


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs	2-25-10

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	100359	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	 Cleared 3/8/10, letter attached	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>3-8-10</u> 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 Senate O'Dell? -

Thanks -

Kathie

# The Beckman Center for Mental Health Services

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

Melanie E. Gambrell, LPC / Executive Director

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442 Professional Park Rd.  
Clinton, S.C. 29325  
(864) 938-0912  
FAX: (864) 938-0520

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202 Hwy. 28 North  
P.O. Box 1556  
McCormick, S.C. 29835  
(864) 465-2412  
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NEWBERRY  
MENTAL HEALTH CLINIC  
2043 Medical Park Drive  
Newberry, S.C. 29108  
(803) 276-8000  
FAX: (803) 276-6699

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

Feb. 3, 2010

Dear Congressman Barnett  
and Mr. Pam Carpenter,

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

Sincerely,  
Brooks Alvord, MA



John H. Magill, 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

Telephone: 864 366-5638

BG#: 10645116

HH#: 101341807

To: JOHN LAWTON

01 SNEW

655 ELIZABETH STREET EXT  
HONEA PATH SC 29854

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 or Prescriptions call Augeo Benefits at 866-273-5613 or visit online at [www.AugeoBenefits.com/sc](http://www.AugeoBenefits.com/sc).

## Beckman Center for Mental Health Services

South Carolina  
Department of  
Mental HealthAbbeville Mental Health Clinic  
101 Commercial Drive  
Abbeville, SC 29620Office # (864) 459-9671  
FAX # (864) 459-2487To: *Wesley Carpenter*

TELEPHONE

224-7401

FAX

225-7049

From: *Abbeville Mental Health  
Brooks Delaney*

NO. PAGES INCLUDED THIS PAGE

3

TIME

See Date Stamp

Date:

2/2/10

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

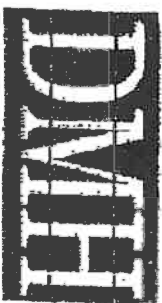
SUBJECT:

*Re: John William Carpenter*

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: *Carynna Kowett*

From: *Abbeville Mental Health*

NO. PAGES INCLUDED THIS PAGE

Date: *Abbeville, SC*

*12-14-09*

*15*

*864-225-7049*

TIME

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

I, John W. Lawton, at 655 Elizabeth St Ext, Honea Path  
(Name of requestor) 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: \_\_\_\_\_

AND

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

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SALUDA  
MENTAL HEALTH CLINIC  
205 Trade Avenue  
Saluda, S.C. 29138  
(864) 445-8722  
FAX: (864) 445-0546

December 14, 2009

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

Re: John Willis Lawton, SS# 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.

A facility of the  
**DMH** South Carolina  
Department of  
Mental Health

John H. Magill, State Director of Mental Health



## CLINICAL SERVICE NOTE

## STAFF LIST

TIME: 60 PER SEAT: 3805 BRANDA OSBORNE

Facility	CV BECKMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center	300A ABBEVILLE MHC-ADULT OUTPATIENT
Location	100 ABBEVILLE OUTPATIENT	Office	015 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service:	113 COMMUNITY MHC	Svc Code:	H003 INDIVIDUAL THERAPY
	Batchno: 34809671	Group number: sched CIS:	Group ID:
Medicare Authorized Provider:		Date:	12/14/2009
Staff ID:	3805	Time Service Provided:	11:00 AM
Name:	JOHN LAWTON	Cid:	211069
Cancel/NS:		Ticket:	35377192
		Audit:	1216164
GAF:		Incarc:	N
Problem:	0 PSYCHIATRIC		
Emerg:	0 NORMAL HOURS, NO EMERGENCY		
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 use, but he doesn't because he really 'doesn't understand 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 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 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 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 go to 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 booth 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 Triliphen. I gave him the Rx, and also I explained to his sister in law Staci 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 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 explanation more than once. Client wished 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 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: Branda L Osborne  
 I plan to see client again in three week to continue helping him reduce his stress related to his past and reinforce medicine compliance and education.  
 Date: 12/14/2009

Svc Code: H003 INDIVIDUAL THERAPY Cancel/NS: Bill Time: 60  
 Ticket: 35377192 Audit: 1216164 Cid: 211069 Name: JOHN LAWTON

