

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>9-14-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000152	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u><i>9-21-07</i></u>		
2. DATE SIGNED BY DIRECTOR <i>Cleard 10/2/07, [Signature]</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

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

J. GRESHAM BARETT
THIRD DISTRICT, SOUTH CAROLINA

HOUSE COMMITTEES:

BUDGET
FINANCIAL SERVICES
INTERNATIONAL RELATIONS
STANDARDS OF OFFICIAL CONDUCT

WASHINGTON OFFICE:

439 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5301
FAX: (202) 225-3216
<http://www.barett.house.gov>

Congress of the United States
House of Representatives

Washington, DC 20515-4003

September 12, 2007

DISTRICT OFFICES

AIKEN:

233 PENDLETON STREET, NW
AIKEN, SC 29801
(803) 646-5571
FAX: (803) 646-9038

ANDERSON:

P. O. BOX 4126
303 WEST BELTLINE BOULEVARD
ANDERSON, SC 29625
(864) 224-7401
FAX: (864) 225-7049

GREENWOOD:

115 ENTERPRISE COURT, SUITE B
GREENWOOD, SC 29649
(864) 223-9251
FAX: (864) 223-1679

RECEIVED

SEP 14 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner, Director
S C Department of Health & Human Services
PO Box 8206
Columbia, South Carolina 29202

RE: Natasha Reid for Kyle J. Calhoun
SS#654-10-1780

Dear Ms. Forkner:

In an effort to be of service to the above named constituent, I am forwarding the enclosed correspondence for your review and the consideration it may warrant. Ms. Reid is experiencing a financial hardship due to her son's medical expenses and has applied for TEFRRA benefits. She is currently seeking the status of his claim.

As a courtesy to my constituent, I would appreciate your having the appropriate staff member review the expressed concerns and provide me with the necessary information for response, as to his eligibility. Thank you for your attention to this matter.

Sincerely,



J. Gresham Barrett
Member of Congress

JGB:en
Enclosure(s)



PLEASE RESPOND TO:

AIKEN OFFICE

ANDERSON OFFICE

GREENWOOD OFFICE



Congress of the United States
The Honorable J. Gresham Barrett
U. S. House of Representatives

AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the Office of Congressman Gresham Barrett information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974. I understand that any documents I provide to Congressman Barrett or his staff may be copied and forwarded to officials of the agency for review.

Name: Nataska Reid for Kyle J. Almon Phone: 366-0190
Address: 38 Stewart Road P.O. Box 52
City: Alberville State: SC Zip Code: 29620
Social Security Number: 654-10-1780
VA Number (if applicable) _____ Other: _____

Briefly describe the problems that you are experiencing and explain exactly what you would like Congressman Barrett to do on your behalf. Without this information, it will be impossible for Congressman Barrett to adequately assist you. *Enclosing copies of the correspondence you received from the agency may be helpful.* (You may attach sheets or use the back of this form, if additional space is needed.)

My son Kyle Calhoun was diagnosed with
Neutropenia. This is a blood disorder. The
white blood cell count is very low and
has no way of fighting disease. He will
have to start taking injections. I am a single
parent and need help very badly.
I also understand that this inquiry may not conclude in my best interest. I sign this form in good conscience and without mental reservations.

Signed: Nataska Reid Date: 09-07-07

Are you currently or have you previously received assistance in this situation from another Member of Congress or Senators: Yes No If "yes", name: _____

Please return form to: Congressman J. Gresham Barrett
115 Enterprise Court, Suite B
Greenwood, South Carolina 29649
Ph: (864) 223-8251 Fax: (864) 223-1679

THE CHILDREN'S HOSPITAL OF THE GREENVILLE HOSPITAL SYSTEM
PEDIATRIC HEMATOLOGY/ONCOLOGY CENTER

900 W. FARIS ROAD
GREENVILLE, SC 29605
Phone (864) 455-8898 Fax (864) 455-5164

Spartanburg Office
Children's Hospital Outpatient Specialists
1700 Skylyn Drive, Suite 200
Spartanburg, SC 29307
Phone (864) 573-8732, Fax (864) 596-5164

