

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2-25-10</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100359</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Post dated 3/8/10, letter attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-8-10</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

The Senate

FEB 25 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR



From the desk of:

SENATOR BILLY O'DELL
ABBEVILLE, ANDERSON & GREENWOOD COUNTIES
SENATORIAL DISTRICT 4
803-212-6040

BRYAN:

CAN you please
look into the enclosed
for Senats o' Dell? -

Shank -

Kathie

The Beckman Center for Mental Health Services

Abbeville/Edgefield/Greenwood/Laurens/McCormick/Newberry/Saluda Counties

Melanie E. Gambrell, LPC / Executive Director

ADMINISTRATIVE OFFICE
1547 Parkway, Suite 100
Greenwood, S.C. 29546
(864) 229-7120
FAX: (864) 229-4520

ABBEVILLE
MENTAL HEALTH CLINIC
101 Commercial Drive
Abbeville, S.C. 29520
(864) 459-9671
FAX: (864) 459-2487

Feb. 9, 2010

EDGEFIELD
MENTAL HEALTH CLINIC
409 Simpkins Street
Edgefield, S.C. 29824
(803) 637-5788
FAX: (803) 637-0753

*Dear Congressmen Barnett
and Mr. Pam Carpenter,*

GREENWOOD
MENTAL HEALTH CLINIC
1547 Parkway, Suite 200
Greenwood, S.C. 29646
(864) 223-8331
FAX: (864) 223-4706

LAURENS
MENTAL HEALTH CLINIC
442 Professional Park Rd.
Clinton, S.C. 29325
(864) 938-0912
FAX: (864) 938-0920

*My client John Foster
was recently denied Medicaid
Joh is currently disabled
with Schizophrenia and
needs insurance. If you
could help reverse this
decision and get him approved,
it would be greatly appreciated.*

NEWBERRY
MENTAL HEALTH CLINIC
2043 Medical Park Drive
Newberry, S.C. 29108
(803) 276-8000
FAX: (803) 276-6699

*Sincerely,
Shirley*

SALUDA
MENTAL HEALTH CLINIC
206 Travis Avenue
Saluda, S.C. 29138
(864) 445-8122
FAX: (864) 445-9516

*Shirley
Shirley O'Quinn, MA*



John H. Maggill, State Director of Mental Health

From: ABBEVILLE COUNTY DHHS
P. O. Box 130
Abbeville SC 29620-0000

Date: 05/20/2009
Worker Name:
SHERRIE NEW

To: JOHN LAWTON
655 ELIZABETH STREET EXT
HONEA PATH SC 29854

Telephone: 864 366-5638
BG#: 10645116
HH#: 101341907
01 SNEW

Beneficiary Name:
JOHN LAWTON

Beneficiary ID:
2781017912

Your application has been denied for: AGED, BLIND, DISABLED (ABD)

Reason for denial:
You do not meet policy rules of age or disability.

Denied for the month(s) of: 05/2009

Manual/policy reference supporting this action: 102.06.01

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.

Augeo Benefits is a one-stop shop to help you find health insurance made just for you, that you can afford. For more information on health insurance plans that include Major Medical, Limited Medical, Dental and Savings on Prescriptions call Augeo Benefits at 866-273-5613 or visit online at www.AugeoBenefits.com/sc.

Beckman Center for Mental Health Services



South Carolina
Department of
Mental Health

Abbeville Mental Health Clinic
101 Commercial Drive
Abbeville, SC 29620

Office # (864) 459-9671
FAX # (864) 459-2487

To: *Pam Carpenter*

TELEPHONE

224-7401

FAX

225-7049

From: *Abbeville Mental Health
Brenda DeLancey*

NO. PAGES INCLUDED THIS PAGE

3

TIME

See Date Stamp

Date: *2/2/10*

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

SUBJECT:

Re: John Phillip Carter

MESSAGE:

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US VIA U.S. POSTAL SERVICE. THANK YOU

Beckman Center for Mental Health Services



South Carolina
Department of
Mental Health

Abbeville Mental Health Clinic
101 Commercial Drive
Abbeville, SC 29620

Office # (864) 459-9671
FAX # (864) 459-2487

TELEPHONE

FAX

To: *Congressman Rowlett*

From: *Abbeville Mental Health*

NO. PAGES INCLUDED THIS PAGE

864-225-7099
TIME

Date: *Abbeville Pallone*

15

See Date Stamp

- Urgent For Review Please Comment Please Reply Please Recycle

SUBJECT:

Open Letter

MESSAGE:

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US VIA U.S. POSTAL SERVICE. THANK YOU

AUTHORIZATION TO DISCLOSE SCDMH PROTECTED HEALTH INFORMATION

1. John W. Lawton at 655 Elizabeth St Ext. Homea Path
(Name of requester)

Address (Street, City, State, Zip)

DOB 1/18/80 SSN 244-81-0270 Medical Record # 2131069

authorize the release of my SCDMH

SC 29654

health information, as specified below, for the following purpose: _____

I authorize the release of the following information for the time period from: 11-30-09 to 11-30-10

Information from all SCDMH inpatient and outpatient facilities, centers, clinics, programs and offices

OR

Information from (name of specific hospital): _____

AND The information authorized to be released includes:

- All information from above
- Diagnoses
- Clinical History & Evaluation
- Admission and Discharge Dates
- Individualized Treatment Plan Progress Summaries
- Discharge Summary (Summary of Treatment)
- Physician's Medication Orders
- History and Physical
- Psychiatric History and Mental Status Examination
- Consultant Notes
- Billing and Payment Information
- Written Summary (copy attached)
- Other: _____

This information should be released to:

Name: Paul O'Ganew

Address: 114 Court Square

Abbeville SC

366-8348 office

Telephone No.: 366-2431 FAX

Relationship:

NONE

Office of Gresham Barnes

116 Enterprise Ct, Suite B

Greenville SC 29649

FAX 864-225-7049

I understand that the above information is protected by applicable law and if this form is not complete, SCDMH may not be able to release the information. I understand that the information may include alcohol/drug abuse and/or HIV/AIDS/ARC and other infectious disease information about me. I do not want the following information disclosed:

This Authorization is valid for one year from my signing unless an earlier date, condition or event is specified here: _____

I understand that information disclosed may be subject to re-disclosure by the entity named above. I may cancel this Authorization by writing the local Privacy Officer when I received or am receiving treatment. I understand that if I cancel this Authorization, SCDMH cannot take back any use or release made with my Authorization, and SCDMH must keep records of my treatment. I understand that I may refuse to sign this Authorization and my refusal will not limit my access to SCDMH treatment or other services. I also understand that applicable law may permit or require the use, disclosure or re-disclosure of information about me without my Authorization. I have been given a copy of this Authorization.

Signature of Individual/Personal Representative

John Lawton

Printed Name John Lawton

Date 11-30-09

Authority: If signed by Personal Representative

Signature of DMH Staff releasing information

Printed Name

Method of Release

Date Released

Patient Identification

The Beckman Center for Mental Health Services

Abbeville/Edgefield/Greenwood/Laurens/McCormick/Newberry/Saluda Counties

Melanie E. Gambrell, L.P.C. / Executive Director

ADMINISTRATIVE OFFICE
1507 Parkway, Suite 100
Greenwood, S.C. 29646
(864) 229-7120
FAX: (864) 229-5826

ABBEVILLE
MENTAL HEALTH CLINIC
101 Commonwealth Drive
Abbeville, S.C. 29620
(864) 459-0571
FAX: (864) 459-6497

EDGEFIELD
MENTAL HEALTH CLINIC
409 Shingles Street
Edgefield, S.C. 29824
(803) 657-5780
FAX: (803) 657-4719

GREENWOOD
MENTAL HEALTH CLINIC
1547 Parkway, Suite 200
Greenwood, S.C. 29646
(864) 223-6331
FAX: (864) 223-2705

LAURENS
MENTAL HEALTH CLINIC
449 Professional Park Rd
Clinton, S.C. 29325
(864) 948-0912
FAX: (864) 948-0925

MCCORMICK
MENTAL HEALTH CLINIC
202 Hwy. 28 North
P.O. Box 1586
McCormick, S.C. 29685
(864) 465-2412
FAX: (864) 466-8226

NEWBERRY
MENTAL HEALTH CLINIC
2090 Medical Park Drive
Newberry, S.C. 29108
(864) 270-8000
FAX: (803) 276-6668

SALUDA
MENTAL HEALTH CLINIC
205 Trade Avenue
Saluda, S.C. 29138
(864) 445-8723
FAX: (864) 445-8546

December 14, 2009

Congressman Barrett
115 Enterprise Court, Suite B
Greenwood, SC 29649

Re: John Willis Lawton, SSS# 249-81-0270

Dear Congressman Barrett,

The above named client is severely disabled with Schizophrenia, paranoid type. If you could help to expedite his Social Security Disability, it would be greatly appreciated as he is in great need.

Sincerely,

Branda Osborne, M. Ed.