**FOLLOW-UP PSYCHIATRIC MEDICAL ASSESSMENT ORDERS AND SERVICE NOTES (PMA)**

Name: **JOHN LAWTON**

ID: 2131069

Ticket No: 35036023

Date: 10/09/2009

<b>Current Medication</b>		<b>Amnt Refills Dated/C</b>		<b>Sample</b>	<b>Smp/Dsg</b>	<b>Smp/Amt</b>
<b>Mental Health Medication</b>	<b>Dosage</b>	<b>Frequency</b>				
none						
<b>Physical Healthcare Medication</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Purpose</b>	<b>Date D/C</b>		
none			<b>Purpose</b>	<b>Date D/C</b>		
<b>Other: OTC, Herbs, Vitamins, etc.</b>		<b>Dosage</b>	<b>Frequency</b>			
none						
<b>Interval History</b>						
<b>Labs:</b> None <b>Pregnant:</b> <input checked="" type="checkbox"/> N/A						
<b>Reason for Visit:</b>		<b>F/U after DC from Hospital</b>		<b>F/U after change in Medications</b>		
<input checked="" type="checkbox"/> Medication check		<b>Change in Symptoms</b>		<b>Target Symptoms for Treatment</b>		
AV hallucinations Agoraphobia Anxiety Court ordered Delusions/paranoia		Depression Flashbacks Hyperactive/inattentive Hypervertal Irritability		<input checked="" type="checkbox"/> Legal problems <input checked="" type="checkbox"/> Mania/hypomania <input checked="" type="checkbox"/> Oppositional <input checked="" type="checkbox"/> Obsessive/compulsive <input checked="" type="checkbox"/> SI/H/Ideation/Attempts		
<b>Symptoms Description:</b>						
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. No 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.						
<b>Medications Use</b>						
<b>Taking regularly:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Refusing <input type="checkbox"/> Skipping doses <input type="checkbox"/> Overtaking <input type="checkbox"/> Run out <input type="checkbox"/> Other						
<b>SE Reported to Medications</b>						
None						
<b>MD or ER visit since last MHC visit</b>						
None						
<b>Substance/Alcohol Use</b>						
None None <input checked="" type="checkbox"/> Tobacco Smoked 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 MW, powdered cocaine, crack cocaine, meth, ecstasy and acid. MI 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	Caffeine <input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Street Drugs <input checked="" type="checkbox"/>	Other (if checked, describe)				
<b>Allergies</b>						
NKDA						
<b>Most Recent Vital Signs</b>						
<b>Height:</b>	5FT8	<b>Weight:</b>	133lbs	<b>BMI:</b>	20	
<b>Mental Status Examination</b>						
<b>Sensorium</b>	<b>Alert:</b> <input checked="" type="checkbox"/>	<b>Oriented:</b> <input checked="" type="checkbox"/>				
<b>Appearance</b>	<b>Normal For Patient:</b> <input checked="" type="checkbox"/>	<b>Other:</b> (describe) (if not, describe)				
<b>Behavior</b>	<b>Cooperative:</b> <input checked="" type="checkbox"/>	<b>(describe)</b>				
<b>Psychomotor Abnormalities</b>	<b>None:</b> <input checked="" type="checkbox"/>	<b>Other:</b> (describe)				
<b>Speech</b>	<b>Normal For Patient:</b> <input checked="" type="checkbox"/>	<b>(if not, describe)</b>				
<b>Cognition</b>	<b>Attention:</b> intact <input checked="" type="checkbox"/>	<b>(if not, describe)</b>				
	<b>Concentration:</b> intact <input checked="" type="checkbox"/>	<b>(if not, describe)</b>				
	<b>Mn-mory:</b> intact <input checked="" type="checkbox"/>	<b>(if not, describe)</b>				
<b>Judgment</b>	<b>Good:</b> <input checked="" type="checkbox"/>	<b>Fair:</b> <input checked="" type="checkbox"/> (describe) per history				
<b>Insight</b>	<b>Good:</b> <input checked="" type="checkbox"/>	<b>Poor:</b> <input checked="" type="checkbox"/> (describe) does not understand mental illness and meds				
<b>Emotion</b>	<b>Mood:</b> Euthymic	<b>(if not, describe)</b> I used the bathroom this morning, so I don't know				

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) flat	
Thought Process		Hallucinations: No: <input checked="" type="checkbox"/>		Yes: (describe)	
Suicidal Ideation		Delusions: No: <input checked="" type="checkbox"/>		Yes: (describe)	
Homicidal Ideation		Logical/Goal directed: <input checked="" type="checkbox"/>		Distractable: LOA: FOL: <input checked="" type="checkbox"/>	
Abnormal Movement		No: <input checked="" type="checkbox"/>		Yes: (describe)	
		No: <input checked="" type="checkbox"/>		Yes: (describe)	
		None: <input checked="" type="checkbox"/>		Face: Lips/Tongue: Trunk:	
<b>Diagnosis and Impression of Progress</b>					
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)					
<b>Recommendation for Treatment</b>					
Labs:		Therapeutic drug level:(describe)		HGATC Lipid panel Liver profile	
		BUN/Creatinine		FBS	
		UDS for drugs of abuse		Other diagnostic:(describe)	
		Thyroid function		Other diagnostic:(describe)	
		CBC / Diff		Other diagnostic:(describe)	
		Other labs ordered:(describe)			
<b>MHC svc/interventions:</b>					
Blood sugar		Drug screen		AIMS Further education (describe)	
<input checked="" type="checkbox"/> Individual therapy		Group therapy		Medication monitoring <input checked="" type="checkbox"/> Case management <input checked="" type="checkbox"/> PMA	
Other:		<b>Medication Ordered</b>			
Medications: Same as above: <input checked="" type="checkbox"/>					
Mental Health Medication					
Dosage Frequency Amount Refills Sample Supply/Day Supply/Unit					
none					
Medication Education Provided: <input checked="" type="checkbox"/> Client		Family		Financial availability:	
Medication, dose, time to take		Lab monitoring required/reason		<input checked="" type="checkbox"/> Alternative to medication/Risk of no treatment	
<input checked="" type="checkbox"/> Purpose/Expected benefits/Risk		Expected length of tx.		Other (describe)	
Common side effects		Effects on pregnancy/nursing		<b>Justification for Continued Treatment</b>	
Requires monitoring of response 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: 3 Other:	
<b>Extra Notes</b>					
None					

Signed by: Daphne L. Atkins

Ranson:

Date: 8/17/09 09:04:00

Follow-up PMA (page 2)