*HC
9/11/09*

NAME: CALHOUN, KYLE JAREK MRN: 000-970-55-8572
DATE: 08/31/2007 DOB: 01/17/2001
DIAGNOSIS: 1) Neutropenia 2) Recurrent fever, lymphadenopathy, aphthous ulcers
REFERRED BY: Dr. Robin LaCroix

INTERVAL HISTORY, REVIEW OF SYSTEMS, FAMILY & SOCIAL HISTORY:

We had the pleasure of seeing Kyle Calhoun here in the Pediatric Hematology/Oncology Clinic for follow up and continued management of his neutropenia which has been associated with fever, lymphadenopathy and stomatitis. Kyle Calhoun is a six-year-old black male who was first seen in our office approximately three weeks ago at which time he was being treated for presumed diagnosis of periodic fevers. He was also having GI complaints including intestinal symptoms and was scheduled to have an endoscopy performed several weeks ago. We performed a bone marrow aspirate and biopsy at the same time that he was sedated for the endoscopy. The bone marrow biopsy showed mild granulocytic hypoplasia and also showed a left shift with mature neutrophils. There were no cells that were concerning for leukemic blasts. There were also no dysplastic changes that would be concerning for myelodysplasia. His cellularity was normal. From what I understand, the GI work-up was also negative without any concern for eosinophilic gastritis, peptic ulcer disease, or any other autoimmune GI disorders. Kyle is follow up in our clinic today for labs and physical exam. His mother reports that he has continued to have the episodes of fever, lymphadenopathy, and stomatitis. The most recent episode was approximately two weeks ago and she reports that these episodes are occurring on a two-to-four-week basis with approximately four to five days of symptoms during each episode.

PHYSICAL EXAMINATION: On physical exam today, his temperature is 98.5, pulse 89, blood pressure 101/63, weight 24 kilos. In general, he is a well-developed, well-nourished appearing African-American male in no acute distress. Pupils equally round and reactive. Extraocular movements are intact. On HEENT exam, there is no evidence of any oral mucositis or stomatitis. His lungs are clear to auscultation bilaterally. Cardiovascular exam is normal. His abdomen is soft, nontender. There is no hepatosplenomegaly. His extremity exam is normal. His skin exam is normal without any rashes.

LABORATORY STUDIES: On review of his labs today, his hemoglobin is 12.1, hematocrit 34.9, platelet count is 393,000. His white blood cell count is ~~41,000~~⁴¹⁰⁰ with 4% neutrophils, 1% bands, 80% lymphocytes, and 11% monocytes. He has an AGC of 205.

IMPRESSION:

1. Neutropenia, cyclical in nature by clinical history.
2. Recurrent fever, lymphadenopathy, and stomatitis.

DISPOSITION: We will plan to send blood today for the ELA2 gene mutation which is consistent with cyclical neutropenia. Not all patients who have cyclical neutropenia are positive for this mutation, so we cannot count on a negative result to rule out this diagnosis. We have discussed treating with subcutaneous GCSF or Neupogen with Kyle's mother today and she expresses some interest in this therapy. Kyle would need to be treated with GCSF with the onset of his symptoms of fever, lymphadenopathy and stomatitis. If his episodes are recurrent on a regular basis,

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PEDIATRIC HEMATOLOGY/ONCOLOGY CENTER

900 W. FARIS ROAD
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Spartanburg Office
Children's Hospital Outpatient Specialties
1700 Skylyn Drive, Suite 200
Spartanburg, SC 29307
Phone (864) 573-8732, Fax (864) 596-5164

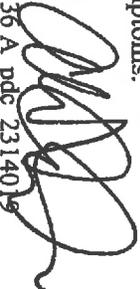
NAME: CALHOUN, KYLE JAREK
DATE: 08/31/2007

MRN: 000-970-55-8572
DOB: 01/17/2001

we may be able to start Neupogen prior to a suspected episode in order to prevent any of these symptoms. We will plan to see Kyle back in our clinic in approximately two weeks at which time we will discuss the results of the testing that was sent to Mayo today for the gene mutation. We will also repeat a CBC at that time. We will plan to start Neupogen in two weeks if Kyle's mother is in agreement. We also started Kyle on Pevacid today at 15 mg p.o. once a day for his reflux symptoms.

