

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

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>7-17-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000088</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>7-24-06</i> <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>cc: Wells Cleared 8/7/06</i>	

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

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES

INTERNATIONAL RELATIONS
EDUCATION AND THE WORKFORCE

HOUSE POLICY

Congress of the United States

House of Representatives

July 13, 2006

COUNTIES:
AKEN*
ALLEDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGETURB*
RICHLAND*
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

Mr. Robert M. Kerr

Director

SC Department of Health and Human Service

Post Office Box 8206

Columbia, South Carolina 29202-8206

RE: Mr. Albert J. Rowe, Sr. for his mother
Corrie A. Rowe [250-10-3472]

Joe Wells
cc: Susan
RECEIVED
JUL 14 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding placement of his mother at Lexington Extended Care Facility. I have known the Rowe's for years and know that Corrie cannot be left alone for any reason. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

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

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

Yours very truly,

JOE WILSON
Member of Congress

JW/jmc
Enclosure

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

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

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

626 Pleasant View Drive
Lexington, South Carolina 29073

Dear Sir:

I am requesting an appeal on behalf of Corrie A. Rowe. I would have sent this letter sooner, but the letter I received did not have the right to appeal information on it. I found out about the appeal after calling and asking for the reasons for Corrie's denial.

Corrie A. Rowe is my mother. She went to Dr. Elton coughing up blood which she hid from me. While in his office, she coughed up several hand fulls which she tried to hide and denied all of this to Dr. Elton. He admitted her to the Lexington Medical Center Hospital for treatment for bronchiectasis.

While in the hospital, she became extremely disoriented. She did not know where she was or even who came to see her. The hospital called me several times to come up there because she would lock her door and barricade it saying people were trying to get her.

After seeing this behavior, Dr. Elton ran tests, and diagnosed her with dementia. He started her on medication and after several days increased the dosage to as strong as possible to help her memory.

At the time for her release from the hospital, Dr. Elton said she needed 24 hour/7 day a week supervision and said she needed to be in a long-term care facility where 24-hour-a-day care could be provided. He said she would need to be given medications and supervised to make sure she did not hurt herself.

Corrie has osteoporosis, dementia, bronchiectasis, congestive heart failure, osteoarthritis, severe hearing loss, and poor vision due to cataracts. She has a blood tumor on her spine which is inoperable due to her other physical issues. It will cause her to have more back problems as time goes on.

Her osteoporosis is so bad that in 2003, she fell and broke her hip, shoulder, and arm at church. Surgeons put a rod in her hip. Her shoulder and arm were not set because of her extreme case of osteoporosis.

Her bronchiectasis can become extremely dangerous if she gets a cold and could cause severe hemorrhaging.

Her dementia is severe enough that she takes the maximum dosage of medication for it. Her memory is ok sporadically, but most of the time she cannot remember much at all. Because of this, her medication has to be administered carefully or she may not take the correct amount. She cannot fix her own meals, and needs help feeding herself.

She cannot be left alone, because she may hurt herself or cause a fire. She turned on a pan of grease and left it on until it was almost in flames when my wife found it.

She does not remember how to safely use the microwave. Someone must stay with her 24/7.

I feel that the doctor who wrote the evaluation letter has not fully evaluated my mother and based his evaluation on a short evaluation of her chart, and some of this is after she has been on this heavy medication for almost two months.

I feel she still needs the kind of help she was first getting at Lexington Medical Center Extended Care.

I feel that Dr. Elton should have been asked for his evaluation since he has been my mother's doctor for so many years now.

I am her only immediate relative. I own a small business and work 10 to 12 hours a day and even some weekends. My wife works full-time for the federal government, and travels a couple of weeks a month. Neither me nor my wife can afford to quit our jobs.

Now that I had to bring her home, she is acting stubborn and does not want to listen to me, and take her medications like she should and use her walker. I believe my mother is safer and in better care where she has 24 hour a day, 7 day a week certified nursing care.

Please consider re-evaluating my mother's case.

Thank you,



Albert J. Rowel Sr.

803-755-2606

803-730-7525



ALEXINGTON
FAMILY PRACTICE
West Columbia



Lexington Medical Center
Your partner for health and wellness®

FAMILY PRACTICE

Michael P Harris,
M.D.

June 29, 2006

Gregory J. Konduros,
M.D.

J. Allan Hicks,
M.D.

John H. Fisher,
M.D.