ID: 2131069

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

# FOLLOW-UP PSYCHIATRIC MEDICAL ASSESSMENT ORDERS AND SERVICE NOTES (PMA)

Name: JOHN LAWTON

IID: 2131069

ITicket No: 34924983

IDate: 09/16/2009

Mental Health Medication		Current Medication		Amt Refill Date/D/C		Sample	SmplDsg	SmplAmt
none		Dosage	Frequency					
Physical Healthcare Medication		Dosage	Frequency					
name	Other: OTC, Herbs, vitamins, etc.	Dosage	Frequency					Date D/C
none								
Interval History								
Labs: UDS negative		Reason for Visit:						
Pregnant: <input checked="" type="checkbox"/> N/A		F/U after DC from Hospital		F/U after change in Medications				
Medication check		Changes in Symptoms	Target Symptoms for Treatment			Other		
AV hallucinations	Depression	<input checked="" type="checkbox"/> Legal problems	<input checked="" type="checkbox"/> Sleep/appetite disturbance					
Agoraphobia	Flashbacks	Mania/hypomania	<input checked="" type="checkbox"/> Thought disorganization					
Anxiety	Hyperactive/inattentive	Oppositional	Trauma					
Court ordered	Hyperverbal	Obsessive/compulsive	<input checked="" type="checkbox"/> Other					
<input checked="" type="checkbox"/> Delusions/paranoia	<input checked="" type="checkbox"/> Irritability	S/H/Idication/attempts	med noncompliance					
Symptoms Description:								
<p>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 sleeps 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 colaract 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</p> <p>grandmother. Somewhat depressed due to difficulty finding work. Cannot go anywhere because does have a job, money, home, possessions.</p> <p>Thought processes disorganized and illogical. Took a Trilafon and a citalopram that he had left from prior prescriptions before coming to</p> <p>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</p> <p>would not be helpful. Continues to report that he would not take meds if prescribed as he feels he does not need them. He does not appear to</p> <p>represent an imminent risk to himself or others based on his mental illness at this time. He reported living with his brother where his</p> <p>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</p> <p>or not it makes sense to keep this case open until pt is willing to participate in treatment.</p>								
Medications Use								
Taking regularly: <input checked="" type="checkbox"/> No		Run out						
Refusing		Skipping doses		Overtaking		Other		
SE Reported to Medications								
None								
MD or ER visit since last MHG visit								
None								
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)			
Smoke 1 PPD cigarettes. Does not drink alcohol because on meds. R/O problems with alcohol and drugs. Last								

Follow-up PMA (page 1)

ID: 2131069

Date: 09/16/2009 10:20:50

drink 1-2 yrs ago (first alcohol) at 15 yrs. Has used MD, powdered cocaine, crack cocaine, meth, 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

NKOA

### Most Recent Vital Signs

Height: 5'7.5

Weight: 135lbs

BMI: 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) per 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"/>	(if not, describe) flat	
	Affect: Appropriate:	Yes: (describe)	
Thought Content	Hallucinations: No: <input checked="" type="checkbox"/>	Yes: <input checked="" type="checkbox"/> (describe) somatic delusions, ideas of reference	
	Delusions: No:	Distractable: <input checked="" type="checkbox"/> LOA: <input checked="" type="checkbox"/> FOT:	
Thought Process	I logical/Goal directed:	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, R/O Poly substance Dependence

Axis II: deferred

Axis III: dental problems

Axis IV: Social Problems; Problems with Primary Support System; Economic Problems

GA-F/S | Additional Rating:

(describe)

### Recommendation for Treatment

Labr: Therapeutic drug level:(describe)

BUN/Creatinine

UDS for drugs of abuse

Thyroid function

CBC / DIF

Other labs ordered:(describe)

HGA1C

FBS

Other diagnostic:(describe)

Other diagnostic:(describe)

Other diagnostic:(describe)

Lipid panel

Liver profile

### MHC svc/interventions:

Further education (describe)

Medication monitoring ☒ Case management

☒ PMA

Blood sugar  
Individual therapy  
Group therapy

### Medication Ordered

Medications: Same as above: ☒

Mental Health Medication

Dosage Frequency

Amnt Refills Sample SimplAm

none

Medication Education Provided: ☒ Client

Family

Medication, dose, time to take

Purpose/Expected benefits/Risk

Common side effects

Expected length of tx.

Effects on pregnancy/nursing

Justification for Continued Treatment

Requires monitoring of response to medication

Requires monitoring for medication side effects

Follow-up: Days: Weeks: Months: 2

Other:

### Extra Notes

None

Signed by: Daphne L. Allen

Date & Time: 18 Sep 2009

Follow-up PMA (page 2)

ID: 2131069

Date: 09/18/2009 10:20:50

# CLINICAL SERVICE NOTE

## STAFF LIST

TIME: 60 For Staff: 0805 BRENDA OSBORNE

Facility	UT BERKMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center	335AA ABBEVILLE MHC-ADULT OUTPATIENT
Location	300 ABBEVILLE OUTPATIENT	Office	035 CONTINUING TREATMENT & SLEEP, ADULT
Place Of Service:	33 COMMUNITY MHC	Svc Code:	HC03 INDIVIDUAL THERAPY
	Referral: 317099571	Group number:	refed C19:
Medicare Authorized		Date:	11/13/2009
Provider:		Time Service Provided:	10:00 AM
Staff ID:	2805		

Name: JOHN LAWTON Cid: 2131069 Bill Time: 60 Pmttp: 02  
Cancel/NS: Ticket: 35237103 Audit: 1208772 Modifier:

GA#: Incarc: N

Problem: 0 PSYCHIATRIC

Emerg: 0 NORMAL HOURS, 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 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 "doing 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 re-inforced 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 House Path (CVS) and learned that client had a 3x of Triliphen 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 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 ex's. He admitted that he is not taking his medication 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 Klonopin, 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

Referral: 317099571

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 OSBORNE

## Facility

3 J BORDMAN CENTER FOR MENTAL  
HEALTH SERVICES

## Cost Center

3UBBA ABBEVILLE, MHC-ADULT  
OUTPATIENT

## Location

1100 ABBEVILLE OUTPATIENT

## Office

035 CONTINUING TREATMENT &  
SUPPORT, ADULT

## Place Of Service:

03 COMMUNITY MHC

## Svc Code:

H003

INDIVIDUAL THERAPY

Hatchno: 301099671

Group number: schod CTS:

Group ID:

## Medicare Authorized

10805

## Date:

10/30/2009

## Provider:

0805

## Time Service Provided:

09:00 AM

## Name:

JOHN LAWTON

## Cid:

2131069

## Bill Time:

60

## Cance/INS:

Ticket: 35132365

## Audit:

1205049

## Pmtto:

02

## Modifier:

## GAF:

Incarci: N

## Problem:

2 PSYCHIATRIC/SUBSTANCE

## Emergency:

0 NORMAL HOURS, NO EMERGENCY

## Treatment Goal / Focus:

"I want to be less angry."

