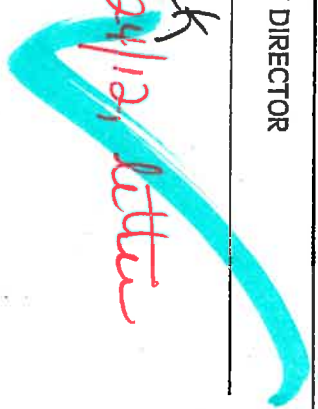


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>1-11-12</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100261</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-19-12</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck</i> <i>Cleaved 1/24/12, letter</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.			



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JAN 11 2012

House of Representatives

State of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

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

519-B Blatt Building
P.O. Box 11867
Columbia, SC 29211

Committees:

Ethics, Chairman
Ways and Means

January 4, 2012

Tel. 803-734-3114

Mr. Anthony Keck, Director
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202

Re: James M. Manning, 617 Pine Log Road, Beech Island, SC 29842
SSN: 250-33-6332
Telephone: 803-867-3530, Cell: 803-215-2190

Dear Mr. Keck:

I am writing this letter on behalf of Mr. James M. Manning, who resides in the Beech Island community and has applied to Health and Human Services for Medicaid assistance. I received the enclosed documents from the person who takes care of him, which states his many medical problems. The telephone numbers belong to her.

I would like to request your assistance in this matter. Thank you in advance for any assistance you may provide. Also, thank you for all you do for the great citizens of South Carolina.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Roland Smith".

J. Roland Smith

JRS/a/c/2012Jan4-1

Enclosure

cc: Mr. James M. Manning, 617 Pine Log Road, Beech Island, SC 29842

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Department of Health & Human Services
OFFICE OF THE DIRECTOR



Medical College of Georgia
Hospital and Clinics
Augusta, Georgia 30912

SECTION OF UROLOGY
Arthur M. Smith, M.D.

706-721-7736
706-721-7743
706-721-9977

Name

Dr. James Whitaker

Address

9/1/2011

Name of Drug on Label

Herb 0 1 2 3 PPM

PS 858 7107

Mr. Whitaker needs to
compress his bladder
frequently every 10-15 min
to help bladder emptying.

Arthur M. Smith

GA Lic. No. 18077

DEA # A57281049

NPI # 1710080692

M.D.

Practice Site Note

* Final Report *

MANNING, JAMES M - 001550610

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Type: Practice Site Note
Date: August 18, 2011 09:23
Status: Auth (Verified)
Title: GU F/U
Performed By: Smith MD, Arthur M on August 18, 2011 09:27
Verified By: Smith MD, Arthur M on August 18, 2011 10:40
Account Info: 0026569081230, UROLOGY, Outpatient, 8/18/2011 - 8/18/2011

* Final Report *

GU F/U

Patient: MANNING, JAMES M MRN: 001550610 FIN: 0026569081230
Age: 48 years Sex: Male DOB: 12/26/1962
Associated Diagnoses: None
Author: Smith MD, Arthur M

Scribed for Dr. Smith by
Electronically Signed by: SARA ATWATERJMS, on 08/18/2011 10:27

Visit Information

Visit type: Scheduled follow-up.
Accompanied by: Significant other.
Source of history: Self, Significant other.
History limitation: None.

Chief Complaint

Follow up visit for urinary retention and BPH

History of Present Illness

48 yo white male with a history of alcoholic cirrhosis and chronic urinary retention. He presents today for a follow up of enlarged prostate and intermittent catheterization. He was hospitalized in April of this year because of alcohol-induced cirrhosis associated with a prior history of gastrointestinal bleeding. He was apparently recently bleeding again, which prompted the hospitalization. During his hospitalization, he was treated with a TIPSS procedure and received supportive management for his significant hepatic encephalopathy and cirrhotic liver. During the hospitalization he was noted to have a distended bladder and a catheter was placed. Apparently he was found to have a residual urine of 1700 mL. He was started on Flomax 0.4 mg and apparently the catheter was subsequently removed while he was still in the hospital. Since his visit to urology clinic in June, the patient has been using intermittent catheterization. He is able to void on his own if his bladder is adequately full. He does report some nocturia, getting up 3-4 times per night.

