

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>3-20-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000516</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc. Ms. Forthner cleared 3/27/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-31-09</i> DATE DUE _____		
		<input type="checkbox"/> FOIA <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.			



House of Representatives

State of South Carolina

RECEIVED

MAR 20 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Property Tax
Ways and Means Public Education and
Special Schools Subcommittee, Chairman
School Bus Specification Committee

519-B Blatt Building
Columbia, SC 29211

Tel. (803) 734-3114

March 16, 2009

Ms. Emma Forkner, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Dear Ms. Forkner:

This letter is written on behalf of Mr. Ronnie Dickey, Post Office Box 191, Gloverville, South Carolina 29822. His Social Security Number is 251-04-8197. Currently, Mr. Dickey is unable to speak on the telephone, but he can be reached through a family member at 706-722-2661, after 4:00 p.m., 803-593-0817.

Mr. Dickey has not worked since January 9, 2009, when he was admitted to the hospital, and his left lung was removed. The doctors have diagnosed him with cancer which includes the lymph nodes. The surgery was performed at Aiken Regional Hospital. I am enclosing a statement regarding his disability from the surgery, as well as Dr. Gill who is treating him with chemotherapy for the cancer in the lymph nodes.

I have personally known this family for more than forty years. Mr. Dickey has worked his entire adult life and as you can see from the documentation; due to the cancer he is now totally disabled. He has also applied for Social Security Disability, but with no income it would be helpful to Mr. Dickey to provide him SSI as well as Medicaid. It appears that his lifespan is very short. The doctors have not given him any encouragement. Any assistance you can give Mr. Dickey would be appreciated.

Sincerely,


J. Roland Smith

JRS-jhm-March-16-09-2
Enclosure

CANCER CENTER ASSOCIATES OF CAROLINA, P.A.
A CANCER CARE INSTITUTE OF CAROLINA

111 Miracle Drive
Aiken, SC 29801

AHMAD N. GILL, M.D.
HEMATOLOGY/ONCOLOGY

(803)641-7850

OFFICE VISIT

PATIENT: Ronnie Dickey
DATE OF EXAM: 02/10/2009
REFERRING PHYSICIAN: Dieter Voegelé, M.D.

DIAGNOSIS: Squamous cell carcinoma of the left lung, S/P resection.

INTERVAL HISTORY: Mr. Dickey was seen today in follow-up after the hospital discharge. The patient was admitted for non small cell lung cancer with squamous cell carcinoma and a surgical resection with pneumonectomy was done. This was performed by Dr. Dieter Voegelé. The final pathology report was reviewed today with the patient, which shows that the patient has a left upper lobe multifocal squamous cell carcinoma of the lung. One tumor was about 5.7 x 4 x 3 cm with multiple additional upper lobe tumor nodules, 0.2 to 1.5 cm in size. Tumor was focally invaded into but not through the visceral pleura and 2 out of 20 lymph nodes positive for metastatic disease. An additional 1 lymph node positive in the AP window. The patient's pathological staging was done with T4N2M0. Mr. Dickey now has stage III-B disease due to T4 and N2 disease and he requires post surgery chemotherapy and possibly radiation treatment. Although his surgical margins were clear, according to NCCN Guidelines, the chemotherapy is needed plus or minus radiation. I am also planning to discuss his case tomorrow in the tumor conference. Based on the recommendation, he will be given the treatment plan. We had a detailed discussion with the patient and he was given the different scenarios about treatment. He is very much interested in receiving chemotherapy. On the other hand, he wanted to discuss it further with the family members. I am also going to arrange for a port placement if he decides to go along with chemotherapy.

Dictated, but not proofread.

AHMAD N. GILL, M.D.
ANG/br
Cc: Dieter Voegelé, M.D.



Cancer Center Associates of Carolina, P.A.

an Cancer Care Institute of Carolina

111 Miracle Drive • Aiken, South Carolina 29801
Telephone (803) 641-7850 • Fax (803) 643-0556

Ahmad Nadeem Gill, M.D.
Hematology / Oncology

Sitki M. Ergul, M.D.
Hematology / Oncology

February 22, 2009

RE: Ronnie Bemell Dickey

Dear Sir/Madam:

I am writing in reference to Mr. Dickey, who is currently under my care for advanced non small cell lung cancer. The patient underwent pneumonectomy, resecting the right side of the lung. Unfortunately, his tumor was of significant size, along with multiple positive lymph nodes on the surgery. This is considered to be very high risk for recurrence and metastatic disease. The patient needs immediate chemotherapy and radiation to control his disease.