## Note

Intervention: 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 symptoms. I asked him how he cooped 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 taught 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 that 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 disability and get a lawyer if he was turned down.

I then questioned client as to whether he could work because his communication and focus was 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 spend the last week with his grandparents and felt this had really helped him 'clear his thoughts' as he needs 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 admitted 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 family conversation about abstract concepts available as well as no paranoia, worry, and depression. Overall, client looking much better. Focus much better today, and client must more talkative about the things he is doing.

Date: 10/30/09

Svc Code: H003 INDIVIDUAL THERAPY

Cance/INS:

Bill Time: 60

Ticket: 35132365

Audit: 1205049

Cid: 2131069

Name: JOHN LAWTON

# CLINICAL SERVICE NOTE

**STAFF LIST**  
TIME: 30 For Staff, 0805 RAYMOND OSBORNE

<b>Facility</b>	JOHN LAWTON CENTER FOR MENTAL HEALTH SERVICES	<b>Cost Center</b>	JUBA ARREVILLE MHC-ADULT OUTPATIENT
<b>Location</b>	100 ARREVILLE OUTPATIENT	<b>Office</b>	015 CONTINUING TREATMENT & SUPPORT, ADULT
<b>Place Of Service:</b>	03 COMMUNITY MHC	<b>Svc Code:</b>	HC03 INDIVIDUAL THERAPY
	Batchno: 28099671	<b>Group number:</b> sched C18:	<b>Group ID:</b>
<b>Medicare Authorized Provider:</b>		<b>Date:</b>	10/15/2009
<b>Staff ID:</b>	3805	<b>Time Service Provided:</b>	11:03 AM
<b>Name:</b>	JOHN LAWTON	<b>Cid:</b>	2131069
<b>Cancel/NS:</b>		<b>Ticket:</b>	35070381
<b>GAF:</b>		<b>Incare:</b>	N
<b>Problem:</b>	2 PSYCHIATRIC/SUBSTANCE		
<b>Emergency:</b>	0 NORMAL HCUR6, NO EMERGENCY		
<b>Treatment Goal / Focus:</b>	"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 apples.

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 s/x's he was still 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 s/x'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 s/x's and how he felt even better in addition to resisting drug use as he doesn't 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 s/x's as well as support him to resolve his perceived current issues.

*John Lawton*  
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 per sess: 0805 BRENDA OSBORNE

Facility	IC BECKMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center	30BAA ABBEVILLE MHC-ADULT OUTPATIENT
Location	300 ABBEVILLE OUTPATIENT	Office	035 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service:	53 COMMUNITY MHC	Svc Code:	H002 PHYSICIAN MHC ASSESSMENT NON
Medicare Authorized Provider:	Batchno: 243099671	Group number: Sched CTS:	Group ID:
Staff ID:	3805	Date:	08/31/2009
		Time Service Provided:	10:30 AM
Name:	JOHN LAWTON	Cid:	2131069
Cancel/NS:		Ticket:	34824159
		Audit:	1186790
GAF:		Incarc:	N
Problem:	2 PSYCHIATRIC/SUBSTANCE		
Emergency:	0 NORMAL HOURS, NO EMERGENCY		
Treatment Goal / Focus:	"I want to be less angry."		
		Pmttp:	02
		Modifier:	

## 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: *Dorinda L. Osborne*  
 Reason:  
 Date & Time: 31 Aug 2009

Svc Code: 0002 NR ABSTRACT NON Cancel/NS: Bill Time: 60  
 PHYSICIAN  
 Ticket: 34824159 Audit: 1186790 Cid: 2131069 Name: JOHN LAWTON

## CLINICAL SERVICE NOTE

## STAFF LIST

TIME: 30 For Staff: 0805 BRENDA OSBORNE

Facility	UT BIRCHMAN CENTER FOR MENTAL HEALTH SERVICES	Cost Center	338A ABBEVILLE PHC-ADULT OUTPATIENT
Location	903 ABBEVILLE OUTPATIENT	Office	035 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service:	13 COMMUNITY PHC	Svc Code:	H003 INDIVIDUAL THERAPY
Medicare Authorized Provider:	Batchno: 247099671	Group number: sched C15:	Group ID:
Staff ID:	5605	Date:	09/04/2009
		Time Service Provided:	11:00 AM

Name: JOHN LAWTON Cid: 2131069 Bill Time: 30 Print: C2  
 Cancel/NS: Ticket: 34857585 Audit: 1190477 Modifier:  
 GAF: Interest: 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 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 to get back 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 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 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 judgment, 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, progress was made today as did his brother Jason.

*John Lawton*  
 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) 439-9671  
FAX # (864) 439-2487

TELEPHONE

FAX

To: *Carynna Bennett*

From: *Abbeville Mental Health*

NO. PAGES INCLUDED THIS PAGE

Date: *Shirley Delmore*

*12-14-09*

*15*

*864-225-7049*  
TIME

See Date Stamp

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

SUBJECT:

*John J. Foster*

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) Address (Street, City State, Zip)

DOB 1/18/80 SSN 249-81-0270 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:

This information should be released to:

☐ All information from above

Name: Paul O'Ganew

☐ Diagnoses

Address: 114 Court Square

☐ 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)

Relationship: NONE  
Office of Gresham Barnett  
116 Enterprise Ct, Suite B  
Greenville SC 29649  
366-8348 office  
366-2431 FAX

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 electrophysiology 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: \_\_\_\_\_