Practice Site Note

MANNING, JAMES M - 001550610

* Final Report *

Review of Systems

Constitutional: Fatigued. No other changes.

CV: No chest pain. No heart palpitations. Complaints of edema in legs, sometimes pitting.

RESP: Positive for shortness of breath, especially upon exertion

GI: Decreased appetite since April. Some constipation, aided by occasional use of OTC stool softener.

GU: Unable to achieve satisfactory erection. Ejaculate appears brownish in color.

Health Status

Allergies: .

Allergic Reactions (Selected)

NKA

Current medications: (Selected)

Prescriptions

Ordered

Flonax 0.4 mg oral capsule: 0.4 mg 1 cap, PO, Every Day, # 90 cap
Iamothidine 20 mg oral tablet: 20 mg 1 tab, PO, BID, # 60 tab
propranolol 10 mg oral tablet: 20 mg 2 tab, PO, BID, # 120 tab

Problem list:

All Problems (Selected)

Alcoholic Cirrhosis of Liver / ICD-9 571.2 / Confirmed
Benign Localized Hyperplasia of Prostate with Urinary Obstruction and Other Lower Urinary Tract Symptoms (Luts) /
ICD-9 600.21 / Confirmed
Cellulitis and Abscess of Upper Arm and Forearm / ICD-9 682.3 / Confirmed
Cirrhosis of Liver without Mention of Alcohol / ICD-9 571.5 / Confirmed
Esophageal Varices without Mention of Bleeding / ICD-9 456.1 / Confirmed
Hepatic Encephalopathy / ICD-9 572.2 / Confirmed
Hydronephrosis / ICD-9 591 / Confirmed
Hypertrophy (Benign) of Prostate without Urinary Obstruction and Other Lower Urinary Tract (Luts) / ICD-9 600.00 /
Confirmed
Incomplete Bladder Emptying / ICD-9 788.21 / Confirmed
Intra-Abdominal Venous Shunt / ICD-9 39.1 / Confirmed
Other and Unspecified Alcohol Dependence, Unspecified Drinking Behavior / ICD-9 303.90 / Confirmed
Other Local Excision or Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue / ICD-9 86.3 / Confirmed
Tobacco Use Disorder / ICD-9 305.1 / Confirmed

Histories

Past Medical History: 1. Cirrhosis with multiple upper GI bleeds from varices
2. Alcohol abuse

Social History

Social & Psychosocial Habits

No Data Available

Patient is currently unable to work. He was denied disability, but is working with a lawyer to reapply. He lives in Beech Island, SC with his fiancée.

ETOH: Patient has history of alcoholism, but has not had a drink since April 2011.

Tobacco: Patient has smoked 1 pack x 36 yrs = 36 pack years. Trying to quit. Fiancée is now trying to quit as well.

Practice Site Note

MANNING, JAMES M - 091550511

* Final Report *

Illicit drugs: Denies use of any illicit drugs.

Physical Examination VS/Measurements

Vital Signs AT

8/18/2011 08:43

Do You Have Pain	Denies
Pain Score:	0
Pain Scale:	NRS
Temperature Tympanic	36.0 DegC
Peripheral Pulse Rate	85 bpm
Systolic Blood Pressure	109 mmHg
Diastolic Blood Pressure	61 mmHg
Mean Arterial Pressure	77 mmHg
Actual Weight	84.600 kg
Actual Weight	84.600 kg

Measurements from flowsheet : QV Measurements

8/18/2011 08:43

GEN: No acute distress, Alert and oriented to person, time and place. Affect appropriate.
CV: Regular rate and rhythm. Edema in legs (non-pitting).
RESP: Clear to auscultation bilaterally. Breathing easily.
GI: Non-tender, slightly distended. Palpable liver. No CVA or suprapubic tenderness.

