot tell you when the last review was done, I suggest you talk with someone who does work in Eligibility. From Ms. Strozler's summary it appears that the client has been receiving both the \$90.00 and the \$30.00 as a personal needs allowance for many years simply because of an error on Eligibility's part. When the last review was done has no bearing on the fact that finally someone in Eligibility corrected their mistake.

Finally, for Mr. Styles' benefit, Appeals no longer has an open case. If Mr. Styles has Federal Code that shows Eligibility's decision and my decision is in violation of Federal Code, then he should appeal my decision to the State Administrative Law Court as was explained to him in the cover letter to my decision.

Robert French
Hearing Officer
DHHS-Appeals & Hearings
1801 Main Street, Suite 901
Columbia, SC 29202-8206
(803) 898-2714
Fax (803) 898-3104

>>> Robert G Liming 8/7/06 8:28 >>>

Robert: Can you please help me try to figure this out? I spoke late Friday with Mr. Styles concerning his mother's case. He claims to have documentation from the VA stating that their \$90 monthly payment is not to be considered as a disregard when qualifying for Medicaid. He cites a variety of VA and federal laws which he says clearly back this up.

When he submitted his appeal of our denial of the \$30.00 disregard did he submit this paperwork in support of his claim? He seems to be claiming that Medicaid policy is in direct conflict with VA policy and wants to know why we can override what he claims is federal law? Mr. Styles said the VA has told him the "aid and attendance" is not to be treated as a disregard.

Frankly I simply lack the knowledge and expertise to address Mr. Styles. I am at a loss to see how to clarify the issue and respond to him. Can you provide me with a copy of what we may have sent him, and also any reference to Medicaid rules where we can disallow the \$30 if she gets the \$90 from VA?

Another problem seems to develop over when the last review was done on his mother, he claims to have a document from us dated in 2003 when he completed the review and the disregard was allowed. However, in Hollis Strozler's earlier e-mail she said the case hadn't been reviewed in six years.

Sorry for so many questions, just trying to see if I can resolve all of this since a response is due tomorrow. Thanks for any input or clarification.

>>> Robert G Liming 8/1/2006 10:28 am >>>
Great, thanks for the info. Now I can call the son and try to explain it all to him. Apparently we had been allowing the \$30 disregard for six years because of our clerical error in not reviewing, by my math this has given the lady some \$2,160 she otherwise wouldn't have received. Appreciate your information. Thanks again.

>>> Robert French 8/1/2006 10:01 am >>>
I dismissed the appeal and the Order of Dismissal was mailed out on July 26, 2006.

Robert French
Hearing Officer

DHHS-Appeals & Hearings
1801 Main Street, Suite 901
Columbia, SC 29202-8206
(803) 898-2714
Fax (803) 898-3104

>>> Robert G Liming 7/31/06 16:24 >>>

Can you advise me of the status of an appeal for this lady regarding a \$30 disregard issue? I am handling a legislative referral on the case and wanted to know if a hearing has been set and if so where and when. Thanks for any input.

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: French, Robert
Date: 8/7/2006 8:28 am
Subject: Fwd: Re: Status of Appeal of Mrs. Grace B. Styles SS # 249-32-5723

CC: Orf, Mark

Robert: Can you please help me try to figure this out? I spoke late Friday with Mr. Styles concerning his mother's case. He claims to have documentation from the VA stating that their \$90 monthly payment is not to be considered as a disregard when qualifying for Medicaid. He cites a variety of VA and federal laws which he says clearly back this up.

When he submitted his appeal of our denial of the \$30.00 disregard did he submit this paperwork in support of his claim? He seems to be claiming that Medicaid policy is in direct conflict with VA policy and wants to know why we can override what he claims is federal law? Mr. Styles said the VA has told him the "aid and attendance" is not to be treated as a disregard.

Frankly I simply lack the knowledge and expertise to address Mr. Styles. I am at a loss to see how to clarify the issue and respond to him. Can you provide me with a copy of what we may have sent him, and also any reference to Medicaid rules where we can disallow the \$30 if she gets the \$90 from VA?

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Fax (803) 898-3104

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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: rlimingr@scdhhs.gov

Website: www.scdhhs.gov

From: Bryan Kost
To: Denise Epps; Linda Malone
Date: 8/1/2006 4:15 PM
Subject: Fwd: new log - Rep. Cato- Grace Styles

Mr. Styles just called, and he wanted to give us another phone number to use to reach him if necessary. He isn't always available on cell, and doesn't check cell phone messages. His home number is 864.836.3318. Thanks for working this one. Rep. Cato's office would like written correspondence when we're done....

