

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

**ACTION REFERRAL**

<b>TO</b> <i>Jacobs</i>	<b>DATE</b> <i>1/8/09</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER  <i>100370</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR  <i>C. W. [Signature]</i> <i>Cleaved 1/20/09, letter attached.</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1/16/09</i> DATE DUE _____ <input type="checkbox"/> Necessary Action	

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

**RECEIVED**

JAN 08 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

H. David Warren  
1111 Claude Counts Road  
Newberry, SC 29108  
(803)276-1548  
(803)924-3688  
(803)276-0070

RE: Janie D. Warren  
249-40-4603  
Medicaid # 2363970101  
DOB 09-06-1924  
Dementia / memory problems

Dear Ms. Fort:

I am writing concerning my mother and the need for assistance. My mother's SS check is in the amount of 1,029.00 and her retirement check is in the amount of 100.99. I understand the income limit for Assisted living is 1,120.00. She is over the limit by 9.99. She is not able to live alone anymore has been at Springfield Place in Newberry since June of 2006. This has put a burden on my family having to pay over 1,000.00 a month to help keep her at this home. She does qualify for nursing home assistance, but would not mix well with the patients at a nursing home. She is very mobile and goes to behavioral health program at Newberry hospital daily. I am asking for your help with some assistance. It would save the state money to help us keep her at the assisted living home rather than paying for a skilled care facility. Will you please consider helping us in this matter? Thank you in advance for your consideration.

Sincerely,

*David Warren*

David Warren  
Enclosure: 1

STATE OF SOUTH CAROLINA )  
COUNTY OF NEWBERRY )

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that on the 8<sup>th</sup> day of May, 2003, I, JANIE WARREN, of the county of Newberry and the state of South Carolina, have made, constituted and appointed and by these presents do make, constitute and appoint HENRY DAVID WARREN as my true and lawful attorney for me in my name, place and stead to do the following acts and things and to exercise the following powers, and I intend that, subject to the definitions hereinafter contained, the same be construed in the broadest possible manner.

1. To endorse any and all checks, drafts, or vouchers, and to cash the same or deposit their proceeds in my bank account; to sign and issue checks on any bank account in my name; and to make, deliver and execute, cancel, modify, buy, sell, exchange, pledge, or otherwise, acquire or dispose of any tangible or intangible property of mine by means of any type instrument necessary or advisable to accomplish the same.
2. To enter into, perform modify, extend, cancel, compromise, or otherwise act with respect to any contract of any sort whatsoever.
3. To procure insurance against any and all risks affecting property or persons, and against liability, damage, or claim of any sort, to alter, amend, extend, or cancel such insurance.
4. To borrow money in such amounts, for such periods and upon such terms as my attorney shall deem proper and to secure any loan by the mortgage or pledge of any property of mine.
5. To pay any amount that may be owing at any time by me upon any contract, instrument, or claim; to deliver or convey any tangible or intangible personal property, instrument or security that I may be required to deliver or convey by any contract or in performance of any obligation.
6. With respect to any account in my name or in any other name for my benefit with any broker, bank, banker or trust company, to make deposits therein and withdrawals there from whether by check or otherwise; and to open, to continue and to close such account or any similar account.
7. To receive payment of any indebtedness due me or any money coming to me; and to receive payment of dividends, interest, and principal, and to give receipts, releases and acquittances therefore.

8. To open and have free access to any lockbox to which I have access, and to all the contents thereof.
9. To buy, sell, exchange, mortgage, encumber, lease or by any other means whatsoever to deliver any deed with or without covenants or warranties; to partition real property, to make real property, and to repair, alter, renovate, remodel, erect, or tear down any building or other structure or part thereof.
10. To make, execute and deliver, or to receive or obtain any lease, indenture of lease or and consent to the assignment thereof, for such periods of time, and with such provision for renewals, conditions, agreements, and covenants as my attorney shall deem proper; and to amend, extend, modify, or cancel any of the terms, covenants, or conditions, including covenants to pay rent of any lease, indenture of lease and contract of lease, whether heretofore or hereafter made, and to cancel, surrender, and accept the surrender of any lease, indenture of lease and contract of lease, whether heretofore or hereafter made, and to cancel, surrender, and accept the surrender of any lease, indenture of lease and contract of lease.
11. To employ and compensate nurses, doctors, attorneys, agents, accountants, investment advisors, brokers, tax specialists, realtors, domestic servants and others; and to remove them and appoint others in their place; deemed by my attorney needful for the proper handling of my affairs.
12. To assert, defend, compromise, acquire or dispose of or otherwise deal with any claim, either alone or in conjunction with other persons, relating to me or any property of mine or any other person, or any trust whether created by will or a deceased person or instrument of a living person, or property of whatsoever nature, to institute, prosecute the defense of any claim, and to retain, discharge, and substitute counsel and authorize appearances of such counsel to be entered for me in any such action or proceeding.
13. To arbitrate any claim in which I may be in any manner interested and for that purpose to enter into agreements to arbitrate, and either through counsel or otherwise to carry on such arbitration and perform or enforce any award entered therein.
14. To prepare, execute, verify, and file in my name and on my behalf any and all types of tax returns, amended returns, declarations of estimated tax, report, protest, application for correction of assessed valuation of real or other property, appeal, brief, claim for refund or petition, including petition in the Tax Court of the United States, in connection with any tax imposed or purported to be imposed by any government, or claimed, levied, or assessed by any government, and to pay such tax or to obtain any extension of time for any of the foregoing; to execute waivers of