RE: Corrie Rowe

R. Kevin Gries,
M.D.

To Whom It May Concern:

PHYSICIANS
ASSISTANT

Jeff Kirby, MS, PA-C

CERTIFIED NURSE
PRACTITIONERS

Gail Armstrong,
CFNP

Dianne Brez,
CFNP

Monica Whitehead,
CFNP

3314 Platt Springs Rd.
West Columbia, SC
29170
Phone (803) 791-3494
Fax (803) 739-9854

I am writing this letter in behalf of Ms. Corrie Rowe, who I seen in the clinic. She has multiple medical problems including bronchiectasis with occasional infections and even some hemoptysis at times. The patient has chronic neck pain, osteoporosis and hypertension. She also has a severe hearing loss and carries a diagnosis of dementia as well as generalized anxiety. She is presently on Aricept and taking Ativan for the anxiety. The patient, unfortunately, is becoming increasingly confused and having a much more difficult time in basic ADLs. She can dress herself, but has trouble with putting on dirty clothes and hiding clothes that have been soiled. She is really unable to fix her own meals and there is a good bit of safety concerns about her leaving microwave oven, etc. on for an extended length of time. The patient is also have some fall issues, which is very concerning considering her osteoporosis. She is difficult to give medicines to in that many times she will not swallow her medicines and feels like she does not need them. She gets disoriented very easily with any change in her environment and seems to search and rummage a good bit around the house for unknown items. The family has to take extra care in keeping any medicine or items in the house away from her which she may harm herself with. Because of the increasing disorientation even with the day, week and month, as well as her somewhat dangerous behaviors at home, I believe she does need a permanent placement for more regular supervision.

If you need further information, you may contact me at Lexington Family Practice
803-791-3494.

Sincerely,



John H. Fisher, MD

bkw

SOUTH CAROLINA COMMUNITY LONG TERM CARE
LEVEL OF CARE CERTIFICATION LETTER
FOR
MEDICAID-SPONSORED NURSING HOME CARE

NAME: Cassie Rouse COUNTY OF RESIDENCE: Anderson

SOCIAL SECURITY #: 250-10-3472 MEDICAID #: _____

LOCATION AT ASSESSMENT: LMC-EC

South Carolina Community Long Term Care has evaluated your application and has determined that:

According to Medicaid criteria, you do not meet requirements for skilled or intermediate care. This does not mean that you do not need personal or other medical care, and does not mean that you cannot be admitted to a long term care facility. It does mean that the Medicaid program will not be responsible to pay for your care in a long term care facility. Please do not hesitate to contact this office if there is a change in your health status or you become more limited in your ability to care for yourself.

According to Medicaid criteria, you meet the requirements to receive long term care at the following level:
 SKILLED INTERMEDIATE

This Certification Letter is not an approval for financial eligibility for Medicaid. You must establish financial eligibility with the County Department of Social Services.

This letter must be presented to the long term care facility to which you are admitted. IF YOU HAVE NOT ENTERED A FACILITY BY THE EXPIRATION DATE BELOW, YOU MUST CONTACT THE CLTC OFFICE AT 741-0526 TO REAPPLY.
Telephone No.

If you change locations from where your assessment was made (i.e., hospital to home) your assessment must be updated and a new effective period established.

Medicaid certification is automatically cancelled when a client enters a facility with a payment source other than Medicaid; you must again be certified before a Medicaid conversion will be allowed.

ADMINISTRATIVE DAYS SUBACUTE CARE

If the location of care is hospital, your assessment must be re-evaluated and a new effective period established PRIOR TO TRANSFER TO A LONG TERM CARE FACILITY.

FOR LONG TERM CARE FACILITY USE

TIME-LIMITED CERTIFICATION. LTC FACILITY STAFF MUST SUBMIT AN ASSESSMENT AT LEAST FIVE WORKING DAYS BEFORE THE EXPIRATION DATE DUE. (See Expiration Date Below)

THIS CLIENT HAS BEEN RECEIVING HOME AND COMMUNITY-BASED SERVICES FROM CLTC. CONTACT THE DSS OFFICE IN THE CLIENT'S COUNTY OF RESIDENCE TO DETERMINE IF THE 30 CONSECUTIVE DAYS REQUIREMENT HAS BEEN MET.

Effective Date: 05/27/06 Expiration Date: _____

Nurse Consultant Signature: Cynthia B. [Signature] Date: 06/05/06

CLIENT: Port W/LTC FACILITY PHYSICIAN HOSPITAL OTHER RP A.S Rouse

AGENT: C. Rouse Initials: CR

DATE OF PRINT: 04/15/06 FAX # = 359-2267



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

July 5, 2006

CERTIFIED MAIL

Albert J. Rowe, Sr.
626 Pleasant View Drive
Lexington, South Carolina 29073

RE: Fair Hearing of Corrie A. Rowe v. SCDHHS
Appeals' Case #06-CLTC-006 (N/H LOC)
Family Medicaid #
S.S. #250-10-3472

- NOTICE OF HEARING -

Dear Mr. Rowe, Sr.:

We have received your request for a fair hearing and have scheduled the hearing for **Tuesday, August 8, 2006, at 2:00 PM, in the Sixth Floor Conference Room, Jefferson Square Building, 1801 Main Street (corner of Main and Laurel Streets), Columbia, South Carolina.** The hearing will be about medical necessity for Medicaid-Sponsorship of long term care.