Bryan Kost
DHHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhhs.gov

>>> Bryan Kost 7/28/2006 10:37 AM >>>
Hi Linda:
Please log.

Denise, here's what's coming:

I just hung up with Robert Styles, son of Grace B. Styles. Grace was born in 1925. Don't have SS# right now. Robert's phone is 864.979.5440.

Grace is in a nursing home, and has been for years. Medicaid beneficiary since 1995. She's gotten a VA pension since 1971. The issue is that recently, on her review, Medicaid told her (for the first time) that the VA pension is no longer a disregard. It's like \$90. (She also gets \$30 from Social Security.) So the thing he wants to know is what law changed, and when did it change, that now counts her VA pension (which the VA insists is not countable, calling it "aid and allowance.") He said he's spoken with Gville DHHHS workers, and supervisors, and he's gotten seven different answers now about what law changed and when. He is in the appeals process (Robert French). He's not pleased with his communication with appeals folks, but said he'd like to offer that feedback later.

Rep. Cato's office would like a written response on this, so I'm logging it. But wanted to give y'all a heads up.

Bryan Kost
DHHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhhs.gov

From: Robert French
To: Robert G Lining
Date: 8/1/2006 2:06 pm
Subject: Re: Status of Appeal of Mrs. Grace B. Styles SS # 249-32-5723

You're welcome. Let me know if there is anything else you need from me. I hope the son was able to understand my Order of Dismissal. I tried to let the son know in my Order, in a round about way, that his mother did receive, as you said, money that she really wasn't entitled to.

Robbie

Robert French
Hearing Officer
DHS-Appeals & Hearings
1801 Main Street, Suite 901
Columbia, SC 29202-8206
(803) 898-2714
Fax (803) 898-3104

>>> Robert G Lining 8/1/06 10:28 >>>
Great, thanks for the info. Now I can call the son and try to explain it all to him. Apparently we had been allowing the \$30 disregard for six years because of our clerical error in not reviewing, by my math this has given the lady some \$2,160 she otherwise wouldn't have received. Appreciate your information. Thanks again.

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(803) 898-2714
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Robert G. Lining
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: rliningr@scdhhs.gov
Website: www.scdhhs.gov

From: Robert G Liming
To: Strozler, Hollis
Date: 8/1/2006 10:33 am
Subject: Re: Status on Ms. Grace Styles SS # 249-32-5723

Thanks so very much, fully understand now. FYI, Robert French in appeals dismissed the case on July 26. I will try to explain this to Mr. Styles, but I doubt he will be too happy with us.

It is sad it took us 6 years to realize there hadn't been a review, but it also means that Mrs. Stules has received some \$2,160 she really shouldn't have received.....Thanks again for your great help.

>>> Hollis Strozler 7/31/2006 4:48 pm >>>

Every recipient of nursing home medicaid gets 30.00 personal needs allowance deducted from their gross income to pay for toothpaste, powder etc.. This is 30.00 that they do not pay the nursing home. When a recipient gets 90.00 aid and attendance from veterans affairs, they do not also get the 30.00 personal allowance deducted from their gross income. Instead, they get to keep the 90.00 for their spending money.

>>> Robert G Liming 07/31/06 9:48 AM >>>

So is the only issue the \$30.00? Ms. Styles keeps her full Nursing Home coverage, but instead of having \$120 per month in spending from her income (including the \$90 from VA) she now has to allocate an additional \$30 to pay toward her nursing home care. I guess I am a bit confused as to where the \$30 comes from and I am assuming it comes from her regular monthly income?

The only issue being appealed is the \$30.00 income disregard? Thanks, I have much to learn and really appreciate your expertise. It is invaluable in trying to answer these letters.

>>> Michael Jones (Hollis Strozler) 7/31/2006 9:27 am >>>

The responsible relative of Mrs. Styles is appealing my decision to charge her 30.00 more in recurring income paid to the nursing home. The Division of Appeals has already contacted me about this. Due to some kind of error, this case had not been reviewed in 6 years. While reviewing the case, I discovered that it had not been correctly budgeted even though the 90.00 veterans Aid and Attendance check had always been reported. Medicaid policy states that a recipient is not eligible for the 30.00 personal needs disregard if they receive the 90.00 Aid and Attendance. There was some confusion years ago at the county level about how to treat these situations which accounts for the error 6 years ago. The responsible relative is making a large issue out of a 30.00 increase. The client continues to keep the 90.00. Hollis >> Robert G Liming 07/31/06 7:44 AM >>>

Can you give me some background on this case, we have a legislative referral from her

son. The son says he got word from Medicaid that some law had changed and that her small VA pension is no longer a disregard?