Alan Randall Anderson, MD

D:08/31/2007 T:09/03/2007 9:36 A pdc 2314019



Neutropenia

From Wikipedia, the free encyclopedia
(Redirected from Cyclic neutropenia)

Neutropenia
Classification & external resources

Neutropenia (or **neutropenia**, adjective **neutrop(a)enic**) is a hematological disorder characterized by an abnormally low number of neutrophil granulocytes (a type of white blood cell). Neutrophils usually make up 50-70% of circulating white

ICD- D70.

10 (<http://www.who.int/classifications/apps/icd/icd10online/?gd70.htm+d70>)

ICD- 288.0 (<http://www.icd9data.com/getICD9Code.aspx?icd9=288.0>)

blood cells and serve as the primary defence against infections by destroying bacteria in the blood. Hence, patients with neutropenia are more susceptible to bacterial infections and without prompt medical attention, the condition may become life-threatening. Neutropenia can be acute or chronic depending on the duration of the illness. A patient has chronic neutropenia if the condition lasts for greater than 3 months. It is sometimes used interchangeably with the term leukopenia. However, neutropenia is more properly considered a subset of leukopenia as a whole.

Contents

- 1 Classification
- 2 Types
- 3 Causes
- 4 Signs and symptoms
- 5 Diagnosis
- 6 Therapy
- 7 See also
- 8 References
- 9 External Links

Classification

There are 3 general guidelines used to classify the severity of neutropenia based on the absolute neutrophil count (ANC) measured in cells per microliter of blood:

- Mild neutropenia (1000 < ANC < 1500) — minimal risk of infection
- Moderate neutropenia (500 < ANC < 1000) — moderate risk of infection
- Severe neutropenia (ANC < 500) — severe risk of infection.

NOTE: These are ranges for Caucasians. Neutropenia in black individuals is defined as ANC < 1200.

This is a not well known fact that results in overdiagnosis of neutropenia in black population.^[1]

Types

Severe chronic neutropenia may be present at birth (congenital neutropenia) or may occur at any stage in

To work

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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<i>DP</i> <i>9.26-07</i> <i>document</i>			
1. <i>Davis Coy</i>	<i>9/26/07</i>		
2. <i>[Signature]</i>	<i>9/26/07</i>		
3.			
4.			



State of South Carolina
Department of Health and Human Services

109 0152
✓

Mark Sanford
Governor

Emma Forkner
Director

October 2, 2007

Ms. Natasha D. Reid
38 Stewart Road
Abbeville, South Carolina 29620

Dear Ms. Reid:

Congressman Gresham Barrett asked our agency to respond to your questions about Medicaid eligibility and the healthcare needs of your son, Kyle J. Calhoun.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. TEFRA is a program that covers some children without counting their parents' income. This program is for children who are disabled and need institutional care. The program was designed to help parents who want to care for their child at home, even though the child needs continuous care in an institution such as a nursing home or intermediate care facility for the mentally retarded. There are many children with serious health conditions who do not need to be institutionalized. These children do not qualify under the TEFRA program.

Unfortunately, Kyle's application under the Tax Equity and Fiscal Responsibility Act (TEFRA) Program was denied on September 17, 2007, because he did not meet the disability criteria or level of care requirements. Should you wish to appeal this decision, please submit your request in writing by October 17, 2007 to Rhonda Tucker with Central Eligibility Processing, Post Office Box 100101, Columbia, SC 29202. If you have any questions regarding this process, please call Ms. Tucker at (803) 898-2934 and she will be pleased to assist you.

Kyle's prior coverage under the Partners for Healthy Children (PHC) Medicaid Program closed March 1, 2007, because your family's income exceeded allowable limits. The allowable monthly income for our PHC program is now \$1,711 for a family of two. If you believe you may qualify, please complete the enclosed application and return it to the Abbeville County Medicaid Office. If you have any questions please call Robert Green at (864) 465-2627 Ext 310.