# CLINICAL SERVICE NOTE

## STAFF LIST

TIME: 60 POC SWEET: 0605 BERNDA OSBORNE

<b>Facility</b>	07 BERNHAM CENTER FOR MENTAL HEALTH SERVICES	<b>Cost Center</b>	0304 ABSEVILLE NEC-NOTAT
<b>Location</b>	100 ABSEVILLE OUTPATIENT	<b>Office</b>	035 CONSULTING TREATMENT & SUPPORT, ADULT
<b>Place Of Service</b>	03 COMMUNITY NEC	<b>Svc Code</b>	H003 INDIVIDUAL THERAPY
<b>Medicare Authorized</b>	Batchno: 348039671	<b>Group Number</b>	Sched CTS: 02
<b>Provider</b>	1805	<b>Date</b>	11/14/2009
<b>Staff ID</b>		<b>Time Service Provided</b>	11:00 AM
<b>Name</b>	JOHN LAWSON	<b>Cdt</b>	211659
<b>Cancel/NS</b>		<b>Ticket</b>	33377193
<b>GA#</b>		<b>Audit</b>	1216264
<b>Problem</b>	0 PSYCHIATRIC	<b>EM Time</b>	60
<b>Emergency</b>	0 NORMAL MOUTH, NO EMERGENCY	<b>Print</b>	Modifier: 02
<b>Treatment Goal / Focus</b>	"I want to be less angry."		

## Notes

Interventions: The purpose of this session is to continue helping client be more 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: a tooth ache 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 live, but he doesn't because he really 'doesn't' understand 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 doing nothing or wandering or stop 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 leaving 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 appt. I also explained that client would need a refill of Tyllipigon. I gave him the Rx. and also I explained to his sister in law Shari 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 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 wanted 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 a'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 well 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.

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 education.

Svc Code: H003 INDIVIDUAL THERAPY Cancel/NS: Cid: 211069 BIN Time: 60  
Ticket: 33377192 Audit: 1216154 Name: JOHN LAWSON

**FOLLOW-UP PSYCHIATRIC MEDICAL ASSESSMENT ORDERS AND SERVICE NOTES (PMA)**  
 Name: JOHN LAWTON ID: 2131069 Ticket No: 35D36023 Date: 10/09/2009

Current Medication		Amnt	Refills	Dated/C	Sample	SmplDsg	SmplAmnt
Mental Health Medication	Dosage	Frequency					
Physical Healthcare Medication	Dosage	Frequency					
Other: OTC, Herbal, Vitamins, etc.	Dosage	Frequency					
None							
Interval History							
None							
Label: None							
Pregnant: <input checked="" type="checkbox"/> N/A							

Medication check	Change in Symptoms	Reason for Visit P/U after DC from Hospital	P/U after change in Medications	Other
Target Symptoms for Treatment				
AV hallucinations	Depression	<input checked="" type="checkbox"/> Legal problems	<input checked="" type="checkbox"/> Sleep/appetite disturbance	
Agoraphobia	Flashbacks	Mania/hypomania	<input checked="" type="checkbox"/> Thought disorganization	
<input checked="" type="checkbox"/> Anxiet	Hypertensive/narrative	Oppositional	Trauma	
Court ordered	Hypertensive	Obsessive/compulsive	<input checked="" type="checkbox"/> Other	
Delusions/paranoia	<input checked="" type="checkbox"/> Irritability	SI/HI/ideation/attempts	med noncompliance	

He reported sleeping well and good appetite. Still living with brother and unsure of plans. He 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. He 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 is on probation. Not court ordered to treatment. Does not seem to comprehend that does not help to only take meds if applies to come to. There is no need for me to continue to see him 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: <input checked="" type="checkbox"/> No	Overtaking	Run out	Other
Refusing	Shipping doses	SE Reported to Medications	

None  
 MD or ER visit since last MHC visit

Substance/Alcohol Use  
 None  
 Notes: ☒ Tobacco ☒ Cofeine ☒ Alcohol ☒ Street Drugs Other (if checked, describe)  
 Smokes 1 PPD cigarettes. Does not drink alcohol because on meds. N/O problems with alcohol and drugs. Last drink 1-2 yrs ago. First alcohol at 15 yo. Has used MJ, powdered cocaine, crack cocaine, meth, ecstasy and acid. Has used drug of choice and last used 1-2 yrs ago. Denied IV drug use. N/O prescription drug use bought off street, mostly Xanax. 10/9/09-denied recent use

Allergies  
 NKDA

Most Recent Vital Signs		Mental Status Examination	
Height: 5'7"	Weight: 133lbs	BMI: 20	
Sensorium	Alert: <input checked="" type="checkbox"/>	Oriented: <input checked="" type="checkbox"/>	
Appearance	Normal For Patient: <input checked="" type="checkbox"/>	Normal For Patient: <input checked="" type="checkbox"/>	
Behavior	Cooperative: <input checked="" type="checkbox"/>	Cooperative: <input checked="" type="checkbox"/>	
Psychomotor Abnorms: Yes	None: <input checked="" type="checkbox"/>	None: <input checked="" type="checkbox"/>	
Speech	Normal For Patient: <input checked="" type="checkbox"/>	Normal For Patient: <input checked="" type="checkbox"/>	
Cognition	Attention: intact: <input checked="" type="checkbox"/>	Attention: intact: <input checked="" type="checkbox"/>	
	Concentration: intact: <input checked="" type="checkbox"/>	Concentration: intact: <input checked="" type="checkbox"/>	
	Memory: intact: <input checked="" type="checkbox"/>	Memory: intact: <input checked="" type="checkbox"/>	
Judgment	Good: <input checked="" type="checkbox"/>	Fair: <input checked="" type="checkbox"/>	
Insight	Good: <input checked="" type="checkbox"/>	Fair: <input checked="" type="checkbox"/>	
Emotion	Mood: Euthymic	Mood: Euthymic	