John H. Magill, State Director of Mental Health

CLINICAL SERVICE NOTE

STAFF LIST

TRIME, 60 FOR SEAZZ: 3805 BRENDA OSBORNE

Facility

73 BECKMAN CENTER FOR MENTAL HEALTH SERVICES

Cost Center

308A ABBEVILLE MHC-ADULT OUTPATIENT

Location

100 ABBEVILLE OUTPATIENT

Office

015 CONTINUING TREATMENT & SUPPORT, ADULT

Place Of Service:

73 COMMUNITY MHC

Svc Code:

H003 INDIVIDUAL THERAPY

Batchno: 348099671

Group number: sched CIS:

Group ID:

Medicare Authorized

9805

Date: -2/14/2009

Provider:

9805

Time Service Provided:

11:00 AM

Staff ID:

9805

BLN Time: 60

1216164

Name: JOHN LAWTON

CID: 211069

BLN Time: 60

1216164

Cancel/INS:

Ticket: 35377192

Audit:

1216164

Pmtpp: 02
Modifier:

GAF:

Incarc: N

Problem:

0 PSYCHIATRIC

0 NORMAL HOURS, NO EMERGENCY

Emerg:

"I want to be less angry."

Treatment Goal / Focus:

"I want to be less angry."

Note

Interventions The purpose of this session is to continue helping client be med compliant as well as work towards independence. I first asked client if he was taking his medicine every day and listened to his response. I determined that client still cannot make the association between taking his medicine daily and only when he has symptoms, as client is only taking it when he has symptoms. I listened as he described his current problems: he feels like people are invading his space and then he becomes angry. I clarified that this was the sx of paranoia which was part of his mental illness. He stated that he has times when he wants to yell, but he doesn't because he really doesn't understand that high feeling, so I try to do something to calm him down.

I then worked with client on understanding what kind of things help him to calm down other than drugs. I noticed that his coping skills are still very limited, so I suggested that he communicate very specifically what he wanted to do and for how long so his family would not fear that he was drug seeking or wandering or sick i.e. I'm walking to the end of the street and will be back in 10 minutes, as he indicated that his family often tells him 'no' when he wants to do something. I reinforced that client is also 30 which is an ability, and he is responsible for his life and becoming independent. He told me again that his father told him 'no' about helping him get a car, and his grandmother also told him 'no' about living in the basement. I clarified that there would be a cost to hearing the basement. I guided client to see that his best option for feeling like he had some space of his own would be to get his own place when he got social security.

I explained that I did call Paul Agnew and talk with Gresham Barrett's office, and I would fax his medical records. I also explained that Dr. Lawson would file his teeth for no charge and gave him the address and phone number to make an appt. I also explained that client would need a refill of Triliphon. I gave him the Rx, and also I explained to his sister in law Steve that it could be mailed with a \$10.99 money order. I gave him an addressed and stamped envelope.

Response of the client Client communicated well today. He was less tense and anxious and indicated that he was looking forward to the holiday. He said he wanted to have a better understanding of the Christmas, and he explained to me what he did know. He appeared to struggle with understanding my explanation of the assistance I was getting to provide for him and that Dr. Lawson was going to provide for him as he asked me questions about things I had already told him such that I had to repeat the explanations more than once. Client wished me a Merry Christmas and smiled saying he thought he would spend some holiday cheer.

Progress of the client While client was back to baseline today, he still does not understand that he is to take his medicine every day and not just when he has sx's. Client appears to be totally disabled at this time. If he could ever understand the importance of taking medicine, he might be able to work part time at a simple job. Right now, he is still having trouble following simple directions and keeping up with more than one thing at a time. However, client's verbal expression is good and affect improved.

Signed by Brenda L Osborne
I plan to see client again in three week to continue helping him reduce his stress related to his medication and reinforce medicine compliance and education.

Svc Code: H003

INDIVIDUAL THERAPY

Cancel/INS:

BLN Time: 60

Ticket: 35377192

Audit: 1216164

Cid: 211069

Name: JOHN LAWTON

FOLLOW-UP PSYCHIATRIC MEDICAL ASSESSMENT ORDERS AND SERVICE NOTES (PMA)
ID: 2131069 **Ticket No: 35036023** **Date: 10/09/2009**

Name: **JOHN LAWTON**

Mental Health Medication

Current Medication

Amnt Refills Date/D/C Sample Smp/Dsg Smp/Amnt

none	Physical Healthcare Medication	Dosage	Frequency	Purpose	Date D/C
------	--------------------------------	--------	-----------	---------	----------

none	Other: OTC, Herbal, Vitamins, etc.	Dosage	Frequency	Purpose	Date D/C
------	------------------------------------	--------	-----------	---------	----------

Interval History

Labs: None
 Pregnant: N/A

Reason for Visit:

Medication check Change in Symptoms F/U after DC from Hospital F/U after change in Medications Other

Target Symptoms for Treatment

<input checked="" type="checkbox"/> AV hallucinations	Depression	<input checked="" type="checkbox"/> Legal problems	<input checked="" type="checkbox"/> Sleep/appetite disturbance
<input checked="" type="checkbox"/> Agoraphobia	Flashbacks	<input checked="" type="checkbox"/> Mania/hypomania	<input checked="" type="checkbox"/> Thought disorganization
<input checked="" type="checkbox"/> Anxiety	Hyperactive/inattentive	Oppositional	Trauma
<input checked="" type="checkbox"/> Court ordered	Hypervertal	Obsessive/compulsive	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Delusions/paranoia	Irritability	S/H/ideation/attempts	mad noncomp: justice

Symptoms Description:

pt reported sleeping well and good appetite. still living with brother and unsure of plane, pt reported he has been taking no meds but needed to take his Zyprexa this morning. when asked why he said he had a doctor's appt and has a mental disability. discussed fact that meds are not helpful if taken intermittently. Denied psychotic symptoms He reported being depressed because of lack of transportation, lack of own housing, finances, unemployment and having to depend on other people to take care of him. Denied manic symptoms. No change in energy level. Attends church and enjoys this. No legal charges pending and is on probation. Not court ordered to treatment. Does not seem to comprehend that does not help to only take meds if appt to come to. There is no need for me to continue to see pt on regular basis if will not comply with meds and not of danger to self or others. He may possibly develop some insight through individual therapy.

Medications Use

Taking regularly: No Skipping doses Overtaking Run out Other

SE Reported to Medications

None None **MID or ER visit since last MHC visit**

Substance/Alcohol Use

None	<input checked="" type="checkbox"/> Tobacco	Caffeine	<input checked="" type="checkbox"/> Alcohol	<input checked="" type="checkbox"/> Street Drugs	Other (if checked, describe)
------	---	----------	---	--	------------------------------

Smokes 1 PPD cigarettes. Does not drink alcohol because on meds. H/O problems with alcohol and drugs. Last drink 1-2 yrs ago. First alcohol at 15 yo. Has used MD, powdered cocaine, crack cocaine, meth, ecstasy and acid. Mt was drug of choice and last used 1-2 yrs ago. Denied IV drug use. H/O prescription drug use bought off street, mostly Xanax. 10/9/09-denied recent use

Allergies

NKDA

Most Recent Vital Signs

Height: 5FT8 Weight: 133lbs BMI: 20

Mental Status Examination

Sensorium	Alert: <input checked="" type="checkbox"/>	Oriented: <input checked="" type="checkbox"/>
Appearance	Normal For Patient: <input checked="" type="checkbox"/>	Other: (describe) (if not, describe)
Behavior	Cooperative: <input checked="" type="checkbox"/>	(describe)
Psychomotor	Abnormalities	None: <input checked="" type="checkbox"/>
Speech	Normal For Patient: <input checked="" type="checkbox"/>	Other: (describe) (if not, describe)
Cognition	Attention: intact <input checked="" type="checkbox"/>	(if not, describe)
	Concentration: intact <input checked="" type="checkbox"/>	(if not, describe)
	Mn-mory: intact <input checked="" type="checkbox"/>	(if not, describe)
Judgment	Good: <input checked="" type="checkbox"/>	Fair: <input checked="" type="checkbox"/> (describe) per history
Insight	Good: <input checked="" type="checkbox"/>	Poor: <input checked="" type="checkbox"/> (describe) does not understand mental illness and meds (if not, describe) I used the bathroom this morning, so I don't know
Emotion	Mood: Euthymic:	(if not, describe)

Follow-up PMA (page 1)

ID: 2131069

Date: 10/09/2009 09:30:17

Thought Content	Affect Appropriate: <input checked="" type="checkbox"/> (if not, describe) r1ac Hallucinations: No: <input checked="" type="checkbox"/> Yes: (describe) Delusions: No: <input checked="" type="checkbox"/> Yes: (describe) Logical/Goal directed: <input checked="" type="checkbox"/> Distractible: LOA: Suicidal Ideation: No: <input checked="" type="checkbox"/> Yes: (describe) FOI: Homicidal Ideation: No: <input checked="" type="checkbox"/> Yes: (describe) Abnormal Movement: None: <input checked="" type="checkbox"/> Face: Lips/Tongue: Trunk:
Diagnosis and Impression of Progress	
Axis I: schizophrenia; H/O polysubstance Dependence Axis II: deferred Axis III: dental problems Axis IV: social problems; problems with primary support system; economic problems GAF:50 Additional Rating: (describe)	
Recommendation for Treatment	
Labs: Therapeutic drug level:(describe) BUN/Creatinine UDS for drugs of abuse Thyroid function CBC / Diff Other labs ordered:(describe)	HGAI/C FBS Other diagnostic:(describe) Other diagnostic:(describe) Other diagnostic:(describe)
MHC svc/Interventions:	
Blood sugar Individual therapy Other:	Drug screen Group therapy AIMS Medication monitoring Further education (describe) Case management PMA
Medication Ordered	
Medications: Same as above: <input checked="" type="checkbox"/> Mental Health Medication	Dosage Frequency Amount Route Sample Supply Supply Unit
none	
Medication Education Provided: <input checked="" type="checkbox"/> Client Medication, dose, time to take Purpose/Expected benefits/Risk Common side effects	Family Lab monitoring required/reason Expected length of tx. Effects on pregnancy/nursing Justification for Continued Treatment: Symptoms unstable Prevent decompensation Financial availability Alternative to medication/Risk of no treatment Other (describe)
Requires monitoring of response to medication Requires monitoring for medication side effects	<input checked="" type="checkbox"/> Symptoms unstable <input checked="" type="checkbox"/> Prevent decompensation <input checked="" type="checkbox"/> Improve level of functioning <input checked="" type="checkbox"/> Prevent hospitalization Other:
Follow-up: Days: Weeks: Months: 3	Extra Notes: Other:
None	