During this time, obviously this patient will not be able to work due to his recent surgery, as well as due to aggressive chemotherapy and radiation. I consider him totally disabled and, for this reason, I am writing this letter to support his case.

Please feel free to contact the Cancer Center for any further information. I am also enclosing the pathology report.

Sincerely,

AHMAD N. GILL, M.D.
Cancer Care Institute

ANG/br



Patient Information

Name: Dickey, Ronnie B
ID#: 108854359
Referred By: L Dieter Voegtle, MD

Age: 54
Sex: M
DOB: 9/26/1954

Accession#: A09:0318
Collected: 1/18/2009
Received: 1/18/2009

Diagnosis

**A. LEFT LUNG, PNEUMONECTOMY:
SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED
HISTOLOGIC GRADE:
TUMOR LOCATION:
TUMOR SIZE:**

2 OF 4
LEFT UPPER LOBE, MULTIFOCAL
5.7 X 4.0 X 3.5 CM WITH MULTIPLE ADDITIONAL UPPER LOBE TUMOR
MODULES, 0.2 TO 1.5 CM
NEGATIVE FOR MALIGNANCY. SEE COMMENT
NEGATIVE FOR MALIGNANCY
TUMOR FOCALLY INVADERS INTO BUT NOT THROUGH FIBROTICALLY
THICKENED VISCERAL PLEURA
PRESENT

**BRONCHIAL MARGIN:
VASCULAR MARGIN:
VISCERAL PLEURAL:
LYMPHATIC INVASION:
VENOUS/ARTERIAL INVASION:
LYMPH NODES (N1):**

ADDITIONAL FINDINGS:

NOT IDENTIFIED
TWO OF TWENTY (2/20) LYMPH NODES POSITIVE FOR METASTATIC
SQUAMOUS CELL CARCINOMA (2/12 HILAR NODES; 0/1 INTERLOBAR
NODE); 0/7 PERIBRONCHIAL NODES); PATCHY ANTHRACOTIC PIGMENT
DEPOSITION
SQUAMOUS CELL CARCINOMA IN-SITU(MAINSTEM BRONCHUS);
DIFFUSE ACUTE AND CHRONIC (OBSTRUCTIVE) UPPER LOBE
PNEUMONIA WITH ABSCESSES AND FIBROSIS; INVASIVE TUMOR
CLOSELY APPROXIMATES THE LEFT LOWER LOBE; PATCHY
EMPHYSEMATOUS CHANGES, MILD INFLAMMATION, FIBROSIS,
ALVEOLAR HISTOCYTES AND ANTHRACOTIC PIGMENT WITHIN
LOWER LOBE
PT4 PN2 PMX

TNM PATHOLOGIC STAGE:

**B. "AP WINDOW NODE #1, LEFT SIDE":
ONE LYMPH NODE POSITIVE FOR METASTATIC SQUAMOUS CELL CARCINOMA (1/1)
PATCHY ANTHRACOTIC PIGMENT DEPOSITION**

**C. "BL INFERIOR PULMONARY LIGAMENT NODE, LEFT SIDE":
THREE LYMPH NODES, NO METASTASIS IDENTIFIED (0/3)
PATCHY ANTHRACOTIC PIGMENT DEPOSITION**

**D. "AP WINDOW NODE #2":
ONE LYMPH NODE, NO METASTASIS IDENTIFIED (0/1)
PATCHY ANTHRACOTIC PIGMENT DEPOSITION**

**E. "PORTION OF 8TH RIB":
PORTION OF RIB BONE WITH TRILINEAGE HEMATOPOIESIS**

Comment

A. The small foci of detached mucoid and fibinous material containing tumor cells within the bronchial margin frozen section represent displaced intraluminal contents distal to the actual bronchial resection margin. The bronchial resection margin is confirmed negative for invasive and in-situ carcinoma within the permanent section.

Clinical Diagnosis / History

squamous cell carcinoma left upper lung

Procedure

left thoracotomy, pneumonectomy



Patient Information

Name: Dickey, Ronnie B	Age: 64	Accession#: A09:0318
ID#: 106064359	Sex: M	Collected: 1/16/2009
Referred By: L. Dieter Voegelé, MD	DOB: 9/26/1954	Received: 1/15/2009