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

Thought Content	Affect: Appropriate:		(If not, describe) / 1-5	
	Hallucinations: No <input checked="" type="checkbox"/>		Yes: (describe)	
	Delusions: No <input checked="" type="checkbox"/>		Yes: (describe)	
Thought Process	Logical/Goal directed: <input checked="" type="checkbox"/>		Distractible: LOA: POI:	
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:	
<b>Diagnosis and Impression of Progress</b>				
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)				
Label:	Therapeutic drug level (describe)		Recommendation for Treatment	
	BUN/Creatinine		HGA1C	
	UDS for drugs of abuse		FBS	
	Thyroid function		Other diagnostic (describe)	
	CBC / Diff		Other diagnostic (describe)	
	Other labs ordered (describe)		Other diagnostic (describe)	
<b>MHC svcs/Interventions:</b>				
Blood sugar	Drug screen	AMS	Further education (describe)	
Individual therapy	Group therapy	Medication monitoring	Case Management	
Other:	Medication Ordered			
Medications: Same as above: <input checked="" type="checkbox"/>				
Mental Health Medication				
none				
Medication Education Provided: <input checked="" type="checkbox"/> Client				
Medication, dose, time to take		Family		Lab monitoring required/reason
Purpose/Expected benefits/Risk		Expected length of tx.		Financial feasibility
Common side effects		Effects on pregnancy/nursing		Alternative to medication/Risk of no treatment
<b>Justification for Continued Treatment</b>				
Requires monitoring of response 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: 3	Other:
<b>Extra Notes</b>				
None				

Signed by: *Diptera L. Adams*  
 Signature:  
 Date & Time: 09 Oct 2009

Follow-up PMA (page 2)

ID: 2131055

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

# FOLLOW-UP PSYCHIATRIC MEDICAL ASSESSMENT ORDERS AND SERVICE NOTES (PMA)

Name: JOHN LAWTON

ID: 2131069

ITicket No: 34924983

Date: 09/16/2009

Mental Health Medication		Current Medication		Amnt Refills Date/D/C Sample Simpl/AmI	
Medication	Dosage	Frequency	Purpose	Date D/C	
Physical Health/Mental Medication	Dosage	Frequency	Purpose	Date D/C	
Other: OTC, Herbal, Vitamins, etc.	Dosage	Frequency	Purpose	Date D/C	
Interval History					
Labors: UDS negative					
Pregnant: <input checked="" type="checkbox"/> N/A					
Medication check	Change in Symptoms	Reason for Visit:	F/U after DC from Hospital	F/U after change in Medications	Other
Target Symptoms for Treatment					
AV hallucinations	Depression	<input checked="" type="checkbox"/> Legal problems	<input checked="" type="checkbox"/> Sleep/appetite disturbance		
Agoraphobia	Flashbacks	Mania/hypomania	<input checked="" type="checkbox"/> Thought disorganization		
Anxiety	Hyperactive/inattentive	Oppositional	Trauma		
Court ordered	Hyperverbal	Obsessive/compulsive	<input checked="" type="checkbox"/> Other		
Delusions/paranoia	<input checked="" type="checkbox"/> Irritability	S/H/Medication/Attempts	not tolerable		
Symptoms Description:					
<p>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 insulin 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. He was sleeping on floor as helped back feel better but reported a loose phosobout the night, good appetite. Living with 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 contract in left eye. He times he recognizes images coming across the TV and believes they are telling him know he is still here. He reported spending time at home watching TV, cutting grass, attending church and helping</p> <p>grandmother. Somewhat depressed due to difficulty finding work. Cannot go anywhere because does have a job, money, home, possessions.</p> <p>Thought processes disorganized and illogical. Took a Tylation and a clonazepam what he had left from prior prescriptions before coming to</p> <p>today's app. He agreed to a UDS and this was negative. Discussed fact that taking a medication such as Tylation every once in a while</p> <p>would not be helpful. Continued to report that he would not take meds if prescribed as he feels he does not need them. He does not appear to</p> <p>represent an imminent risk to himself or others based on his mental illness at this time. He reported living with his brother where his</p> <p>daily needs are being met. Need to start with therapeutic and determine whether or not he is court ordered for treatment and if not what his</p> <p>or not it makes sense to keep this case open until he is willing to participate in treatment.</p>					
Modifications Use					
Taking regularly: <input checked="" type="checkbox"/> No					
Refusing	Skipping doses	Overtaking	Run out	Other	
SE Reported to Medications					
None					
MD or ER visit since last MHC visit					
None					
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)
Smoke 1 PPD cigarettes. Does not drink alcohol because on meds. R/O problems with alcohol and drugs. Last					

Follow-up PMA (page 1)

ID: 2131069

Date: 09/18/2009 10:20:50



drank 1-2 yrs ago. First alcohol at 15 yr. Has used IV, powdered cocaine, crack cocaine, weed, ecstasy and acid. NO van drug or choice and last used 1-2 yrs ago. Denied IV drug use. N/O prescription drug use bought off street, mostly Xanax.

### Allergies

### NIHDA

#### Most Recent Vital Signs

Height 5'7.5

Weight 235 lbs

BMI: 21

Mental Status Examination

Other: (describe)  
(if not, describe) unarrested, hair poorly combed  
(describe)

Sensorium Alert ☒ Oriented ☒  
Appearance Normal For Patient  
Behavior Cooperative ☒

Psychomotor Abnormalities

None ☒

Other: (describe)  
(if not, describe)

Speech

Normal For Patient ☒  
Attention Intact ☒  
Concentration Intact ☒

(if not, describe) inattentive at times  
(if not, describe) poor concentration  
(if not, describe)

Cognition

Memory: Intact ☒  
Good: ☒  
Fair: ☒  
Poor: ☒

(if not, describe) per history  
(if not, describe) no insight

Judgment

Good: ☒  
Fair: ☒  
Poor: ☒

(if not, describe) per history  
(if not, describe) no insight

Insight

Good: ☒  
Fair: ☒  
Poor: ☒

(if not, describe)