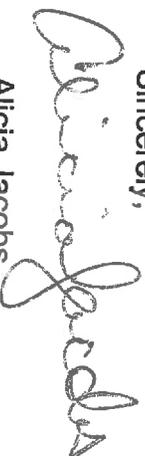
Medicaid Eligibility and Beneficiary Services

P. O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

South Carolina is fortunate to have an organization devoted to helping parents with children experiencing chronic illnesses, disabilities and developmental delays. Family Connection of South Carolina provides a support network for families like yours. You may contact Family Connection at 1-800-578-8750. Another resource may be the Children's Rehabilitative Services (CRS) program of the South Carolina Department of Health and Environmental Control. The CRS representatives for your area are Teresa Griffin at (864) 260-5559 and Mary Gambrell at (864) 227-5938.

If you have further questions about the Medicaid program, please call Bob Liming at (803) 898-2621 and he will be glad to assist you.

Sincerely,



Alicia Jacobs
Interim Deputy Director

AJ/cdl

c: Robert Green, Supervisor, Abbeville County Medicaid Office

Enclosure



State of South Carolina
Department of Health and Human Services

108 0152

Mark Sanford
Governor

Emma Forkner
Director

October 2, 2007

The Honorable Gresham Barrett
Member, United States House of Representatives
115 Enterprise Court, Suite B
Greenwood, South Carolina 29649

Dear Congressman Barrett:

Thank you for referring Ms. Natasha Reid to our agency regarding her questions about Medicaid eligibility and the healthcare needs of her son, Kyle J. Calhoun.

A member of our staff has been in direct contact with Ms. Reid, and we were pleased to address her questions and concerns regarding the Medicaid Program and the TEFRA application process. TEFRA is a program for children who meet the Social Security definition of disability, and institutional level of care based on functional criteria as evaluated by a registered nurse. The program was designed to help parents who want to care for their child at home, even though the child needs continuous care in an institution such as a nursing home or intermediate care facility for the mentally retarded. We also provided Ms. Reid with contact information on organizations that may be of assistance to children with chronic illnesses, disabilities and developmental delays.

As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing medical information without the client's written consent. We have enclosed an *Authorization to Disclose Health Information* form if you would like more information than we are currently able to provide.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcod

Children's Rehabilitative Services (CRS)

Caring People Dedicated to Enhancing the Quality of Life for Children in South Carolina

With the support of federal, state, and other funding, CRS operates a statewide network of children's medical services. By coordinating the efforts of local, regional, and state resources, CRS assures that the best possible medical services are available across the state for these special children. The CRS System of Care provides nursing intervention, social work services, nutrition services, parent-to-parent support, in and out-patient hospitalizations, braces, hearing aids, specialized medical equipment, physical, occupational and speech therapies, and genetic services. Community based care is provided in 8 Regional Public Health Office sites around the state.

Eligibility

To participate in the CRS program, a child must be a legal resident of the United States, live in South Carolina, be under 21 years old, be diagnosed with a covered medical condition, and the family must meet certain income guidelines. Financial eligibility for program services is based on family size, income, and federal guidelines that are updated annually.

Covered Conditions and Diagnoses

CRS offers treatment and services for many disabilities, some of which are listed below:

- Bone and joint diseases;
- Hearing disorders and ear disease;
- Cleft lip and palate and other craniofacial anomalies;
- Spina Bifida and other congenital anomalies;
- Epilepsy (seizures), cerebral palsy and other central nervous system disorders;
- Rheumatic fever;
- Problems from accidents, burns, and poisoning;
- Endocrine disorders;
- Hemophilia (children and adults);
- Sickle cell disorders (children and adults);
- Developmental delays such as speech/language, motor and growth abnormalities; and
- Kidney diseases.

Covered Services

- Nursing
- Pharmacy
- Durable Medical Equipment
- Physician Services
- Social Work
- Nutrition
- Genetics
- Transition
- Parent-to-Parent Support

Services Not Covered

- Routine visits to your family doctor or pediatrician;
- Routine dental care;
- Emergency room treatment;
- Transportation, including ambulance;
- Medical services not related to the CRS covered health problem.

CRS Providers

Team effort is the cornerstone of CRS. Family members, along with doctors, nurses, social workers, nutritionists, parent resource specialists, and other health care professionals, work as an interdisciplinary team. This team identifies a system of care which is unique to the child and the family's needs. Together, mutual care goals are worked out. The family is given a copy of this plan so that they are able to actively participate in carrying out the plan.

