

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Waldrop/MaKy/Hyleman</i>	DATE <i>1-24-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>40-227</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Atwood, Hopkins</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-4-13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

Log to George
CC: Atwood
Hopkins

My name is Yolanda M. Gordon and I live in Fort Mill South Carolina. I have three children and I am a single parent. I am writing because I am concerned about the changes to Service Coordination, which is now called Targeted Case Management. When I think of Targeted Case Management, I think of targeting a population and serving their needs. Their needs whether it be age, disability, or DJJ. From what I am gathering, TCM is not about targeting a population; it is about streamlining what Case Managers can do for their clients. There is an issue for me with this.

I have two children with Autism, one child more severe than the other. I am a single parent. My time is split between three children. My Service Coordinator is invaluable to me. She provides me with support, with information, and she provides me with the ear that I need when I need it. Now no, this is not a part of her job, but given the magnitude of dwindling services, she knows more about what I as a family qualify for than I do. She is instrumental in being a force in my child's education process. She handles my child's budget and makes sure that the service providers that we have are doing what they are supposed to do.

Under TCM, this will change drastically. No longer will she have a caseload of 40-45, she will be forced to have a caseload of over 100. I have had a service coordinator before with a high case load, we never got phone calls, we never found out that there were things in the community that we could take part in as a family because of course, the choices are limited in our population, and we never got follow ups. She was so overwhelmed with a caseload of 80, she could not do the job that she needed and had to do for each and every family that she served so it seemed as though she couldn't or didn't try.

This is my fear for those in my shoes. That they will be lost and given that I am now with a smaller agency, they will go under and my children will be lost and they will not become productive taxpayers because their opportunities will be limited. Please consider adding care coordination like the folks in Georgia did. We are not the same as the elderly population and we are not the same as the families that come through DJJ. Our children are SPECIAL needs children. They have specialized needs and I do not want someone having to tell me, "No I can't help you with that". I want to know that they can give me as much assistance as possible because being a parent to a special needs child is already stressful. We as parents did not ask for this, we were given these children and we do as much as we can to help our kids, but our kids need specialized assistance, not ONE SIZE FITS ALL.

Thank you,



Yolanda M. Gordon
Parent to Taronne and Trinity Gordon
Autism Spectrum Disorder

RECEIVED

JAN 24 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

PO Box 12065
Rock Hill, South Carolina

29731

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CHARLOTTE NC 282

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CTCH

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