The rules for the hearing are enclosed in this letter. The rules and facts by which the service manager terminated your services are contained in the appeal summary and the notification of termination, which you received, or will receive, from the Area CLTC Office. If you don't get those papers, please call your service manager.

You may represent Corrie A. at the hearing. An attorney or anyone else of his choice may represent him. If an attorney represents him, the Hearing Officer and all other parties must receive a letter of representation from your attorney prior to the hearing. Failure to supply the letter of representation could result in a delay of your hearing.

You should be ready to say why you think CLTC's decision is wrong. In presenting your case, you may look at your case file, call your own witnesses, ask questions of CLTC's witnesses, and give the Hearing Officer any papers you think are important.

Albert J. Rowe, Sr.

July 5, 2006

Page Two

If either, or both, parties intend to offer documents as evidence for entry into the record, then it will be necessary for that party(ies) to make copies of the documents so that the other party and the Hearing Officer may each have a copy of the document(s). Further, should either party as a part of their testimony intend to refer to a particular paragraph or section of a policy or procedure manual, directive, memorandum, etc., then it will be necessary for the party(ies) to make copies in duplicate of these referenced sections. Also, should either party intend to utilize charts, graphs, visual aids, etc., as a part of their presentation, then it will be necessary for that party to have these items photocopied on 8 1/2 x 11 inch paper so that they may be easily integrated into the case record.

If you cannot meet on the date above or have questions, and you live in the Columbia area, you may contact me at (803) 898-2600; otherwise, if you live outside the Columbia area, you may contact me toll-free at 1-800-763-9087.

Sincerely,



Barry W. Streeter, Hearing Officer
Division of Appeals and Hearings

BWS/msj

Enclosure

cc: Susie Boykin, Division of Community Long Term Care, SCDHHS
Debra Stevens, Program Manager, CLTC, DHHS

CHAPTER 126.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(Statutory Authority: 1976 Code Section 44-6-90)

ARTICLE 1.

ADMINISTRATION

SUBARTICLE 3.

APPEALS AND HEARINGS

126-150. Definitions.

- A. Agency-The Department of Health and Human Services and its employees.
- B. Appeal-The formal process of review and adjudication of Agency determinations, which shall be afforded to any person possessing a right to appeal pursuant to statutory, regulatory and/or contractual law; Provided, that to the extent that an appellant's appellate rights are in any way limited by contract with the Agency or assigned to the Agency, said contractual provision shall control.
- C. Hearing Officer-Any Agency employee appointed by the Director to make Decisions either affirming or reversing Agency program determinations by setting forth findings of fact and conclusions of law in appeals arising under this regulation.
- D. Person-An individual, partnership, corporation, association, governmental subdivision, or public or private agency or organization.
- E. Provider-A person who provides services to individuals under programs administered by the Agency.
- 126-152. Appeal Procedure.
- A. An appeal shall be initiated by the filing of a notice of appeal within thirty (30) days of written notice of the Agency action or decision which forms the basis of the appeal. The failure to file the requisite notice of appeal within the thirty (30) day period specified above shall render the Agency action or decision final; provided, that should the written notice specify some period to appeal other than thirty (30) days, that period shall apply; provided, that the requirement that written notice be given by the Agency shall not be applicable to situations where applicants for Medicaid benefits acquire the right to appeal when the Agency fails to act on the application within the time period specified by federal regulation.
- B. The notice of appeal shall be in writing and shall be directed to Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. In appeals by providers, the notice of appeal shall state with specificity the adjustment(s) or disallowance(s) in question, the nature of the Issue(s) in contest, the jurisdictional basis of the appeal and the legal authority upon which the appellant relies.
- C. If a notice of appeal does not satisfy the requirements of paragraph (B) above, the Hearing Officer, upon his own motion or by motion by an adverse party, may require a more definite and certain statement.

126-154. Hearing Officer.

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 proposed findings of fact and conclusions of law; call witnesses and cross-examine any witnesses; recess, continue, and conclude any proceedings; dismiss any appeal for failure to comply with requirements under this Subarticle.

126-156. Prehearing Conferences.