Signed by: Daphne L. Atkins

Daphne L. Atkins
Daphne L. Atkins
Date: 8/17/09 09:04:2009

Follow-up PMA (page 2)

ID: 2131069

Date: 10/09/2009 09:30:17

FOLLOW-UP PSYCHIATRIC MEDICAL ASSESSMENT ORDERS AND SERVICE NOTES (PMA)
ID: 2131069 **ITicket No: 34924983** **Date: 09/16/2009**

Name: JOHN LAWTON

Mental Health Medication **Current Medication** **Dosage** **Frequency** **Amnt Refill** **Dated/C** **Sample SmpIDsg** **Smp/AmI**

none **Physical Healthcare Medication** **Dosage** **Frequency** **Purpose** **Date D/C**

none **Other: OTC, Herbs, Vitamins, etc.** **Dosage** **Frequency** **Purpose** **Date D/C**

none **Interval History**

Lab: UDS negative

Pregnant: N/A

Reason for Visit: **F/U after DC from Hospital** **F/U after change in Medications** **Other**

Medication check **Changes in Symptoms** **Target Symptoms for Treatment**

- | | | | |
|---|---|--|--|
| AV hallucinations | Depression | <input checked="" type="checkbox"/> Legal problems | <input checked="" type="checkbox"/> Sleep/appetite disturbance |
| Agoraphobia | Flashbacks | <input checked="" type="checkbox"/> Mania/hypomania | <input checked="" type="checkbox"/> Thought disorganization |
| <input checked="" type="checkbox"/> Anxiety | <input checked="" type="checkbox"/> Hypertensive/paranoid | Oppositional | Trauma |
| Count ordered | <input checked="" type="checkbox"/> Irritability | <input checked="" type="checkbox"/> Obsessive/compulsive | <input checked="" type="checkbox"/> Other |
| | | S/H/Idication/Attempts | med noncompliance |

Symptoms Description:

P. reported that the day before yesterday he went to CVS to get insulin because he was feeling really bad. He is not a diabetic and was told he could not have medn or a needle for that reason. He went on to say he wanted the needle for safety reasons. He felt he needed a needle because on meds even though not injectable. Pt sleeping on floor as helps back feel better but reported sleep throughout the night. Good appetite. Living w/ his brother, his wife and 3 kids. He went to jail for fighting his brother in June but since then doing better. Still talking about disability form right eye and colaxac in left eye. At times he recognizes images coming across the TV and believes they are telling him know he is still here. Pt reported spending time at home watching TV, cutting grass, attending church and helping

grandmother. Somewhat depressed due to difficulty finding work. Cannot go anywhere because docs have a job, money, home, possessions.

Thought processes disorganized and illogical. Took a Trilafon and a citalopram that he had left from prior prescriptions before coming to

today's app. He agreed to a UDS and this was negative. Discussed fact that taking a medication such as Trilafon every once in a while

would not be helpful. Concludes to report that he would not take meds if prescribed as he feels he does not need them. He does not appear to

represent an imminent risk to himself or others based on his mental illness at this time. He reported living with his brother where his

daily needs are being met. Need to staff with therapist and determine whether or not pt is court ordered for treatment and if not what her

or not it makes sense to keep this case open until pt is willing to participate in treatment.

Medications Use

Taking regularly: No **Skipping doses** **Overtaking** **Run out** **Other**

SE Reported to Medications

None **MD or ER visit since last MHG visit**

None **Substance/Alcohol Use**

None Tobacco Caffeine Alcohol Street Drugs Other (if checked, describe)
 Stroke 1 PPD cigarettes. Does not drink alcohol because on meds. R/O problems with alcohol and drugs. Last

drink 1-2 yrs ago (first alcohol) at 15 yrs. Has used MD, powdered cocaine, crack cocaine, mctf, ecstasy and acid. MD was drug of choice and last used 1-2 yrs ago. Denied IV drug use. H/O prescription drug use bought off street, mostly Xanax.

Allergies

NKDA

Most Recent Vital Signs
 Weight: 135lbs BMI: 21

Height: 5'7" **Weight:** 135lbs **Mental Status Examination**

Sensory: Alert: Oriented:
 (if not, describe) unsharpened, hair poorly combed
Appearance: Normal For Patient:
 (describe)
Behavior: Cooperative:
 (describe)
Psychomotor Abnormalities: None:
 (if not, describe)
Speech: Normal For Patient:
 (if not, describe) inattentive at times
Cognition: Attention: Intact:
 (if not, describe) poor concentration
 Concentration: Intact:
 (if not, describe)
 Memory: Intact:
Judgment: Good:
 (describe) per history
Insight: Good:
 (describe) no insight
Emotion: Mood: Euthymic:
 (if not, describe) flat
 Affect: Appropriate:
 (if not, describe)
Thought Content: Hallucinations: No:
 Yes: (describe) somatic delusions, ideas of reference
 Delusions: No:
 Yes: (describe) LOA: FOf:
 Distractable:
 Yes: (describe)
Thought Process: Logical/Goal directed:
 No:
 Yes: (describe)
Suicidal Ideation: No:
 Yes: (describe)
Homicidal Ideation: No:
 Yes: (describe)
Abnormal Movement: None:
 Lips/Tongue: Trunk:

Diagnosis and Impression of Progress

Axis I: Schizophrenia, H/O Polydrug Abuse Dependence
 Axis II: deferred
 Axis III: dental problems
 Axis IV: Social Problems; Problems with Primary Support System; Economic Problems
 Axis V: Global Assessment of Functioning: (describe)
 GAF-15 | Additional Rating: (describe)

Recommendation for Treatment

Labs: Therapeutic drug level:(describe) HCA1C Lipid panel Liver profile
 BUN/Creatinine FBS
 UDS for drugs of abuse Other diagnostic:(describe)
 Thyroid function Other diagnostic:(describe)
 CBC / DIF Other labs ordered:(describe)

MHC svc/interventions:

Blood sugar Drug screen AIMS Further education (describe) PMA
 Individual therapy Group therapy Medication monitoring Case management

Medication Ordered

Other:
 Medications: Same as above: Mental Health Medication Dosage Frequency Amt Refills Sample SimplAmt
 none

Medication Education Provider: Client Family

Medication, dose, time to take Lab monitoring required/reason
 Purpose/Expected benefits/Risk Expected length of tx. Financial availability
 Common side effects Effects on pregnancy/nursing Alternative to medication/Risk of no treatment
 Other (describe)

Justification for Continued Treatment

Requires monitoring of response to medication Symptom unstable Improve level of functioning
 Requires monitoring for medication side effects Prevent decompensation Prevent hospitalization

Follow-up: Days: Weeks: Months: 2 Other:

None **Extra Notes**

CLINICAL SERVICE NOTE

STAFF LIST
 TIME: 60 For Staff: 0805 BRENDIA OSBORNE

Facility	UT BERKMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center	325AA ABBEVILLE IHC-ADULT OUTPATIENT
Location	100 ABBEVILLE OUTPATIENT	Office	035 CONTINUING TREATMENT & SLEEP/PT. ADULT
Place Of Service:	13 COMMUNITY IHC	Svc Code:	HC03 INDIVIDUAL THERAPY
Medicare Authorized	Reference: 317099571	Group number:	schd C19
Provider:		Date:	11/13/2009
Staff ID:	2905	Time Service Provided:	10:00 AM

Name: JOHN LAWTON **Cid:** 2131069 **Bill Time:** 60 **Pmttp:** 02
Cancel/NS: **Ticket:** 35237103 **Audit:** 1208772 **Modifier:**
GAF: **Incarc:** N
Problem: 0 PSYCHIATRIC
 0 NORMAL HOURS, NO EMERGENCY
Emergi:
Treatment Goal / Focus: "I want to be less angry."
Note

Interventions: The purpose of this session was to continue reinforcing the benefits of client's medications so that he would take it more consistently. I reviewed how client was feeling and learned that he was feeling better because he was hearing less voices, worrying about work less, and was able to concentrate and focus more, i.e. focus on the preaching at church. I also noticed that his affect was brighter as he smiled more. I reinforced for client to take medicine daily so it will build up in his system.