A main focus of CRS has been to develop partnerships with regional hospitals. Among these partnerships are the Medical University of South Carolina, the University of South Carolina Department of Pediatrics, Greenville Children's Hospital, McLeod Regional Medical Center, and the Shriner's Hospital. These partnerships assure access to a system of specialized pediatric care. A CRS nurse is stationed in each of these partnerships. These nurses bridge the gap in services between the regional center and the local community.

CRS Services

Nursing Services

Clinic nursing staff in each local health department and CRS clinic coordinate the program and assist families with special children to obtain the medical care and treatment services needed.

Pharmacy

Durable Medical Equipment

Physician Services

Genetics

Genetic services are provided through the CRS program. These services include screening, testing, diagnostic evaluation, treatment, and counseling. CRS works closely with the three genetic centers in South Carolina. Genetic services are provided through the local health department.

Social Work

Social Work professionals help families work through financial problems, find help from other agencies, learn special parenting skills, and adjust to having children with special health care needs.

Nutrition

Nutrition services are provided through the CRS program. Registered dietitians are available to work with families to assist with feeding problems, growth delay, poor nutrition, slow weight gain, obesity, tube feeding, and special nutritional concerns related to different chronic diseases such as diabetes, spina bifida, or hypertension. There are registered dietitians, with the knowledge and skills to work with children with special needs, available in each public health region.

Transition

Transition is an integral part of the treatment plan. The child's needs are addressed as they progress from birth, to adolescences, to adulthood. These progressions include early intervention, education, employment, and independent living.

Parent-to-Parent Support

Parent Resource Specialists provide parent to parent support, community information and resources to the CRS patient and their family. They are unique among CRS staff since each is the parent of a child with special health needs.

CRS Clinic Contacts

Region 1 CRS Office

Serves Anderson and Oconee Counties
Anderson County Health Department
200 McGee Road
Anderson, SC 29625
(864)260-5650

Region 1 CRS Office

Serves Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda Counties
Greenwood County Health Department
1736 S. Main Street
Greenwood, SC 29646
(864)227-5938

Region 2 CRS Office

Serves Greenville and Pickens Counties
Greenville County Health Department
200 University Ridge
Greenville, SC 29601
(864)282-4300

Region 2 CRS Office

Serves Cherokee, Spartanburg, and Union Counties
Spartanburg County Health Department
151 East Wood Street
Spartanburg, SC 29303
(864)596-3307

Region 3 CRS Office

Serves Chester, Lancaster, and York Counties
Lancaster County Health Department
1833 Pageland Highway
Lancaster, SC 29720
(803)285-7628
(803)286-9948
1-800-888-9798

Region 3 CRS Office

Serves Fairfield, Lexington, Newberry, and Richland Counties
Richland County Health Department
2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2800
Fax: (803) 576-2820

Region 4 CRS Office

Serves Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro Counties
Florence County Health Department
145 E. Cheves Street
Florence, SC 29506
(843)661-4835
1-800-768-1223

Region 4 CRS Office

Serves Clarendon, Kershaw, Lee, and Sumter Counties
Sumter County Health Department
105 N. Magnolia Street
Sumter, SC 29150
(803)773-5511

Region 5 CRS Office

Serves Bamberg, Calhoun, and Orangeburg Counties
Orangeburg County Health Department
1550 Carolina Avenue
Orangeburg, SC 29115
(803)533-7193

Region 5 CRS Office

Serves Aiken, Allendale, and Barnwell Counties
Aiken County Health Department
828 Richland Avenue
Aiken, SC 29801
(803)642-1651
1-800-659-1651

Region 6 CRS Office

Serves Georgetown, Horry, and Williamsburg Counties
Horry County Health Department
2830 Oak Street
Conway, SC 29526
(843)365-3126

Region 7 CRS Office

Serves Berkeley, Charleston, and Dorchester Counties
Medical University of SC
19 Hagood Avenue
Charleston, SC 29425
(843)792-3561

Region 8 CRS Office

Serves Beaufort, Colleton, Hampton, and Jasper Counties

Beaufort County Health Department
1235 Lady's Island Drive
Port Royal, SC 29935
(843)525-4075