The Hearing Officer, within his discretion, may direct the parties in any appeal to meet prior to a formal hearing for the purpose of narrowing the issues and exploring the possibilities of settlement of matters in contest.

126-158. Hearing Procedures.

A. All parties to an appeal shall have the right to be represented by counsel, call witnesses, submit documentary evidence, cross-examine the witnesses of an adverse party, and make opening and closing statements.

B. Representation in Proceedings. A business entity, an agency, or an organization may elect to be represented by a non-attorney in an administrative hearing with the approval of the presiding hearing officer; non-lawyer persons including Certified Public Accountants, an officer of a corporation, or an owner of an interest in the business entity must present proof of unanimous consent of the owners or officers of the business entity before being allowed to proceed as representatives. Attorneys licensed in other jurisdictions must obtain a Limited Certificate of Admission, or such other leave as required by the South Carolina Supreme Court, before being allowed to proceed as representatives. This regulation in no way limits a person's right to self-representation, or to be represented by an attorney, or to be represented by a nonattorney of his or her own choosing, when such non-attorney representation is allowed by law.

STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that as principal (the "Principal") I, **CORRIE ROWE**, a resident of the State and County aforesaid, have made, constituted and appointed and by these presents do make, constitute and appoint **ALBERT JOHN ROWE, SR.** to serve as my true and lawful Attorney-in-Fact to exercise the powers as set forth below.

ARTICLE I

Empowerment of Attorneys

Attorney is authorized in Attorney's absolute discretion from time to time and at any time with respect to my person and my property, real or personal, at any time owned or held by me and without authorization of any court (and regardless of whether I am mentally incompetent or physically and mentally disabled or incapable of managing my property and income), as follows:

A. Powers In General

To do and perform all and every act, deed, matter, and thing whatsoever in and about my estate, property and affairs as fully and effectually, to all intents and purposes, as I might or could do in my own proper person, if personally present, the specifically enumerated powers described below being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof.

B. Powers Relating to Management of Assets

1. To buy, receive, lease as lessor, accept or otherwise acquire; to **sell**, convey, mortgage, grant options upon, hypothecate, pledge, transfer, exchange, quit-claim, or otherwise encumber or dispose of; or to contract or agree for the acquisition, disposal, or encumbrance of any property whatsoever or any custody, possession, interest, or right therein, for cash or credit and upon such terms, considerations and conditions as Attorney shall think proper, and no person dealing with Attorney shall be bound to see to the application of any monies paid;

2. To take, hold, possess, invest or otherwise manage any or all of my property or any interest therein; to eject, remove or relieve tenants or other persons from, and recover possession of, such property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repair build on, raze, rebuild, alter, modify, or improve the same or any part thereof, and/or to lease any property, real or personal for me or my benefit, as lessee, with or without option to renew; to collect, receive and receipt for rents, issues and profits of my property;

3. To make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, endorsements, hypothecation, checks, notes, mortgages, vouchers, receipts, consents, waivers, releases, undertakings, satisfactions, acknowledgments and such other documents or instruments in writing or whatever kind and nature as may be necessary, convenient, or proper in the premises;
4. To subdivide, develop or dedicate real property to public use or to make or obtain the vacation of plats and adjust boundaries, to adjust differences in valuation on exchange or partition by giving or receiving consideration, and to dedicate easements to public use without consideration;
5. To invest and reinvest all or any part of my property in any property and undivided interests in property, wherever located, including bonds, debentures, notes, secured or unsecured, stocks of corporations regardless of class, interests in limited partnerships, real estate or any interests in trusts, investment trusts, whether of the open and/or closed fund types, and participation in common, collective or pooled trust funds or annuity contracts without being limited by any statute or rule of law concerning investments by fiduciaries;
6. To continue and operate any business owned by me and to do any and all things deemed needful or appropriate by Attorney, including the power to incorporate the business and to put additional capital into the business, for such time as Attorney shall deem advisable, without liability for loss resulting from the continuance or operation of the business except for Attorney's own negligence; and to close out, liquidate, or sell the business at such time and upon such terms as Attorney shall deem best;
7. To transfer all of my stock and/or securities to my Attorney, as agent (with the beneficial ownership thereof remaining in me) if necessary or convenient in order to exercise the powers with respect to such stock and/or securities granted herein;
8. To sell or exercise stock subscription or conversion rights;
9. To refrain from voting or to vote shares of stock owned by me at shareholders' meetings in person or by special, limited, or general proxy and in general to exercise all the rights, powers and privileges of an owner in respect to any securities constituting my property;
10. To participate in any plan of reorganization or consolidation or merger involving any company or companies with respect to stock or other securities which I own and to deposit such stock or other securities under any plan of reorganization or with any protective committee and to delegate to such committee discretionary power with relation thereto, to pay a proportionate part of the expenses of such committee and any assessments levied under any such plan, to accept and retain new securities received by Attorney pursuant to any such plan, to exercise all conversion, subscription, voting and other rights, of whatsoever nature pertaining to such property, and pay any amount or amounts of money as Attorneys may deem advisable in connection therewith.