I discussed with client things that he likes to do in life. I listened as client shared about his love for fishing and taking his nephews out back to the pond to fish one day. I reinforced that a goal was for client to spend his time doing things that he enjoys doing. I also reinforced that client should to go AA since he likes doing this.

I asked client what medicine he was taking and listened as he shared. I asked him how much he had, and then with his permission called the pharmacy in Home Path (CVS) and learned that client had a 3x of Triliphen there on hold, but that he could pick it up. The cost was \$15.48. Since he doesn't have any money, I referred him to OCM to get assistance. I went with him back to the lobby and explained to his sister in law where and when to apply. I suggested for homework that client keep working on taking his medicine daily and work on getting assistance for his medicine and getting his medicine filled.

Response of the client: Client shared that he was feeling better and was able to answer my questions about how he was doing related to his sex. He admitted that he is not taking his medicine daily. He also shared with me that he is enjoying journaling, going to AA, and regular church attendance. He shared that he is taking Triliphen, but he doesn't like Klomopin, Xyprexa, or Invega as they make him sleepy. Client agreed to work on the homework assignment related to getting and taking his medicine.

Progress of the client: Client much improved as noted above.

Plan for the next session: I plan to see client again in two weeks to assist him with continuing med compliant and also help him get assistance through National Direct. I will call next week and make him an appointment to see the representative at her next office visit here.

Signed by: Brenda L. Osborne
Brenda L. Osborne
 RN
 Date & Time: 13 Nov 2009

Svc Code: H003 INDIVIDUAL THERAPY **Cancel/NS:** **Bill Time:** 60
Ticket: 35237103 **Audit:** 1208772 **Cid:** 2131069 **Name:** JOHN LAWTON

CLINICAL SERVICE NOTE

STAFF LIST

TIME: 60 For Staff: 0805 BUENDA OSBORNS

Facility: ST BERNARD CENTER FOR MENTAL HEALTH SERVICES

308BA ABBEVILLE, WAC-ADULT, OUTPATIENT

Location: 1100 ABBEVILLE OUTPATIENT

035 CONTINUING TREATMENT & SUPPORT, ADULT

Place Of Service: 43 COMMUNITY WAC

H003 INDIVIDUAL THERAPY

Hatchno: 301099671

Group ID:

Medicare Authorized Provider:

Date: 10/30/2009

Staff ID:

0805

Time Service Provided:

09:00 AM

Name: JOHN LAWTON

Cid: 2111069

Bill Time: 60

Cance/INS:

Ticket: 35132365

Audft: 1205049

Pmtto: 02
Modifier:

GAF:

Incarsi: N

Problem:

2 PSYCHIATRIC/SUBSTANCE

Emergency:

0 NORMAL HOURS, NO EMERGENCY

Treatment Goal / Focus:

"I want to be less angry."

Note

Interventions I began by asking client if had been working on his homework. I reminded him that his assignment was to take his medicine everyday when the sun gets up. I asked him how many doses of medicine he had taken since I last saw him. I then asked him about his symptomology. I asked him how he coped with this. I acknowledged that his response was anger and nervousness. I then asked him again what he did to feel better when this happened. I praised his response that he is talking to someone about it.

I caught client that taking his medicine everyday would help him feel less angry and nervous when he does hear voices. I also explained that it would help him be able to know right from wrong better so he could make decisions more easily, and he also would not feel as overwhelmed by the things he worries about. It would also help him have fewer cravings for drugs because he would handle stress better.

I asked client if he was worried about his grandfather. I asked him if worrying made it any better. I explained to client that if he worried about things in the future, his anxiety would go up because he would not be able to know the answers to these questions. I advised him to let his mother and brother know what he wanted to do in the way of funeral arrangements. I encouraged client to keep walking to bring down his anxiety.

I answered several other questions for client including if we provided the information to the police about what he shared with us. I asked client if he was paranoid and acknowledged his positive response. I again explained why by taking his medicine every day, he would not be so paranoid. I discussed his spiritual life with him and also how this related to his current goals. I encouraged him to apply his spirituality and get a lawyer if he was turned down.

I then questioned client as to whether he could work because his concentration and focus were so limited. I acknowledged that it was difficult on his pride to say he was disabled or couldn't work. I let him know that we would work on how to cope with this in his next session. I encouraged him to take his medicine and keep walking as well as work on staying in the here and now to reduce anxiety.

Response of the client: He smiled brightly at me when he saw me in a Halloween mask. Client admitted that he had forgotten to do his homework. He said he may have only take one dose of medicine since he last saw me. He appeared to understand the benefits I described, but at the same time was worried about side effects. His mother bought him a drug book sat. and he had been reading it. He spent the last week with his grandparents and felt this had really helped him 'clear his thoughts' as he reads alone time to do this, and there are five others in his brother's home. He admitted that he felt much better now that he is off drugs. He still has cravings, but he fears going to jail so much this is his motivation to not do them. He admits that stress triggers the cravings. He struggled the thought of death, faith, and burial and also with applying for disability when 'I am able to work,' but after I pointed out that he doesn't have enough concentration and focus to work, he agreed, so this lead to him admitting that he had a lot of pride and how difficult it was for him to say he couldn't work or had a mt. He doesn't understand how he would be able to cope if he did work.

Progress of the client: Shared by Buenda Osborns on about abstract concepts available as well as do things, worry, and depression. He did not overall, client looking much better. Focus much better today, and client must more talkative about the things I said to him.
Date of time: 30 Oct 2009

Svc Code: H003 INDIVIDUAL THERAPY **Cance/INS:** **Bill Time:** 60
Ticket: 35132365 **Audft:** 1205049 **Cid:** 2111069 **Name:** JOHN LAWTON

CLINICAL SERVICE NOTE

STAFF LIST
 TIME: 30 For Staff, 0805 RANDA OSBORNE

Facility	JOY BERKMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center	JUBA ARREVILLE MHC-ADULT OUTPATIENT
Location	100 ARREVILLE OUTPATIENT	Office	015 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service:	03 COMMUNITY MHC	Svc Code:	HC03 INDIVIDUAL THERAPY
	qatchno: 28099571	Group number: sched C18:	Group ID:
Medicare Authorized		Date:	10/15/2009
Provider:		Time Service Provided:	11:03 AM
Staff ID:	3805		

Name: JOHN LAWTON **Cid:** 2131069 **Bill Time:** 30 **Pmttp:** 02
Cancel/NS: **Ticket:** 35070381 **Audit:** 1201101 **Modifier:**
GAP: **Incare:** N
Problem: 2 PSYCHIATRIC/SUBSTANCE
Emergency: 0 NORMAL HCURS, NO EMERGENCY
Treatment Goal/Focus: "I want to be less angry."

Note

Interruptions I began by asking client how he was doing. I let him know that his medicine must be working and learned that he is only taking it when he has to go out i.e. coming to apps.

I then provided education on client's need for the medicine on a daily. I explained that he was not really getting the full benefit of the medicine if he was not taking it daily. I was able to identify with what srx's he was str:ll struggling: hearing voices late at night when he's trying to go to sleep, feeling fatigued in the day, and his fixation with going to Alabama to work. I asked client how the medicine helped him and learned that his judgement is better as he sees the benefits of staying in the area since he has no money and does have family and a church that is supportive. However, client thinks the main benefit of taking the medicine is that he doesn't want to use drugs when he goes out.

I explained to client that the srx's he was still having would probably go away if he took the medicine everyday. I explained that while he might have some fatigue at first, this would probably just be a side effect, and he actually might have more energy once his body got use to the medicine being built up in his system.

I asked client how things were going with his family. I clarified that they are all getting along much better. He still feels that he does not get to make his own decision about some things. Like going to Alabama, but he knows he should not turn his back on those who are trying to help him. I also explained to him that my job was to help him to know if he is thinking clearly, if he is making decisions that are in his best interest, and to be creative and help him find solutions to his problems.

I asked client when he thought he would like to take his medicine, in the morning or night. He said in the morning, and I guided him to decide that he would take it when the sun first comes up, as he thought this would be the best time for him. I reinforced that by taking it everyday he would not hear the voices that give him off, and he would have more energy and feel better.

Response of the client: Client was thinking much more clearly today although he admitted to still being depressed due to his problems. He paranoia was noted. Other than some fixation on going to Alabama, client looked very well. He appeared to understand that Alabama was not a good choice for him right now. He appeared to understand all that we discussed, even the added benefits of taking his medicine to reduce other srx's and how that even better in addition to resisting drug use as he does not want to go back to that. He was willing to try to take the Zyprexa every morning over the next two weeks and then come back and see me.

Progress of the client: Good. I noticed also that his tolerance to stress and frustration was much lower as his comprehension and judgement had improved.

Plan for the next session: I plan to see client in two weeks to assist him with med compliance and reducing srx's as well as support by addressing his perceived current issues.