I'm a bit confused because MEDS seems to show she is covered in full and her next review is June 2007. Can you give me any background, just want to be sure of facts before I contact the son or the legislator. Many thanks.

Robert G. Liming
Special Project Manager, Office of Constituent Services
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Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: rlimingr@scdhhs.gov

Website: www.scdhhs.gov

From: Robert G Liming
To: Moses, Betty
Date: 7/31/2006 8:05 am
Subject: Fwd: Status on Ms. Grace Styles SS # 249-32-5723

Betty: Not sure I understand this one, it was the one Alicia asked you to look at on Friday. If you can explain it to me I will be glad to try and develop a letter to the legislator and client's son. Left a copy of what I had at your desk, Thank You, BOB

Robert G. Liming
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E-Mail: limingr@scdhhs.gov
Website: www.scdhhs.gov

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

MEHDMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: STYLES GRACE B ACTION TYPE: MAINTENANCE
HH NUMBER: 100768980 APL STATUS: ACTION DATE: 10/24/02

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:
NAME: ROBERT STYLES

ADDRESS: RELATIONSHIP: C1 CHILD
P O BOX 116

LEGAL RELATIONSHIP:
SLATER SC 29683- COMMITTEE/CONSERVATOR
HOME PHONE: 864-836-3318 GUARDIAN
WORK PHONE: - - X POWER OF ATTORNEY
E-MAIL: _____

UPDATED: USER ID: HSTRO DATE: 01/02/04 SYSTEM ID: CNV1000 DATE: 10/24/02
ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

AEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 05/14/06 END:

NAME: STYLES GRACE B HH NAME: STYLES GRACE B

RCP NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE

SSN: 249-32-5723 VC: V APL STATUS: ACTION DATE: 10/24/02

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

DOB: 05/19/1925 AGE: 81

DOD: SC RES(Y/N): Y QUESTIONABLE(Y/N): N

SEX: F FEMALE RACE: 01 WHITE MEDICARE COVERAGE(Y/N): Y 251146041D

REL: SFI SELF SS CLAIM NUMBER(Y/N): Y 251146041D

SSI APPLICATION DATE: RAILROAD NUMBER(Y/N): N

MARITAL STATUS: S SINGLE LIV ARRANGEMENT: NFCL NURSING FACILIT

STUDENT STATUS: GRADE: PROVIDER NAME: LAURL BAYE

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

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

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

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

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

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

UPDATED: USER ID: HSTRO DATE: 06/14/06 SYSTEM ID: TTR1004 DATE: 07/15/06

ME9000063 RECIPIENT RECORD FOUND

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

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

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 05/14/06 END: PAGE: 0001

NAME: STYLES GRACE B HH NAME: STYLES GRACE B

RCP NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE

SSN: 249-32-5723 VC: V APL STATUS: ACTION DATE: 10/24/02

PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: SCULP LOCATION: 077

LAUREL BAYE HEALTH CARE SSCN: 251146041D RRN:

661 RUTHERFORD RD RACE: 01 SEX: F MARITAL STATUS: S

TPL INSURANCE: N RELATION: SELF

GREENVILLE DOB: 05/19/1925 DOD:

SC 29609-

CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: NFCL INCOME TRUST:

PROVIDER: LAURL BAYE

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP	
S NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
88323932	04/01/1996	10	10					.96	
-	03/01/1995	04/01/1996	10					.96	
-	01/01/1995	03/01/1995	10					.96	

UPDATED: USER ID: HSTRO DATE: 06/14/06 SYSTEM ID: IEV71110 DATE: 03/11/03
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

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06

MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 3 OF 3

DATES-FROM: 05 / 2006 THRU: ___ / ___ HH NUMBER: 100768980

HH NAME: GRACE B STYLES CATEGORY: MAONH ACTION TYPE: MAINTENANCE

BG NUMBER: 88323932 WKR: HSTRO HOLLIS STROZIER ACTION DATE: 06/14/06

BG: A BGP: A RCP NAME: GRACE B STYLES RCP NUMBER: 8832393201

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

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

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT	DATES---	--MEDICAID+QMB	DATES--	SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
03/01/1995	04/01/1996	04/01/1996				
01/01/1995	03/01/1995					

UPDATED: USER ID: HSTRO DATE: 06/14/06 SYSTEM ID: ELD3000 DATE: 06/14/06

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

MEFLD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 05 / 2006 THRU: ___ / ___ PAGE: 2 OF 3