11. To prepare, execute and file joint or separate income and other tax returns and amended returns and declarations of estimated tax for any year or years; to prepare, execute and file gift tax returns made by me or by Attorney on my behalf for any year or years; to consent to any gift and to utilize any gift splitting provision; to utilize or make any tax election; and to prepare, sign and file claims for refund of any tax and other governmental reports, applications, requests, and documents.

12. To deposit in my name and for my account, with any bank, banker or trust company or any building or savings and loan association or any other banking or similar institution, all moneys to which I am entitled or which may come into Attorney's hands as such attorney-in-fact, and all bills of exchange, drafts, checks, promissory notes and other securities for money payable belonging to me, and for that purpose to sign my name and endorse each and every instrument of deposit or collection; and from time to time, or at any time, to withdraw any or all moneys deposited to my credit at any bank, banker or trust company or any building or savings and loan association or any other banking or similar institution having moneys belonging to me, and, in connection therewith, to draw checks or to make withdrawals in my name; to make, do, execute, acknowledge and deliver, for and upon my behalf and in my name, all such checks, notes and contracts;

13. To endorse, receive, and collect checks payable to my order drawn on the Treasurer or other fiscal officer or depository of the United States, or any sovereign state or authority, or any political subdivision or instrumentality thereof, of any private person, firm, corporation, or partnership;

14. To have access at any time or times to any safe deposit box rented to me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting Attorney to exercise this power.

15. To make, do, and transact all and every kind of business of any nature or kind whatsoever, including the receipt, recovery, collection, payment, compromise, settlement, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, demands, debts, taxes, and obligations, or any rebate, refund, or discount thereon, which may now or hereafter be due, owing, or payable by me or to me;

16. To institute, prosecute, defend, abandon, compromise, arbitrate, and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, distresses or other proceedings, or otherwise engage in litigation involving me, my property or any interest of mine;

17. To borrow money and to encumber, mortgage or pledge any and all of my property in connection with the exercise of any power vested in Attorney;

18. To deal with Attorney in Attorney's individual, or any fiduciary capacity, in buying and selling assets, in lending and borrowing money, and in all other transactions, irrespective of the occupancy by the same person of dual positions;

19. To employ and dismiss and compensate agents, accountants, investment advisers, brokers, attorney-in-fact, attorney-at-law, tax specialists, real estate agents and/or brokers, and other assistants and advisors deemed by Attorney needful for the proper administration of my property, and to do so without liability for any neglect, omission, misconduct, or default of any such agent or professional representative provided such agent or professional representative was selected and retained with reasonable care;

20. To purchase for my benefit and in my behalf United States Government bonds redeemable at par in payment of United States Estate taxes imposed at my death upon my estate;

21. To apply for a Certificate of Title upon, and endorse and transfer title thereto, any automobile, truck, pickup, van, motorcycle or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment;

22. To insure my property against damage or loss and Attorney against liability with respect to third persons; and

23. To pay and adjust debts incurred by me or by Attorney in connection with any power authorized hereunder.

24. To make gifts, grants or other transfers thereof without consideration, either outright or in trust, to my spouse or to any one or more of my descendants (including any person serving as Attorney hereunder) and/or the spouses of my descendants and/or to qualified charities; provided, however, that my Attorney shall not make any gifts that do not qualify for the annual federal gift tax exclusion, or federal gift tax charitable deduction, or the marital deduction.

25. To create and contribute to an IRA or employee benefit plan for my benefit; to select any payment option under any IRA or employee benefit plan in which I am a participant, or to change options I have selected; to make voluntary contributions to such plans; to make "rollovers" of plan benefits into other retirement plans; to apply for and receive payments and benefits.