Approved: [Signature]
 Reason:
 Date & Time: 15 Oct 2009

Svc Code: R003 **INDIVIDUAL THERAPY** **Cancel/NS:** **Bill Time:** 30
Ticket: 35070381 **Audit:** 1201101 **Cid:** 2131069 **Name:** JOHN LAWTON

CLINICAL SERVICE NOTE

STAFF LIST
 TIME: 60 FOR SERIAL: 0805 BRENDA OSBORNE

Facility:	IC BECOMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center:	10BAA ABBEVILLE MHC-ADULT OUTPATIENT
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Location:	300 ABBEVILLE OUTPATIENT	Office:	035 CONTINUING TREATMENT & SUPPORT, ADULT
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Place Of Service:	53 COMMUNITY MHC	Svc Code:	H002 PHYSICIAN MR ASSESSMENT NON
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Medicare Authorized:	Batchno: 243099671	Group number:	Sched CTS: Group ID:
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Provider:		Date:	08/31/2009
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Staff ID:	1805	Time Service Provided:	10:30 AM
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Name:	JOHN LAWTON	Cid:	2131069	Bill Time:	60
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Cancel/NS:		Ticket:	34824159	Audit:	1189790	Pmttp:	02
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GAF:		Incarc:	N	Modifier:	
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Problem:	2 PSYCHIATRIC/SUBSTANCE
Emergency:	0 NORMAL HOURS, NO EMERGENCY

Treatment Goal / Focus:	"I want to be less angry."
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Note

The purpose of this session was to assess what client needed in the way of treatment. Client arrived with his brother Jason with whom he lives. They had just come from jail/court where client was directed to come here as the judge did not have his records. Client and his brother had gotten into it when client lost his patience with Jason's 17 mo old child.

I observed that client was frustrated that he did not get to talk to the judge. He admitted that he cannot get along with anyone. He admitted not taking his medicine due to feeling so badly the following day. He talked about having problems and needing help and mentioned that that is why he is here, but he was vague. He and his brother agreed that he could work, but he doesn't have transportation. He did work at Burger King, but was making very little and quit. Client has experience as a welder.

I explored a couple of options and assisted client's brother with making a few phone calls to get him some housing. The problem was that client could not pay utilities as most housing was set up for people with disabilities. Client to follow up with GAMES.

I assessed that client's problems are much like those of many today: He needs a job, and if he had one, he could get a place to live. I encouraged his brother to let client take responsibility for his life, including a job and where he was going to live i.e. calling the games people instead of Jason doing it for him, taking his medicine as prescribed, etc. I also encouraged Jason to take good care of himself and his family so he would have more patience for his brother. I recommended client come to therapy as I think he has been through a lot with just getting out of jail, feeling depressed, and needing to work on his 'problems,' including not taking medicine as prescribed, but I explained that it was voluntary, and client did not have to come unless he really wanted to come.

Signed by: Dorrie L. Osborne
 Reason: Revised/Revised
 Date & Time: 31 Aug 2009

Svc Code: 0002	NH ADRFR SMENT NON	Cancel/NS:		Bill Time:	60
Ticket: 34824159	PHYSICIAN	Audit: 1189790	Cid: 2131069	Name: JOHN LAWTON	

CLINICAL SERVICE NOTE

STAFF LIST
Time: 30 For Staff: 0905 BRENDA OSSORNE

Facility	UJ BROADMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center	UJENA ABBEVILLE PHC-ADULT OUTPATIENT
Location	903 ABBEVILLE OUTPATIENT	Office	035 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service:	13 COMMUNITY MHC	Svc Code:	H003 INDIVIDUAL THERAPY
	Satchno: 247099671	Group number:	sched CIS1
Medicare Authorized Provider:	:805	Date:	09/04/2009
Staff ID:		Time Service Provided:	11:00 AM

Name:	JOHN LAWTON	CID:	2131069	Bill Time:	30	Print:	C2
Cancel/NS:		Ticket:	34857585	Audit:	1190477	Modifier:	
GAF:		Insarc:	N				
Problem:	0 PSYCHIATRIC						
Emergency:	0 NORMAL COURSE, NO EMERGENCY						
Treatment Goal / Focus:	"I want to be less angry."						

Note

Interventions Client came with his brother Jason today. I let him know that I understood he came back to discuss his problems. I asked him what he had accomplished since we talked on Monday, and I listened and clarified his response. I listened as he talked about wanting to get a job. I asked client what he thought about getting on disability. We discussed this at length, and since client really didn't like this idea, I suggested that maybe he would like to go to Job Corp to get free training. He was aware that he was not pay, but I let him know that he would have a home, food, and training for a career which would assist him with getting experience for the next job. I gave client a handout about Job Corp and let him know he'd have to call the number and find out the age requirements.

When client asked about traveler's aid to go to Alabama, I guided him to understand that the goal was to be able to make a decision that he would not regret later. I guided him to see that if he didn't have a job there and had never been there, that this would not be a wise decision as it would be even harder than being here. I explained that one advantage to being here would be that Jason does care about him and would give him support as would the mental health clinic.

When client became anxious, I let him know that he did not have to come here and take medicine as it was voluntary. I responded to his comment about kicking him out by letting him know that we would prefer he stay here and get treatment. I also clarified that what I was doing to help him today was two things: suggested he apply for disability and check into job corp.

I pointed out that he named frustrated. I responded to his objections by letting him know that he could continue looking for work while waiting for his disability to be approved. I explained that he could work with a ticket to work once disability was approved. When his brother explained that he could do all three, apply for disability, keep looking for work, and check into Job Corp, he appeared a little more at ease.

Response of the client Client shared that he did call GAMS, and he was directed to call back in a month. Client listened as I offered him disability and the advantages: an income and money to get a place of his own. He also listened as I explained why going to Alabama was not good for him, and he appeared to understand this. He also demonstrated a very low tolerance for the slowness of the system, and a low tolerance for the system not giving him what he needed which was a job. Once client understood that no one was keeping him from looking for work, he felt better, but he still didn't understand that he had control of his choices and decisions.

Progress of the client Improved, as client did recognize that going to Alabama was not a good decision, and he was willing to work within the parameters of his limited resources and appeared to understand that Jason and this clinic were going to be sources of support. However, paranoia and low tolerance to frustration persist as well as poor judgment, irrational thinking, and concreteness.

Plan for the next session There is no plan to have another session unless client wants to come back. For appeared satisfied with the session and progress was made today as did his brother Jason.

John Lawton MHC
Reason:
Date & Time: 04 Sep 2009

Svc Code:	H003 INDIVIDUAL THERAPY	Cancel/NS:		Bill Time:	30
Ticket:	34857585	Audit:	1190477	CID:	2131069
				Name:	JOHN LAWTON

Beckman Center for Mental Health Services



South Carolina
Department of
Mental Health

Abbeville Mental Health Clinic
101 Commercial Drive
Abbeville, SC 29620

Office # (864) 459-9671
FAX # (864) 459-2487

TELEPHONE

FAX

To: *Carynna Bennett*

From: *Abbeville Mental Health*

NO. PAGES INCLUDED THIS PAGE

864-225-7049
TIME

Date: *Brenda Delmore*

15

See Date Stamp

12-14-09

Urgent For Review Please Comment Please Reply Please Recycle

SUBJECT:

John Loutter

MESSAGE:

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US VIA U.S. POSTAL SERVICE. THANK YOU

AUTHORIZATION TO DISCLOSE SCDMH PROTECTED HEALTH INFORMATION

I, John W. Lawton, SSN 655 Elizabeth St Ext, Honea Path
(Name of requester) SC 29654
DOB 1/18/80, SSN 249-81-0270 Medical Record # 2131069 authorize the release of my SCDMH

health information, as specified below, for the following purpose:

I authorize the release of the following information for the time period from: 11-30-09 to 11-30-10

Information from all SCDMH inpatient and outpatient facilities, centers, clinics, programs and offices

OR

Information from (name of specific hospital): _____

This information should be released to:

AND The information authorized to be released includes:

Name: Paul O'Ganew

All information from above

Address: 114 Court Square

Diagnoses

Telephone No: 366-2431 FAX _____

Clinical History & Evaluator

Relationship: NONE

Admission and Discharge Dates

Office of Gresham Barron
116 Enterprise Ct, Suite B
Greenville SC 29649
FAX 864-225-7049

Individualized Treatment Plan Progress Summaries

Discharge Summary (Summary of Treatment)

Physician's Medication Orders

History and Physical

Psychiatric History and Mental Status Examination

Consultant Notes

Billing and Payment Information

Written Summary (copy attached)

Other: _____

I understand that the above information is protected by applicable law and if this form is not complete, SCDMH may not be able to release the information. I understand that the information may include electronically stored and/or HIV/AIDS/ARC and other infectious disease information about me. I do not want the following information disclosed:

This Authorization is valid for one year from my signing unless an earlier date, condition or event is specified here:

understand that information discussed may be subject to re-disclosure by the entity named above. I may cancel this Authorization by writing the local Privacy Officer whom I received or am receiving treatment. I understand that if I cancel this Authorization, SCDMH cannot take back any use or release made with my Authorization, and SCDMH must keep records of my treatment. I understand that I may refuse to sign this Authorization and my refusal will not limit my access to SCDMH treatment or other services. I also understand that applicable law may permit or require the use, disclosure or re-disclosure of information about me without my Authorization. I have been given a copy of this Authorization.