Emotion

Mood: Euthymic ☒  
Affect: Appropriate ☒  
Hallucinations: No ☒  
Delusions: No ☒

Yes: (describe) flat  
Yes: (describe) somatic delusions, lacks of reference  
Distractible ☒ LOA ☒ POI

Thought Process

Logical/direct ☒  
No: ☒  
Yes: (describe)

Yes: (describe) per history  
Yes: (describe) no insight

Suicidal Ideation

No: ☒  
Yes: (describe)

Yes: (describe) per history  
Yes: (describe) no insight

Homicidal Ideation

No: ☒  
Yes: (describe)

Yes: (describe) per history  
Yes: (describe) no insight

Abnormal Movement

None ☒

Face: Lips/Tongue: Trunk:

Axis I: Schizophrenia; N/O Poly substance Dependence  
Axis II: deferred  
Axis III: detected problems  
Axis IV: Social Problems; Problems with Primary Support System; Economic Problems  
GAF-15: Additional Ratings: (describe)

#### Recommendation for Treatment

Labes:

Therapeutic drug level (describe)  
BUN/Creatinine  
UDS for drugs of abuse  
Thyroid function  
CBC / DIF  
Other labs ordered (describe)

HGA1C  
FBS  
Lipid Panel  
Liver profile

Blood sugar  
Individual therapy  
Group therapy  
Other

#### MHC services/interventions:

Further education (describe)

Medication: Same as above ☒  
Mental Health Medication

AIMS

Medication monitoring ☒ Case management ☒

PMA

Medication Ordered

Medication Ordered

Medication: Same as above ☒  
Mental Health Medication

Dosage Frequency

Admit Profile Sample Sample Day Sample Night

Medication Education Provider: ☒ Client

Family

Lab monitoring required/reason  
Expected length of tx.

Financial availability  
Alternative to medication/Risk of no treatment  
Other (describe)

Medication, dose, time to take  
Purpose/Expected benefits/Risk  
Common side effects

Justification for Continued Treatment

Improve level of functioning  
Prevent hospitalization

Requires monitoring of raw-ones to medication  
Requires monitoring for medication side effects

Prevent decompensation

Prevent hospitalization

Follow-up: Days: Weeks: Months: 2

Extra Notes

Other:

Name

Signed by: Daphne L. Allen

Reason: Date: 09/18/2009 10:20:50

Follow-up PMA (page 2)

ID: 2231059

Date: 09/18/2009 10:20:50

# CLINICAL SERVICE NOTE

STAFF LIST  
TIME: 00 PM DATE: 0805 BRENDA OSBORNE

Facility	JOHNS HOPKINS CENTER FOR MENTAL HEALTH SERVICES	Cost Center	JOHNS HOPKINS HRC-ADULT OUTPATIENT
Location	100 ABERVILLE OUTPATIENT	Office	035 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service	13 COMMUNITY MHC	Svc Code:	R003 INDIVIDUAL THERAPY
Medicare Authorized Provider	Batchelor 317039671	Group number: sched C13:	Group ID:
Staff ID:	2505	Date:	11/13/2009
		Time Service Provided:	10:00 AM

Name:	JOHN LAWTON	Cid:	2131069	Bill Time:	60	Printed:	02
Cancel/NS:		Ticket:	35237103	Audit:	3203772	Modifier:	
GAF:		Insurance:					
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 conduct 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 today 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 go to AA since he likes doing this.

I asked client what medication 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 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 OCA 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 her to get 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 ex's. 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. He also shared that he is taking Tyllipon, but he doesn't like it. He also shared that he is taking Tyllipon, but he doesn't like it.

Programs 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 medication 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 there.

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

Svc Code: H003 INDIVIDUAL THERAPY Cancellation: Bill Time: 60  
Ticket: 35237103 Audit: 3203772 Cid: 2131069 Name: JOHN LAWTON

# CLINICAL SERVICE NOTE

## STAFF LIST

TITLE: GO FOR SEAT: 0805 BERNARD OSBORNE

Facility: 75 BROADWAY CENTER FOR MENTAL HEALTH SERVICES

Cost Center

1000A ALABAMA HMO-ADULT OUTPATIENT

Location: 1000 ALABAMA OUTPATIENT

Office

035 CONTINUING TREATMENT & SUPPORT, ADULT HMO3 INDIVIDUAL THERAPY

Place Of Service: 13 COMMUNITY MHC

Svc Code:

Medicare Authorized Provider: 00000000000000000000

Group number: 00000000000000000000

Group ID:

Staff ID: 0805

Date:

10/30/2009

Time Service Provided:

09:00 AM

Name: JOHN LAWTON

Cid: 211069

Est Time: 1:50

Cancel/NS:

Ticket: 35153365

Audit: 1205049

Print: 02  
Modifier:

GA:

Insurance:

Problem:

2 PSYCHIATRIC/SUBSTANCE  
0 NORMAL BODYS, NO EMERGENCY

Emergency:

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

## Note

Intervention: I began by asking client if he 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 symptomatology. 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 taught 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 above what he shared with me. I asked client if he was paranoid and acknowledged his positive response. I again explained that 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 for disability and get a lawyer if he was turned down.

I then questioned client as to whether he could work because his unemployment and Social Security is 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 deal 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 taken 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 needs 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 that he has lost motivation to not do them. He admitted that stress triggers the cravings. He struggled the thought of death, faith, and burial and also with applying for disability when it 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 MI. He doesn't understand how he would be able to cope if he did work.

Progress of the client: Signed by: David Osborn about substance use/abuse. "I will be as good as I can." He mentioned worry about his mother and brother, client looking much better. Focus much better today. and client must more talkative about his life. He said he was happy.