Health Maintenance

Health Maintenance

Pending (in the next year)

Due

Lipid Screening due 08/18/11 Variable frequency
MMR Vaccine Dose 1 due 08/18/11 One-time only
Tetanus Vaccine due 08/18/11 and every 10 year(s)
Varicella Vaccine Dose 1 due 08/18/11 One-time only
MMR Vaccine Dose 2 due 09/15/11 One-time only
Varicella Vaccine Dose 2 due 09/15/11 One-time only

Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

Impression and Plan

- 1) Continue intermittent catheterizations and recording of outputs and time of catheterization.
 - 2) Continue Fiomax. In addition, add finasteride prescription to help reduce size of prostate.
 - 4) Continue efforts to quit smoking.
 - 5) Return to clinic if urinary symptoms worsen or if signs of infection. If symptoms do not improve, further management can be determined when patient is able to make financial arrangements.
- This patient has multiple comorbidities. He also will ask sufficient insurance to pay for a more extensive evaluation of his bladder function and prostatic obstruction. Consequently, he was placed on a program of intermittent catheterization

Practice Site Note

MANNING, JAMES M - 001550610

* Final Report *

which he is apparently doing quite well. On rare occasions he is able to void spontaneously. He has been on tamsulosin and today we are also having finasteride. He was given an additional supply of catheters and advised to return to see us in 3 months.

Professional Services

The note by the student scribe reflects my findings and plan of care. I examined the patient with the student and was present during the entire patient encounter.

Electronically Signed by: ARTHUR M SMITHMD

Electronically Signed by: ARTHUR M SMITHMD, on 08/18/2011 10:38

E-Signature

E-signature line: Electronically Signed by: ARTHUR M SMITHMD, on 08/18/2011 10:39.

Completed Action List:

- * Perform by Smith MD, Arthur M on August 18, 2011 09:27
- * Modify by Alwater JMS, Sara on August 18, 2011 09:32
- * Modify by Alwater JMS, Sara on August 18, 2011 09:35
- * Modify by Alwater JMS, Sara on August 18, 2011 09:43
- * Modify by Alwater JMS, Sara on August 18, 2011 09:46
- * Modify by Alwater JMS, Sara on August 18, 2011 09:46
- * Modify by Alwater JMS, Sara on August 18, 2011 09:56
- * Modify by Alwater JMS, Sara on August 18, 2011 10:26
- * Modify by Alwater JMS, Sara on August 18, 2011 10:27
- * Sign by Smith MD, Arthur M on August 18, 2011 10:40
- * Sign by Smith MD, Arthur M on August 18, 2011 10:40 Requested by Alwater JMS, Sara on August 18, 2011 10:28
- * VERIFY by Smith MD, Arthur M on August 18, 2011 10:40

Representative J. Roland Smith
Member, SC House of Representatives
183 Edgar Street
Warrenville, SC 29851

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JAN 11 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Keck, Director
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202

Hasler

01/10/2012

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Log #261

January 24, 2012

Mr. James Manning
617 Pine Log Road
Beech Island, South Carolina 29842

Dear Mr. Manning:

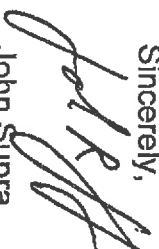
Representative J. Roland Smith contacted the South Carolina Department of Health and Human Services on your behalf regarding Medicaid eligibility and your healthcare needs.

Your application for Medicaid's Aged, Blind or Disabled program is currently pending a disability determination. Medicaid uses the same disability guidelines as the Social Security Administration when determining eligibility. As soon as a decision is made, you will be notified.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions and inpatient hospitalization.

If you have additional questions about the Medicaid program, please contact Jenny Lynch at (803) 898-3965. I hope this information is helpful.

Sincerely,



John Supra
Deputy Director

JS/I
Enclosures