26. To elect to take against any will and conveyances of my deceased spouse, if appropriate, and to disclaim any interest in property which I am required to disclaim as a result of such election; to retain any property which I have the right to elect to retain; to file petitions pertaining to the election, including petitions to extend the time for electing and petitions for orders, decrees and judgments; and to take all other actions that my Agent deems

appropriate in order to effectuate the election, provided however, that if any such actions by my Agent required the approval of any court, my Agent is authorized to seek such approval;

27. To renounce any fiduciary position to which I may have been or may be appointed or elected, including but not-limited to personal representative, trustee, guardian, attorney-in-fact, and officer or director of a corporation; and any governmental or political office or position to which I have been or may be elected or appointed; to resign any such positions in which capacity I am presently serving; to file an accounting with a court of competent jurisdiction or settle on a receipt and release or such other informal method as my Agent shall deem appropriate;

28. To renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, testate or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, including any interest in/or rights over trusts (including the right to alter, amend, revoke, or terminate) and to exercise any right to claim an elective share in any estate or under any will , and in exercising such discretion, my Agent may take into account such matters as shall include but shall not be limited to any reduction in estate or inheritance taxes on my estate, and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounced or disclaimed property; provided, however, that my Agent make no disclaimer that is expressly prohibited by other provision of this instrument;

29. To represent me in all tax matters; to prepare, sign, and file federal, state, and/or local income, gift and other tax returns of all kinds, including, where appropriate, joint returns, FICA returns, payroll tax returns, claims for refunds, requests for extensions of time to file returns and/or pay taxes, extensions and waivers of applicable periods of limitation, protests and petitions to administrative agencies of courts, including the tax court regarding tax matters, and any and all other tax related documents, including but not limited to consents and agreements under Section 2032A of the Internal Revenue Service and/or any state and/or taxing authority; to exercise any elections I may have under federal, state or local tax law; and generally to represent me or obtain professional representation for me in all tax matters and proceedings of all kinds and for all periods between the year 1950 and 2050 before all officers of the Internal Revenue Service and state and local authorities and in any and all courts; to engage, compensate and discharge attorneys, accountants and other tax and financial advisers and consultants to represent and/or assist me in connection with any and all tax matters involving or in any way related to me or any property in which I have or may have an interest or responsibility;

C. Powers Relating to Custody and Care of Person

My Attorney is authorized as follows with respect to my care and the control of my body:

(1) to do all acts necessary for maintaining my customary standard of living, to provide living quarters by purchase, lease or other arrangement, or by payment of the operating costs of my existing living quarters, including interest, amortization payments, repairs and taxes, to provide normal domestic help for the operation of my household, to provide clothing, transportation, medicine, food and incidentals, and if necessary to make all necessary arrangements, contractual or otherwise, for me at any hospital, hospice, nursing home, convalescent home or similar establishment; and if in the judgment of my Agent I will never be able to return to my living quarters from a hospital, hospice, nursing home, convalescent or similar establishment, to lease, sublease or assign my interest as lessee in any lease or protect or sell or otherwise dispose of my living quarters (investing the proceeds of any such sale as my Agent deems appropriate) for such price and upon such terms, conditions and security, if any, as my Agent shall deem appropriate; and to store and safeguard or sell for such price and upon such terms, conditions and security, if any, as my Agent shall deem appropriate or otherwise dispose of any item of tangible personal property remaining in my living quarters which my Agent believes I will never need again (and pay all costs thereof); and as an alternative to such storage and safeguarding, to transfer custody and possession (but not title) for such storage and safekeeping of any such tangible property of mine to the person, if any, named in my will as the recipient of such property;

(2) To provide for such companionship for me as will meet my needs and preferences at a time when I am disabled or otherwise unable to arrange for such companionship myself.

(3) To make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my agent shall deem appropriate, if I have not already done so myself.

(4) To provide opportunities for me to engage in recreational and sports activities, including travel, as my health permits;

(5) To provide for the presence and involvement of religious clergy or spiritual leaders in my care, provide them access to me at all time, maintain my membership in religious or spiritual organizations or arrange for membership in such groups, and enhance my opportunities to derive comfort and spiritual satisfaction from such activities, including religious books, tapes and other materials;

D. Powers Relating to Health Care

My Attorney is authorized in my Attorney's sole and absolute discretion from time to time at any time to exercise the powers granted herein relating to matters involving my health and medical care. In exercising such powers, my Attorney should first try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, however rudimentary. My Attorney is further instructed that if I am unable to give an informed consent to a proposed medical treatment, my Attorney shall give or withhold such consent for me based upon treatment choices that I have expressed while competent, whether under this instrument or otherwise. If my Attorney cannot

determine the treatment choice I would want made under the circumstance, then my Attorney should make such choice for me based upon what my Attorney believes to be in my best interests. Accordingly, my Attorney is authorized as follows:

(1) To request, receive and review any information, verbal or written, regarding my personal affairs or my physician or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms or corporations as my Attorney shall deem appropriate.

(2) To employ and discharge medical personnel including physicians, psychiatrists, dentists, nurses, and therapists as my Attorney shall deem necessary for my physical, mental and emotional well-being and to pay them (or cause to be paid to them) reasonable compensation.