Svc Code: 0003

INDIVIDUAL THERAPY

Cancel/NS:

Est Time: 63

Ticket: 35153365

Audit: 1205049

Cid: 211069

Name: JOHN LAWTON

# CLINICAL SERVICE NOTE

## STAFF LIST

THUR: 30 FOR SCARLE, 0605 RICHARD DIBORNE

Facility: 13 MEDMAN CENTER FOR MENTAL HEALTH SERVICES

Cost Center

1300A ALABAMA HOSPITALITY OUTPATIENT

Location

1000 RESERVILLE COOPERATION

Office

035 CONTINUING TREATMENT & SUPPORT, ADULT

Place Of Service:

13 COMUNITY MHC  
Schedule 280099571

Svc Code:

HC03

INDIVIDUAL THERAPY

Medicare Authorized

Date:

10/11/2009

Staff ID:

3805

Time Service Provided:

11:05 AM

Name: JOHN LAWTON

Cid: 2131069

Bill Time: 30

1201101

Print: 02  
ModPlan:

Canceled/NS:

Ticket: 15070381

Audit: 1201101

CAF:

Incident: N

Problem:

2 PSYCHIATRIC/SUBSTANCE  
0 MENTAL HEALTH, NO EMERGENCY

Emergency:

0 MENTAL HEALTH, NO EMERGENCY

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 medication must be working and learned that he is only taking it when he has to go out 1.e. coming to appointments.

I then provided education on client's need for the medication on a daily. I explained that he was not really getting the full benefit of the medication if he was not taking it daily. I was able to identify with what he was saying struggling; hearing voices late at night when he is trying to go to sleep, feeling disoriented in the day, and his frustration with going to work. I asked client how the medication 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 medication is that he doesn't want to use drugs when he goes out.

I explained to client that the side effects he was still having would probably go away if he took the medication every day. 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 used to the medication 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 medication, 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 'spin 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 parroted what I said about his decision on going to Alabama, clients 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 medication to reduce other side effects and how he felt 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 medication compliance and reducing side effects as well as support him in resolving his perceived current issues.

Handwritten: *Handwritten: [illegible]*

Date & Time: 15 Oct 2008

Svc Code: H003

INDIVIDUAL THERAPY

Canceled/NS:

Bill Time: 30

Ticket: 15070381

Audit: 1201101

Cid: 2131069

Name: JOHN LAWTON

## CLINICAL SERVICE NOTE

## STAFF LIST

T200, 30 For Staff: 0805 DEANDA OSGORNE

## Facility

10 DECKMAN CENTER FOR MENTAL  
HEALTH SERVICES

## Cost Center

1200A ADULT/ADOLESCENT  
OUTPATIENT

## Location

100 ASHBVILLE OUTPATIENT

## Office

035 CONTINUING TREATMENT &  
SUPPORT, ADULT  
ROOMS INDIVIDUAL THERAPY

## Place Of Service:

13 COMMUNITY MHC

## Svc Code:

## Group ID:

Batchno: 241055671

Group number: sched 018:

## Date:

09/04/2009

## Medicare Authorized

## Time Service Provided:

11:00 AM

## Provider:

0446

## Staff ID:

Cid: 211069

Bill Time: 30

Name: JOHN LAWTON

Cid: 211069

Audit: 1190477

Print: 62  
Modifier:

## Cancel/NS:

Ticket: 34857585

## GAF:

Insurance

## Problem:

0 PSYCHIATRIC

## Emergency:

0 NORMAL SCORE, NO DANGER

## 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 problem. 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 made client really didn't like this idea. I suggested that maybe he would like to go to Job Corp to get some 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 when he'd be 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 medication 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 to 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 GAFS, 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 piece of his own. He also demonstrated a very low tolerance for the lawyers at the system, and appeared to understand this. He also demonstrated a very low tolerance for the lawyers at 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.

Program 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 judgement, 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 the support we made today as did his brother Jason.

Referral: [Signature]

Reason:

Date &amp; Time: 09 Sep 2009

Svc Code: K003

INDIVIDUAL THERAPY

Cancel/NS:

Bill Time: 30

Ticket: 34857585

Audit: 1190477

Cid: 211069

Name: JOHN LAWTON

## CLINICAL SERVICE NOTE

## STAFF LIST

TIME: 60 FOR STAFF: 0805 FREDDA OBOBONG

Facility	17 BECCON CENTER FOR MENTAL HEALTH SERVICES	Cost Center	JURIA ABBEVILLE MHC-ADULT OUTPATIENT
Location	400 ABBEVILLE OUTPATIENT	Office	035 CONTINUING TREATMENT & SUPPORT, ADULT
Place Of Service:	53 COMMUNITY MHC	Svc Code:	H002 MHC ASSIGNMENT NON PHYSICIAN
Medicare Authorized Provider:	Batchno: 24309671	Group number: Freda CTS:	Group ID:
Staff ID:	2805	Date:	08/22/2009
Name:	JOHN LAWTON	Bill Time:	60
Canceled/NS:		Ticket: 34824159	Audit: 1188790
GAF:	2 PSYCHIATRIC/CONSULTANCE 0 NORMAL MOUTH, NO INJURY		Print: 02 Modifier:
Treatment Goal / Focus:	"I want to be less angry."		

## 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, 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 assessed 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 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 DAVEY 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 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: *Fredda Oboobong*  
Reason:  
Date: 08/21/09

Svc Code: H002 MHC ASSIGNMENT NON Canceled/NS: Bill Time: 60  
PHYSICIAN  
Ticket: 34824159 Audit: 1188790 Cid: 2131069 Name: JOHN LAWTON



*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,

Emma Forkner  
Director

EF/jrhe

log 0359

March 8, 2010

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

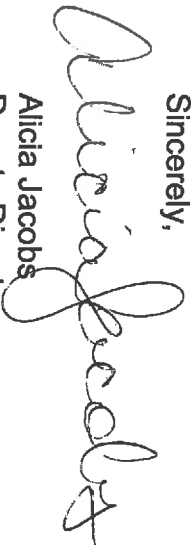
Dear Mr. Lawton:

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