Gross Description

A. "Bronchial margins left lung" - Received is a 731 gm, 21.0 x 20.0 x 6.5 cm lung. The pleura of the upper lobe is tan-grey with grey-white plaque-like areas. The pleura of the lower lung is purple-grey, unremarkable. The en face bronchial margin is submitted for frozen section evaluation. Loose tan-grey, mucoid material is identified distally within the bronchial lumen, grossly 1.5 cm from the bronchial resection margin. There is no tumor grossly at the bronchial margin. Multiple silver metal staples are identified in the soft tissue surrounding the bronchus. Sectioning reveals a 5.7 x 4.0 x 3.5 cm ill-defined, tan-grey, friable and centrally necrotic mass in the upper lobe. The mass grossly approaches the inked outer pleura of the specimen adjacent to the main stem bronchus. There are several prominent and matted dark hilar lymph nodes directly adjacent to tumor. Additionally, numerous ill-defined, tan-grey nodules which are separate from the main mass are identified within the upper lobe ranging from 0.2 cm to 1.5 cm in greatest dimension. The remainder of the upper lobe of the lung has a diffusely mottled, tan-grey, consolidated cut surface with foci of grey-green purulent exudate. There is a 0.5 cm grey-white edematous, linear fissural area located between the upper lobe and the lower lobe. A 1.5 cm interlobar lymph node is identified with a grey-black, mottled cut surface. The cut surface of the lower lobe of the lung is spongy, red-brown without discrete lesion. Multiple upper lobe peribronchial lymph nodes are identified measuring up to 1.3 cm. The peribronchial lymph nodes have mottled, grey-black cut surfaces. RS as labeled.

1 - Frozen section remnant bronchial margin; 2-3 - Vascular margins; 4-5 - Hilar lymph nodes; 6-10 - Longitudinal sections of main stem bronchus adjacent to tumor with matted hilar nodes (6,7,8 contain sections of one large node;9,10 contain additional separate nodes); 11-13 - Sections of main upper lobe mass; 14 - Additional sections of subpleural and intraparenchymal nodules separate from main mass; 15-17 - Random sections from upper lobe; 18-19 - Transition from upper lobe to lower lobe; 20 - Interlobar lymph node; 21-23 - Random lower lobe parenchyma; 24 - Additional peribronchial lymph nodes

B. "AP window node #1, left side" - Received is a 2.0 x 1.3 x 1.0 cm grey-tan apparent lymph node with attached yellow, lobular fat. The cut surface of the lymph node is mottled, grey-black.
1 - AS

C. "BL inferior pulmonary ligament node, left side" - Received is a 2.0 x 1.8 x 1.3 cm aggregate of yellow-tan, soft tissue containing three tan-grey lymph nodes ranging from 0.7 cm to 1.3 cm. The largest lymph node has a mottled, grey-black cut surface.
1 - Two whole lymph nodes; 2 - Single sectioned lymph node; 3 - Remainder of soft tissue

D. "AP window node #2" - Received is a 2.0 x 1.7 x 0.6 cm grey-black lymph node with attached yellow, lobular fat. The lymph node has a firm, black cut surface.
1 - AS

E. "portion of 6th rib" - Received is a 2.5 x 2.5 x 1.5 cm aggregate of tan trabecular bone fragments. No discrete lesion is identified grossly.
1 - RS (decalcification)

Additional Comments

FROZEN SECTION DIAGNOSIS: A. "TUMOR CELLS ASSOCIATED WITH MUCOID AND FIBRINOUS MATERIAL AT THE BRONCHIAL MARGIN WITHOUT DEFINITIVE TISSUE INVASION". (RW)

Electronic Signature
Robert L. Williams, MD

Transcribed: 1/22/2009 1:56:47 PM
Reported: 1/22/2009 2:00:56 PM



State of South Carolina
Department of Health and Human Services

Log # 0516
✓

Mark Sanford
Governor

Emma Forkner
Director

March 27, 2009

The Honorable J. Roland Smith
South Carolina House of Representatives
Post Office Box 11867
519-B Blatt Building
Columbia, South Carolina 29211

Dear Representative Smith:

Thank you for contacting our agency on behalf of Mr. Ronnie Dickey regarding his Medicaid eligibility and healthcare needs.

A member of our staff has been in direct contact with Mr. Dickey, and we were pleased to address his questions regarding the Medicaid program.

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 let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/fjclc



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 27, 2009

Mr. Ronnie Dickey
Post Office Box 191
Gloverville, South Carolina 29828

Dear Mr. Dickey:

Representative Roland Smith asked our agency to assist with questions concerning your Medicaid eligibility and healthcare needs.

We are pleased to inform you that your application for Medicaid coverage under the Aged, Blind or Disabled program was approved retroactively to January 1, 2009. You should be receiving the approval letter within the next two weeks. Your Medicaid card will be mailed to you and may be used immediately for Medicaid covered services.

If you have additional questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Deputy Director

AJ/clc