(3) To give or withhold consent to any medical procedure, test or treatment, including surgery; to arrange for my hospitalization, convalescent care, hospice or home care; to summon paramedics or other emergency medical personnel and seek emergency treatment for me, as my Attorney shall deem appropriate; and under circumstances in which my Attorney determines that certain medical procedures, tests or treatments are no longer of any benefit to me, or where the benefits are outweighed by the burdens imposed, to revoke, withdraw, modify or change consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, hospice or home care which I or my Attorney may have previously allowed or consented to or which may have been implied due to emergency condition. My Attorney's decisions should be guided by taking into account (1) the provisions of this instrument, (2) any reliable evidence of preferences that I may have expressed on the subject, whether before or after the execution of this document, (3) what my Attorney believe I would want done in the circumstances if I were able to express myself, and (4) any information given to my Attorney by the physicians treating me as to my medical diagnosis and prognosis, and the intrusiveness, pain, risks and side effects of the treatment.

(4) To exercise my right of privacy and my right to make decisions regarding my medical treatment even though the exercise of my rights might hasten my death or be against conventional medical advice.

(5) To consent to and arrange for the administration of pain-relieving drugs of any kind or other surgical or medical procedures calculated to relieve my pain, including unconventional pain-relief therapies which my Attorney believes may be helpful, even though such drugs or procedures may lead to permanent physical damage, addiction or hasten the moment of (but not intentionally cause) my death.

(6) To grant, in conjunction with any instructions given under this Article, releases to hospital staff, physicians, nurses and other medical and hospital administrative personnel who act in reliance on instruction as given by my Attorney or who render written opinions to my Attorneys in connection with any matter described in this Article from all liability for damages

suffered or to be suffered by me; to sign documents titled or purporting to be a "Refusal of Treatment" and "Leaving Hospital Against Medical Advice" as well as any necessary waivers of or releases from liability required by any hospital or physician to implement my wishes regarding medical treatment or nontreatment.

(7) To arrange (upon the execution of a certificate by two independent psychiatrists who have examined me and in whose opinions I am in immediate need of hospitalization because of mental disorders, alcoholism or drug abuse) for my voluntary admission to an appropriate hospital or institution for treatment of the diagnosed problem or disorder; to arrange for private psychiatric and psychological treatment for me; and to revoke, modify, withdraw or change consent to such hospitalization, institutionalization or private treatment which I or my Agent may have previously given. The consent of my Agent to my hospitalization for psychiatric help, alcoholism or drug abuse shall have the same legal effect, subject to applicable local law, as a voluntary admission made by me.

E. Organ Donation (Initial only one)

My agent may _____; may not  consent to the donation of all or any of my tissue or organs for purposes of transplantation.

F. Effect On Declaration of A Desire For A Natural Death (Living Will)

I understand that if I have a valid Declaration of a Desire for a Natural Death, the instructions contained in the Declaration will be given effect in any situation to which they are applicable. My agent will have authority to make decisions concerning my health care only in situations to which the Declaration does not apply.

ARTICLE II

Termination, Amendment, Resignation and Removal

A. Power not Affected by Principal's Incapacity

This power of attorney shall not be affected by physical disability or mental incompetence of the Principal which renders the Principal incapable of managing his own estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

B. Termination and Amendment

This power of attorney shall remain in full force and effect until the earlier of the following events: (i) Attorney has resigned as provided herein; (ii) I have revoked this power

of attorney by written instrument recorded in the public records of the county aforesaid, or (iii) a guardian or conservator shall have been appointed for me by a court of competent jurisdiction. This power of attorney may be amended by me at any time and from time to time but such amendment shall not be effective as to third persons dealing with Attorney without notice of such amendment unless such amendment shall have been recorded in the public records of the county aforesaid.

C. Resignation

In the event that an Attorney shall become unable or unwilling to serve or continue to serve, then such Attorney may resign by delivering to me in writing a copy of his or her resignation and recording the original in the public records of the county aforesaid. Upon such resignation all authority under this power of attorney shall cease.

D. Removal

Any person named herein as Attorney may be removed by written instrument executed by me and recorded in the public records of the county aforesaid.

ARTICLE III

Incidental Powers and Binding Effect

In connection with the exercise of the powers herein described, Attorney is fully authorized and empowered to perform any other acts or things necessary, appropriate, or incidental thereto, with the same validity and effect as if I were personally present, competent, and personally exercised the powers myself. All acts lawfully done by Attorney hereunder during any period of my disability or mental incompetence shall have the same effect and inure to the benefit of and bind me and my heirs, devisees, legatees and personal representative as if I were mentally competent and not disabled. The powers herein conferred may be exercised by Attorney alone and the signature or act of Attorney on my behalf may be accented by third persons as fully authorized by me and with the same force and effect as if done under my hand and seal and as if I were present in person, acting on my own behalf and competent. No person who may act in reliance upon the representations of Attorney for the scope of authority granted to Attorney shall incur any liability to me or to my estate as a result of permitting Attorney to exercise any power, nor shall any person dealing with Attorney be responsible to determine or insure the proper application of funds or property.