restrictions on the assessments and collections of any deficiency in tax; to execute closing agreements and all other documents, instruments, and papers relating to any tax liability of mine of any sort; to institute and carry on either through counsel or otherwise any proceeding in connection with contesting any such tax or to recover any tax paid or to resist any claim for additional tax on any proposed assessment or levy thereof, and to enter into any agreements or stipulations for compromise or other adjustments or dispositions of any tax.

15. To make gift of any of my property to any person, corporation or other legal entity, including any attorney designated herein, at any time and from time to time as such attorney shall deem appropriate.

16. To buy, sell or exchange any stocks or bonds of mine or to deal in any manner whatsoever with any securities of mine.

And generally to transact all business affairs and interests, as fully and completely as I myself might do if personally present; and to do any and all acts and things which my attorney shall deem useful, necessary or proper to do any of the foregoing acts or to carry out any of the foregoing powers.

My attorney shall have full power of substitution and revocation, and such substitution or revocation may relate to or be limited to any one or more of all the foregoing acts or powers, or limited as to time or in any other respect as my attorney shall deem proper.

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY PHYSICAL  
DISABILITY OR MENTAL INCOMPETENCE OF THE PRINCIPAL, WHICH  
RENDERS THE PRINCIPAL INCAPABLE OF MANAGING HER OWN  
ESTATE.

May 8, 2003

Jennie Warren  
JANIE WARREN

Signed, sealed, published and declared and by as and for her Durable Power of Attorney, in the presence of the undersigned, who at her request, and in her presence, and in the presence of each other, have herunto subscribed our names as witnesses:

Paula J. Brant

Jay & Jani

Steph McFar

STATE OF SOUTH CAROLINA )

COUNTY OF NEWBERRY )

PERSONALLY appeared before me Jay & Jani and made oath that s/he saw the within named sign, seal and as his/her act and deed, deliver the within Durable Power of Attorney and that s/he, with Paula Brant and Steph McFar witnessed the execution thereof.

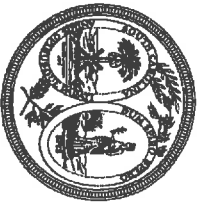
Jay & Jani

SWORN to before me this

8 day of May, 2003

Paula J. Brant  
Notary Public for South Carolina

My Commission Expires: 10/31/2011.



Log 0370

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

Mark Sanford  
Governor

Emma Forkner  
Director

January 20, 2009

Mr. H. David Warren  
*Power of Attorney for Janie D. Warren*  
1111 Claude Counts Road  
Newberry, South Carolina 29108

Dear Mr. Warren:

This is in response to your letter to our agency regarding your mother's need for Medicaid assistance.

Ms. Janie D. Warren's coverage under Medicaid's *Qualified Individuals (QI)* program that paid her Medicare Part B premium ended December 31, 2008. As you are aware, your mother's income is above the allowable limit for the *QI* program in 2009.

Your mother is currently residing at Springfield Place, a Community Residential Care Facility (CRCF) in Newberry County. Medicaid's *Optional State Supplementalation (OSS)* program can provide assistance with payment to a CRCF however, your mother's income is above the allowable limit for the OSS program.

We understand Carol Foster in our Newberry County Office has discussed the eligibility requirements for Medicaid's *Nursing Home (NH)* program that offers a higher allowable income limit of \$1,911 per month. If your mother's situation should change and she would like to apply for the *NH* program, please contact Ms. Foster at (803) 321-2159, Ext. 150.

If you have any questions or concerns about the Medicaid program, please contact Denise Epps in Constituent Services at (803) 898-2505, and she will be happy to assist.

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs  
Deputy Director

AJ/cle