Signature of Individual/Person(s) Representative: John Lawton Printed Name: John Lawton Date: 11-30-09

Authority: If signed by Personal Representative

Signature of DMH Staff releasing information: _____ Printed Name: _____ Method of Release: _____ Date Released: _____

Patient Identification

CLINICAL SERVICE NOTE

STAFF LIST

TIME: 60 POC SMOCKI 0605 BARNDA OSBERGER

Facility: 07 BERNHAM CENTER FOR MENTAL HEALTH SERVICES **Cost Center:** 0304 ABERTVILLE MHC-0001F **OUTPATIENT**

Location: 1100 ABERTVILLE OUTPATIENT **Office:** 035 CONTINUING TREATMENT & SUPPORT ADULT

Place Of Service: 03 COMMUNITY MHC **Group Code:** H003 **INDIVIDUAL THERAPY**

Medicare Authorized: **Batchno:** 348099871 **Group Number:** sched CIS: **Group ID:** **Date:** 12/14/2009

Provider: **Time Service Provided:** 11:00 AM

Staff ID: 1805

Name: JOHN LAWSON **CID:** 211069 **EM Time:** 60

CancellNS: **Ticket:** 3377193 **Audit:** 1216164 **Printp:** 02 **Modifier:**

CARF: **ISSUES:** N

Problems: 0 PSYCHIATRIC

Emerg: 0 NORMAL MOODS, NO EMERGENCY

Treatment Goal / Focus: "I want to be less angry."

Notes

Interventions: The purpose of this session is to continue helping clients be med compliant as well as work towards independence. I first asked client if he was taking his medicine every day and listened to his response. I determined that client still cannot make the association between taking his medicine daily and only when he has symptoms, as client is only taking it when he has symptoms. I listened as he described his current problems: he feels like people are invading his space and then he becomes angry. I clarified that this was the act of paranoia which was part of his mental illness. He stated that he has chosen when he wants to work, but he doesn't because he really 'couldn't' understand and that high feeling, so I try to do something to calm down.

I then worked with client on understanding what kind of things help him to calm down other than drugs. I noticed that his coping skills are still very limited, so I suggested that he communicate more specifically what he wanted to do and for how long so his family would not feel that he was drug seeking or wandering or sick i.e. I'm walking to the end of the street and will be back in 10 minutes, as he indicated that his family often tells him 'no' when he wants to do something. I reinforced that client is also 30 which is an adult, and he is responsible for his life and becoming independent. He told me again that his father told him 'no' about helping him get a car, and his grandmother also told him 'no' about living in the basement. I clarified that there would be a cost to having the basement. I guided client to see that his best option for feeling like he had some space of his own would be to get his own place when he got social security.

I explained that I did call Paul Agnew and talk with Graham Barrett's office, and I would fax his medical records. I also explained that Dr. Lawson would fill his tooth for no charge and gave him the address and phone number to make an appx. I also explained that client would need a refill of Tylliglon. I gave him the Rx and also I explained to his sister in law Sheryl that it would be mailed with a \$10.99 money order. I gave him an addressed and stamped envelop.

Response of the client: Client communicated well today. He was less tense and anxious and indicated that he was looking forward to the holiday. He said he wanted to have a better understanding of the Christmas, and he explained to me that he did know. He appeared to struggle with understanding my explanation of the assistance I was going to provide for him and that Dr. Lawson was going to provide for him as he asked me questions about things I had already told him such that I had to repeat the explanations more than once. Client thanked me a Merry Christmas and smiled saying he thought he would 'spread some holiday cheer.'

Progress of the client: While client was back to baseline today, he still does not understand that he is to take his medicine every day and not just when he has an 's'. Client appears to be totally disoriented at this time. If he could ever understand the importance of taking medicine, he might be able to work part time at a simple job. Right now, he is still having trouble following simple directions and keeping up with more than one thing at a time. However, client's verbal expression is good and affect improved.

Signed by Bernad L Osborne
 Plan for next session: I plan to see client again in three week to continue helping him reduce his stress related to his medication and office medicine compliance and medication.

Sup Codes: H003 **INDIVIDUAL THERAPY** **CancellNS:** **EM Time:** 60
Ticket: 3377192 **Audit:** 1216164 **CID:** 211069 **Name:** JOHN LAWSON

FOLLOW-UP PSYCHIATRIC MEDICAL ASSESSMENT ORDERS AND SERVICE NOTES (PMA)
 Name: JOHN LAWTON JID: 2131069 Ticket No: 35D36923 Date: 10/09/2009

Current Medication Amri Refills Date/D/C Sample Smp/Dsg Smp/Amnt

Mental Health Medication Doseage Frequency Purpose Date D/C

Physical Healthcare Medication Doseage Frequency Purpose Date D/C

Other: OTC, Herbal, Vitamins, etc. Doseage Frequency Purpose Date D/C

None Interval History

Label: None Reason for Visit P/U after change in Medications Other

Pregnant: N/A P/U after DC from Hospital

Medication check Change in Symptoms Target Symptoms for Treatment Sleep/appetite disturbance

AV fluctuations Depression Legal problems Thought disorganization

Agoraphobia Flashbacks Mania/hypomania Trauma

Anxiety Hypertensive/narrative Oppositional Other

Court ordered Hypertensive Obese/compulsive med noncompliance

Delusions/paranoia Irritability SI/HI/ideation/attempts Symptoms Description:

pe reported sleeping well and good appetite. still living with brother and unsure of plan. bc reported he has been taking no meds but needed to take his Zyprexa this morning. when asked why he said he had a doctor's appointment and has a mental disability. discussed fact that meds are not helpful if taken intermittently. Denied psychotic symptoms Re reported being depressed because of lack of transportation, lack of car/banking, finances, unemployment and having to depend on other people to take care of him. Denied manic symptoms. No change in energy level. Attends church and enjoys this. No legal charges pending and re on probation. Not court ordered to treatment. Does not seem to comprehend that does not help to only take meds if apply to come to. There is no need for me to continue to see pt on regular basis if will not comply with meds and not of danger to self or others. He may possibly devalue some insight through individual therapy.

Medications Used MD or ER visit since last MHC visit

None Taking regularly: No Skipping doses Running Other

None SE Reported to Medications

None Substance/Alcohol Use Other (if checked, describe)

None None Tobacco Alcohol Street Drugs Other (if checked, describe)

None Caffeine Alcohol Street Drugs Other (if checked, describe)

None Cocaine Alcohol Street Drugs Other (if checked, describe)

None Heroin Alcohol Street Drugs Other (if checked, describe)

None Marijuana Alcohol Street Drugs Other (if checked, describe)

None Other Alcohol Street Drugs Other (if checked, describe)

None Other Alcohol Street Drugs Other (if checked, describe)

None Other Alcohol Street Drugs Other (if checked, describe)

None Other Alcohol Street Drugs Other (if checked, describe)

None Other Alcohol Street Drugs Other (if checked, describe)

None Other Alcohol Street Drugs Other (if checked, describe)

None Other Alcohol Street Drugs Other (if checked, describe)

Follow-up PMA (page 1) ID: 2131069 Date: 10/09/2009 09:30:17

Thought Content	Affect: Appropriate: Mood/feelings: No Delusions: No Logical/social driver: No	(If not, describe) Flat Yes: (describe) Yes: (describe) Distractible: Yes Yes: (describe)	LOA: FQI:
Thought Process			
Suicidal Ideation	No		
Homicidal Ideation	No		
Abnormal Movement	None		Face: Lips/Tongue: Trunk:
Diagnosis and Impression of Progress			
Axis I: Schizophrenia, H/O Polysubstance Dependence			
Axis II: deferred			
Axis III: dental problems			
Axis IV: social problems, problems with primary support system; Economic problems			
GAF:50 Additional Rating: (describe)			
Recommendation for Treatment			
Label: Therapeutic drug level:(describe)	HGA1C	Lipid panel	Liver profile
BUN/Creatinine	FBS		
UDS (or drugs of abuse)	Other diagnostic:(describe)		
Thyroid function	Other diagnostic:(describe)		
CBC / Diff	Other diagnostic:(describe)		
Other labs ordered:(describe)			
MHC svcs/interventions:			
Blood sugar	Drug screen	AKRS	Further education (describe)
Individual therapy	Group therapy	Medication monitoring	Case Management
Other:		Medication Ordered	PMA
Medications: Same as above	Mental Health Medication	Dosage	Frequency
none			Appt reuns Sample Sampled Sampled
Medication Education Provided: Client	Family	Lab monitoring required/reson	Financial availability
Medication, dose, time to take	Expected length of tx.		Alternative to medication/Risk of no treatment
Purpose/Expected benefits/Risk	Errors on pregnancy/nursing	Justification for Continued Treatment	Other (describe)
Common side effects		Symptoms unstable	Improve level of functioning
		Prevent decompensation	Prevent hospitalization
Requires monitoring of response to medication			
Requires monitoring for medication side effects			
Follow-up: Days:	Weeks:	Months: 3	Other:
Extra Notes			
None			

Signed by: *Daphna L. Ashby*
 RN
 Date: 10/09/2009 09:20:17

Follow-up PMA (page 2)

ID: 2131069

Date: 10/09/2009 09:20:17

drank 1-2 yrs ago. First alcohol at 15 yr. Has used w/ powdered cocaine, crack cocaine, weed, ecstasy and acid. W/ van drug or choice and last used 1-2 yrs ago. Denied IV drug use. N/O prescription drug use bought off street, mostly Kandy.