ARTICLE IV

Miscellaneous

A. Exculpation

Attorney, Attorney's heirs, successors and assigns are hereby released and forever discharged from any and all liability upon any claim or demand of any nature whatsoever by me, my heirs or assigns, the beneficiaries under my Will or under any Trust which I have created or shall hereafter create or any person whomsoever on account of any failure to act of Attorney pursuant to this power of attorney.

B. Definitions

Whenever the word "Attorney" or "Principal" or any modifying or substituted pronoun therefore is used in this power of attorney, such words and respective pronouns shall be held and taken to include both the singular and the plural, the masculine, feminine and neuter gender thereof

C. Severability

If any part of any provision of this power of attorney shall be invalid or unenforceable under applicable law, said part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of said provision or the remaining provisions of this power of attorney.

D. Compensation

Attorney shall be entitled to reimbursement for all reasonable costs and expenses actually incurred and paid by Attorney on my behalf pursuant to any provision of this power of attorney, but Attorney shall not be entitled to compensation for services rendered hereunder.

E. Restriction

Notwithstanding any provision herein to the contrary, Attorney shall not satisfy the legal obligations of Attorney out of any property subject to this power of attorney, nor may Attorney exercise this power in favor of Attorney, Attorney's estate, Attorney's creditors or the creditors of Attorney's estate.

F. Reservations

Notwithstanding any provision hereto to the contrary, Attorney shall have no power or authority whatever with respect to (a) any policy of insurance owned by me on the life of Attorney, and (b) any trust created by Attorney as to which I am a trustee.

G. Construction

It is my intention that no property subject to this power shall be includable in the gross estate (for federal or South Carolina estate tax purposes) of Attorneys under the Internal Revenue Code of 1986, as amended, or any other applicable section, in any, of federal and/or South Carolina law.

IN WITNESS WHEREOF, as Principal, I have executed this power of attorney as of this 19th day of March, 2003, and I have directed that photographic copies of this power be made which shall have the same force and effect as an original.

 (SEAL)
CORRIE ROWE

The foregoing power of attorney was this 19th day of March, 2003, signed, sealed, published and declared by the Principal as the Principal's appointment and empowerment of Attorneys-in-Fact, in the presence of us who at the Principal's request and in the Principal's presence and in the presence of each other, have hereunto subscribed our names as witnesses hereto.

Albert J. Rooley Jr. of Lexington SC

Jeanette M. Trupe of Lexington, S.C.

STATE OF SOUTH CAROLINA)
COUNTY OF LEXINGTON)
PROBATE

Personally appeared deponent and made oath that deponent saw the within named Principal sign, seal and as the Principal's act and deed deliver the within power of attorney and that deponent, with the other witnesses whose names are subscribed above, witnessed the execution thereof.

Jeanette M. Trupe
Witness

SWORN to before me this

19th day of March, 2003.

Albert J. Rooley Jr.
NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: 11/30/08



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 7, 2006

The Honorable Joe Wilson
Congress of the United States
House of Representatives
1700 Sunset Boulevard, West
Columbia, South Carolina 29169

Dear Representative Wilson:

Thank you for your letter regarding placement of Mr. Albert J. Rowe's mother at Lexington Extended Care Facility. As indicated in Mr. Rowe's correspondence to you, he has requested an appeal regarding his mother's level of care decision made by the South Carolina Department of Health and Human Services (DHHS) staff on June 8, 2006.

Pursuant to federal regulations, reimbursement for skilled nursing care is not allowable if a Medicaid beneficiary does not meet nursing home level of care criteria. The appeal process is the appropriate channel for Mr. Rowe to pursue since he disagrees with the decision rendered by the Department. During the upcoming hearing, Mr. Rowe will be allowed to present evidence to support why he feels his mother meets the medical criteria for nursing home placement.

I regret that we cannot be of more assistance in this matter. Thank you for your support of the South Carolina Medicaid program and for your advocacy for constituents in the Second Congressional District. If you have any questions or if we can be of further assistance, feel free to contact me directly or Susan Bowling, Deputy Director of Medical Services at (803) 898-2501.

Sincerely,

A handwritten signature in cursive script that reads "Robert M. Kerr".

Robert M. Kerr
Director

RMK/bwhk

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