HH NAME: GRACE B STYLES CATEGORY: MAONH HH NUMBER: 100768980

BG NUMBER: 88323932 WKR: HSTRO HOLLIS STROZIER ACTION TYPE: MAINTENANCE

BG: A BGP: A ACTION DATE: 06/14/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 787.00 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 1809.00 RESOURCE LIMIT: 2000.00

POV-LVL: +.96 % HLTH INS PREM: 0.00

RECURRING INC: 787.00 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: 06/14/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 06/14/07

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

REASON(S) FOR DENIAL/CLOSURE/CHANGE: _____

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _

APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _

UPDATED: USER ID: HSTRO DATE: 06/14/06 SYSTEM ID: ELD3000 DATE: 06/14/06

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

EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 05/14/2006 END:

NAME: STYLES GRACE B HH NAME: STYLES GRACE B
NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE
SSN: 249-32-5723 STATUS: ACTION DATE: 10/24/2002

SOURCE TYPE: VETERAN'S ADMIN A & A 1 SOURCE: A AND A
ADDRESS

DATE APPLIED FOR: _____
END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS AMT	DJE RECD	FREQUENCY
0.00		
90.00	01/01/2006	MONTHLY

UPDATED: USER ID: HSTRO DATE: 06/14/2006 SYSTEM ID: DATE:
INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: STYLES GRACE B HH NAME: STYLES GRACE B
RCP NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE
SSN: 249-32-5723 APL STATUS: ACTION DATE: 10/24/2002
MCN: 251146041D VALIDATED BY: BUY IN ON: 07/02/2006

PART A - BEGINNING DATE: 02/01/1980 ENDING DATE: _____ BY: MMA

PART B - BEGINNING DATE: 02/01/1980 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: 12/31/2006 BY: MMA
SUBSIDY

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: TTR1004 DATE: 07/15/06
ME900063 RECIPIENT RECORD FOUND
PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

NAME: STYLES GRACE B PERIOD START: 05/14/2006 END: HH NAME: STYLES GRACE B
NUMBER: 8832393201 HH NUMBER: 100768980 ACTION TYPE: MAINTENANCE
SSN: 249-32-5723 STATUS: ACTION DATE: 10/24/2002

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: 10/24/2002
END DATE:

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
787.00	01/03/2006	MONTHLY
756.00	01/03/2005	MONTHLY
736.00	01/03/2004	MONTHLY
721.00	03/03/2003	MONTHLY

UPDATED: USER ID: DATE: SYSTEM ID: CNV1010 DATE: 10/24/02

INCOME RECORD FOUND

PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

MEDEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/04/06

MEDSPROD

BENDEX INFORMATION

***** CONFIDENTIAL - FOR INTERNAL USE ONLY ***** ROW: 1 OF 1
SSA SSN: 249-32-5723 SSA NAME: GRACE B STYLES
SSN: 249-32-5723 NAME: GRACE B STYLES

RCP NUM: 8832393201 HH NUM: 100768980 COUNTY: 23 ELIGIBILITY STATUS: E
SSA INFORMATION PAYMENT INFORMATION

INDIVIDUAL DATA:

SSA SSN: 249-32-5723 PAYMENT STATUS CODE: CP GROSS AMOUNT PAYABLE (MBA): 787.20

SSA NAME: GRACE B STYLES EFFECTIVE DATE: 12/05

SSCN: 251146041D NET MONTHLY BNFTS AMT (MBC): 787.00

SSA DOB: 05/19/1925 INITIAL ENTITLEMENT DATE: 09/71

PROOF OF DOB: P CURRENT ENTITLEMENT DATE: 05/90

SEX: F MONTHLY BENEFITS PAYABLE: 787.00

VALIDATED BOSSN: 249-32-5723 RETRO PAYMENT AMOUNT: 0.00

CATEGORY OF ASSISTANCE: N MONTHLY OP DEDUCTION AMT: 0.00

STATE AND COUNTY CODE: 42220 ENDING DATE FOR OP DEDUCTION:

ALTERNATE SSN: 249-32-5723 GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR: C

PAYMENT CYCLING INDICATOR: 1

UPDATED: SYSTEM ID: IEV7012 DATE: 2005-11-25-07.31.10.465874

ME905004 BENDEX MASTER RECORD FOUND

PF1->HELP PF2->BENDEX HIST PF3->NEXT PF5->RECIP PF10->PREV MENU

PF11->BDX AUDIT PF12->BDX ACTION PF14->SDX PF16->BDX INPUT PF17->BUY-IN