Allergies

NKDA

Most Recent Vital Signs

Height: 5FT7.5

Weight: 135lbs

BMI: 21

21

Mental Status Examination

Sensorium	Alert <input checked="" type="checkbox"/>	Oriented: <input checked="" type="checkbox"/>	Other: (describe) (if not, describe) unshaven, hair poorly combed
Appearance	Normal For Patient	Cooperative: <input checked="" type="checkbox"/>	(describe)
Behavior		None: <input checked="" type="checkbox"/>	Other: (describe) (if not, describe)
Psychomotor Abnormalities		Normal For Patient: <input checked="" type="checkbox"/>	(if not, describe) inattentive at times
Speech		Attention: Intact	(if not, describe) poor concentration
Cognition		Concentration: Intact	(if not, describe)
		Memory: <input checked="" type="checkbox"/>	Poor: <input checked="" type="checkbox"/> (describe) past history
Judgment		Good: <input checked="" type="checkbox"/>	Poor: <input checked="" type="checkbox"/> (describe) no insight
Insight		Good: <input checked="" type="checkbox"/>	(if not, describe)
Emotion		Mood: Euthymic: <input checked="" type="checkbox"/>	Yes: (describe) flat
		Affect: Appropriate: <input checked="" type="checkbox"/>	Yes: (describe) somatic delusions, loss of reference
Thought Content		Hallucinations: No: <input checked="" type="checkbox"/>	Distractible: <input checked="" type="checkbox"/> LOA: <input checked="" type="checkbox"/> POI:
		Delusions: No: <input checked="" type="checkbox"/>	Yes: (describe)
Thought Process		1 organized directed: <input checked="" type="checkbox"/>	Yes: (describe)
Suicidal Ideation		No: <input checked="" type="checkbox"/>	Yes: (describe)
Homicidal Ideation		No: <input checked="" type="checkbox"/>	Yes: (describe)
Abnormal Movement		None: <input checked="" type="checkbox"/>	Face: Lips/Tongue: Trunk:

Diagnosis and Impression of Progress

Axis I: Schizophrenia; N/O poly substance dependence
 Axis II: deferred
 Axis III: dental problems
 Axis IV: Social Problems; Problems with Primary Support System; Economic Problems
 GAF's | Additional Ratings: (describe)

Recommendation for Treatment:

Labes:	Thyroidetic drug level;(describe)	HGA1C	Lipid panel	Liver profile
	BUN/Creatinine	PSB		
	UDS for drugs of abuse	Other diagnostic:(describe)		
	Thyroid function	Other diagnostic:(describe)		
	CBC / DIF	Other diagnostic:(describe)		
	Other labs ordered:(describe)			

MHC svc/interventions:

Blood sugar	Drug secon	AIMS	Further education (describe)	PMH
Individual therapy	Group therapy	Medication monitoring	Case management	
Other:				

Medication Ordered

Medications: Same as above: <input checked="" type="checkbox"/>	Mental Health Medication	Dosage	Frequency	Amnt	Refills	Sample	Strp/Dag	Implant:
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PROG:

Medication Education Provider: <input checked="" type="checkbox"/> Client	Family	Financial availability
<input checked="" type="checkbox"/> Medication, dose, time to take	Lab monitoring required/reason	Alternative to medication/Risk of no treatment
<input checked="" type="checkbox"/> Purpose/Expected benefits/Risk	Expected length of tx.	Other (describe)
Common side effects	Justification for Continued Treatment:	
Requires monitoring of rx-ones to medication	<input checked="" type="checkbox"/> Symptoms unstable	<input checked="" type="checkbox"/> Improve level of functioning
Requires monitoring for medication side effects	<input checked="" type="checkbox"/> Prevent decompensation	<input checked="" type="checkbox"/> Prevent hospitalization
Follow-up: Days: _____	Weeks: _____	Months: 2

Extra Notes

Name:

CLINICAL SERVICE NOTE

STAFF LIST

Time: 00 Per Date: 0805 BRENDA OSBORNE

Facility	10 BROADMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center	1000A ABBEVILLE HRC-ADULT OUTPATIENT
Location	100 ABBEVILLE OUTPATIENT	Office	435 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service:	13 COMMUNITY MHC	Svc Code:	R003 INDIVIDUAL THERAPY
Medicare Authorized Provider:	Batchelor 317099071	Group number:	atched C13
Staff ID:	2805	Date:	11/13/2009
		Time Service Provided:	10:00 AM

Name: JOHN LAWTON Cid: 2131069 Bill Time: 60 Pmtg: 02

Cancel/NS: Ticket: 35237103 Audit: 1208772 Modifier:

GAP: Invoice #

Problem: 0 PSYCHIATRIC

Emerg: 0 NORMAL RECORD, NO EMERGENCY

Treatment Goal / Focus: "I want to be less angry."

Note

Interventions The purpose of this session was to continue reinforcing the benefits of client's medication so that he would take it more consistently. I reviewed how client was feeling and learned that he was feeling better because he was hearing less voices, worrying about work less, and was able to concentrate and focus more i.e. focus on the preaching at church. I also noticed that his affect was happier as he smiled more. I reinforced for client to take medicine daily so it will build up in his system.

I discussed with client things that he likes to do in life. I listened as client shared about his love for fishing and taking his nephews out back to the pond to fish one day. I reinforced that a goal was for client to spend his time doing things that he enjoys doing. I also reinforced that client should to go AA since he likes doing this.

I asked client what medicine he was taking and listened as he shared. I asked him how much he had, and then when his prescription called the pharmacy in Romea Park (CVS) and learned that client had a 3x of Tyllipon there on hold, but that he could pick it up. The cost was \$35.48. Since he doesn't have any money, I referred him to OAK to get assistance. I went with him back to the lobby and explained to his sister in law what and when to apply. I suggested for her to call the pharmacy and explain to the pharmacist in law what and when to apply. I suggested for her to call the pharmacy and explain to the pharmacist in law what and when to apply.

Response of the client: Client shared that he was feeling better and was able to answer my questions about how he was doing related to his meds. He admitted that he is not taking his medicine daily. He also shared with me that he is enjoying journaling, going to AA, and regular church attendance. He shared that he is taking tyllipon, but he doesn't like it. System, or Invega as they make him sleepy. Client agreed to work on the homework assignment related to getting and taking his medicine.

Progress of the client: Client much improved as noted above.

Plan for the next session: I plan to see client again in two weeks to assist him with remaining medication and also help him get assistance through National Direct. I will call next week and make him an appt. to see the representative at her next office visit here.

Signed by: Brenda L. Osborne
Brenda L. Osborne
 MHC00000000
 Date & Time: 13 Nov 2009

Svc Code: H003 INDIVIDUAL THERAPY CANCEL/NS: Bill Time: 60
 Ticket: 35237103 Audit: 1208772 Cid: 2131069 Name: JOHN LAWTON

CLINICAL SERVICE NOTE

STAFF LIST

THM: 30 Fox Street, 06035 WOODA GROVE
 NJ DECATMAN CENTER FOR MENTAL HEALTH SERVICES
 120A ABBEVILLE WRC ADULT OUTPATIENT

Facility: NJ DECATMAN CENTER FOR MENTAL HEALTH SERVICES
Cost Center: 026 CONTINUING TREATMENT & SUPPORT, ADULT
Location: 100 ABBEVILLE CENTER
Office: 026 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service: 13 COMMUNITY MHC
Svc Code: HC03 INDIVIDUAL THERAPY
Batchno: 28099871
Group number: Sched C18
Group ID: 10/11/2009

Medicare Authorized Provider: 3805
Date: 11/03 AM
Time Service Provided: 11:03 AM

Staff ID: 3805
Bill Time: 30

Name: JOHN LAWREN
Cid: 2131069
Print: 02

Cancel/NS: Ticket: 15070381
Audit: 1201101
MediPar:

QAF: Incident: N

Problem: 2 PSYCHOTROPIC/SUBSTANCE
 0 NORMAL WORDS, NO EMERGENCY

Emergency: 'I want to be less angry.'

Treatment Goal / Focus: 'I want to be less angry.'

Note

Interventions: I began by asking client how he was doing. I let him know that his medicine must be working and learned that he is only taking it when he has to go out i.e. coming to apps.

I then provided education on client's need for the medicine on a daily. I explained that he was not really getting the full benefit of the medicine if he was not getting it daily. I was able to identify with what he's been struggling; hearing voices late at night when he's trying to go to sleep, feelings dejected in the day, and his fixation with going to Alabama as he goes to work. I asked client how the medicine helped him and learned that his judgment is better as he sees the benefits of staying in the area since he has no money and does have family and a church that is supportive. However, client thinks the main benefit of taking the medicine is that he doesn't want to use drugs when he goes out.

I explained to client that the way he was still having would probably go away if he took the medicine everyday. I explained that while he might have some fatigue at first, this would probably just be a side effect, and he actually might save some energy once his body got use to the medicine being built up in his system.

I asked client how things were going with his family. I clarified that they are all getting along much better. He still feels that he does not get to make his own decision about some things, like going to Alabama, but he knows he should not turn his back on those who are trying to help him. I also explained to him that my job was to help him to know if he is thinking clearly, if he is making decisions that are in his best interest, and to be creative and help him find solutions to his problems.

I asked client when he thought he would like to take his medicine, in the morning or night. He said in the morning, and I guided him to decide that he would take it 'when the sun first comes up' as he thought this would be the best time for him. I reinforced that by asking it everyday he would not hear the voices that 'gives him off' and he would have more energy and feel better.

Response of the client: Client was thinking much more clearly today although he admitted to still being depressed due to his problems. No paranoia was noted. Other than some fixation on going to Alabama, client looked very well. He appeared to understand that Alabama was not a good choice for him right now. He appeared to understand all that was discussed, even the added benefits of taking his medicine to reduce other side and how feel even better in addition to feeling drug use as he does not want to go back to that. He was willing to try to take the system every morning over the next two weeks and then come back and see me.

Progress of the client: Good. I noticed also that his tolerance to stress and frustration was much lower as his comprehension and judgement had improved.

Plan for the next session: I plan to see client in two weeks to assist him with med compliance and reducing side as well as speak with his family to resolve his perceived current issues.

John Lawrence
 Date & Time: 15 Oct 2009

Svc Code: H003 INDIVIDUAL THERAPY
Cid: 2131069
Bill Time: 30
Ticket: 15070381
Audit: 1201101
Name: JOHN LAWREN

CLINICAL SERVICE NOTE

STAFF LIST

STAFF, 30 FOR STAFF: 0805 DEANDA OSORUBE

Facility: 1400 BUCKMAN CENTER FOR MENTAL HEALTH SERVICES

Cost Center

1200A APPROPRIATE DOC-ADULT OUTPATIENT

Location: 1400 ABBEVILLE DRIVE/MENTAL

Office

035 CONTINUING TREATMENT & SUPPORT, ADULT INDIVIDUAL THERAPY 8003

Place Of Service: 13 COMMUNITY MHC

Svc Code:

Group ID:

Batchno: 247099841

Group number: sched cis:

Group ID:

Date:

Time Service Provided:

11:00 AM

Medicare Authorized: 0446

Bill Time: 30

Name: JOHN LAWTON

Cid:

2111049

Bill Time:

30

Cancel/NS:

Ticker: 34857595

Audit:

1190477

Print: 02
Modifier:

GA#: 0

Problem: 0 PSYCHIATRIC

Emergency: 0 NORMAL SCORE, NO EMERGENCY

Treatment Goal/Focus: "I want to be less angry."

Note

Intervention: Client came with his brother Jason today. I let him know that I understood he came back to discuss his problems. I asked him what he had accomplished since we talked on Monday, and I listened and clarified his response. I listened as he talked about wanting to get a job. I asked client what he one clarified about wanting on disability. We discussed this at length, and made client really didn't like this idea, I suggested that maybe he would like to go to Job Corp to get free training. He was aware that it was no pay, but I let him know that he would have a home, food, and training for a career which would assist him with getting experience for the next job. I gave client a handout about Job Corp and let him know he'd have to call the number and find out the age requirements.

When client asked about traveler's aid to go to Alabama, I guided him to understand that the goal was to be able to make a decision that he would not regret later. I guided him to see that if he didn't have a job there and had never been there, that this would not be a wise decision as it would be even harder than being here. I explained that one advantage to being here would be that Jason does care about him and would give him support as well as the mental health clinic.

When client became anxious, I let him know that he did not have to come here and take medicine as it was voluntary. I responded to his comment about making him quit by letting him know that we would prefer he stay here and get treatment. I also clarified that what I was doing to help him today was two things: suggested he apply for disability and shoot into job corp.

I pointed out that he seemed frustrated. I responded to his objections by letting him know that he could continue looking for work while waiting for his disability to be approved. I explained that he could do all work with a ticket to work once disability was approved. When his brother explained that he could do all three, apply for disability, keep looking for work, and check into Job Corp, he appeared a little more at ease.

Response of the client: Client shared that he did call GUYSS, and he was directed to call back in a month. Client listened as I ordered him disability and the advantages: an income and money to get a piece of his son. He also listened as I explained why going to Alabama was not good judgment, and he appeared to understand this. He also demonstrated a very low tolerance for the answers of the system, and a low tolerance for the system not giving him what he needed which was 'a job.' Once client understood that no one was keeping him from looking for work, he felt better, but he still didn't understand that he had control of his choices and decisions.

Programs of the client improved, as client did recognize that going to Alabama was not a good decision, and he was willing to work within the parameters of his limited resources and appeared to understand that Jason and this clinic were going to be sources of support. However, paranoia and low tolerance to frustration persists as well as poor judgment, irrational thinking, and concreteness.

Plan for the next session: There is no plan to have another session unless client wants to come back. He appeared satisfied with the session and progress was made today as did his brother Jason.

John Lawton
Ransom
Date & Time: 04/09/2009

Svc Code: 8003 INDIVIDUAL THERAPY Cancel/NS: Bill Time: 30
 Ticker: 34857595 Audit: 1190477 Cid: 2111049 Name: JOHN LAWTON

CLINICAL SERVICE NOTE

STAFF LIST

TITLE: 60 JOB STAFF: 0805 FREEMDA OBOBINS

Facility	17 BECCAM CENTER FOR MENTAL HEALTH SERVICES	Cost Center	JURIA ABBEVILLE MRC-ADULT OUTPATIENT
Location	400 ABBEVILLE OUTPATIENT	Office	035 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service:	53 COMMUNITY MRC	Svc Code:	H002 MR ASSESSMENT NON PHYSICIAN
Medicare Authorized Provider:	Esthino: 243099671	Group number: rohad cis:	Group ID:
Shift ID:	2805	Date:	08/22/2009
		Time Service Provided:	10:30 AM

Name:	JOHN LAWTON	CID:	2131069	Bill Time:	60
Cancel/NS:		Ticket:	34824159	Audit:	1188790
GAF:		Incar:	N	Printp:	02
Problem:	2 PSYCHIATRIC/CONSULTANCE				
Empty:	0 NORMAL HOURS, NO INTERFERENCE				
Treatment Goal / Focus:	"I WANT TO BE LEARN EMPLOY."				

Note

The purpose of this session was to assess what client needed in the way of treatment. Client arrived with his brother Jason with whom he lives. They had just come from jail/court where client was directed to come here as the judge did not have his records. Client and his brother had gotten into it when client lost his patience with Jason's 17 mo old child.

I observed that client was frustrated that he did not get to talk to the judge. He admitted that he cannot get along with anyone. He admitted not taking his medicine due to feeling so badly the following day. He talked about having problems and needing help and mentioned that the 17 mo old child was not well. He and his brother agreed that he could work, but he doesn't have transportation. He did work at Burger King, but was making very little and quit. Client has experience as a welder.

I explored a couple of options and asked client's brother what making a few phone calls to get him some housing. The problem was that client could not pay utilities as most housing was set up for people with disabilities. Client to follow up with cases.

I assessed that client's problems are much like those of many today. He needs a job, and as he had one, he could get a place to live. I encouraged his brother to let client take responsibility for his life, including a job and where he was going to live i.e. calling the banks people instead of Jason doing it for him, taking his medicine as prescribed, etc. I also encouraged Jason to take good care of himself and his family so he would have more patience for his brother. I recommended client go to therapy so I think he has been through a lot with just getting out of jail, feeling depressed, and needing to work on his problems, including not taking medicine as prescribed, but I explained that it was voluntary, and client did not have to come unless he really wanted to come.

Signed by: *David L. Obobins*
 Name: David L. Obobins
 Date: Thu:31 Aug 2009

Svc Code: H002 MR ASSESSMENT NON Cancel/NS: Bill Time: 60
 PHYSICIAN
 Ticket: 34824159 Audit: 1188790 Cid: 2131069 Name: JOHN LAWTON



Page 0359

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

March 8, 2010

Emma Forkner
Director

The Honorable William H. "Billy" O'Dell
Member, South Carolina Senate
Post Office Box 142
Columbia, South Carolina 29202

Dear Senator O'Dell:

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

We were unable to reach Mr. Lawton by telephone; however, we sent him a letter providing a contact number for staff in our Constituent Services Division. We also mailed him information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs. We hope this information is helpful.

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/jrhe



March 8, 2010

Mr. John Lawton
655 Elizabeth Street Ext.
Honea Path, South Carolina 29654

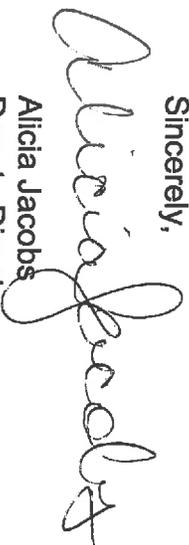
Dear Mr. Lawton:

South Carolina Senator Billy O'Dell contacted our agency on your behalf regarding Medicaid eligibility and your healthcare needs. We were unable to reach you by telephone at (864) 369-7719 so we are sending this letter to the mailing address listed in your Medicaid record.

Your application for Medicaid's Aged, Blind or Disabled (ABD) program was denied on May 19, 2009, because you do not meet the categorical requirements of being age 65 or older, blind, or disabled according to the Social Security Administration's definition. If your disability status has changed, please contact our Medicaid office in the county where you reside. For further information, please call 1-888-549-0820 (toll-free) or contact Denise Epps in Constituent Services at (803) 898-2505.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, inpatient hospitalization and daily living needs. I hope this information is helpful.

Sincerely,


Alicia Jacobs
Deputy Director

AJ/rle