


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

*Steph letter  
Jim Governor's M.  
per contact personally  
pls contact person with  
Burnett as well as B2  
as well as B2*

TO <i>Bouling / Waldrep</i> <i>Greese</i>	DATE <i>8/29/07</i>
---	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER  000121	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleaved 10/10/07 letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-7-07</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action

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

RECEIVED  
Dept. of Health  
& Human Services  
AUG 29 2007



Log: 46/Guss  
app. Dir

## State of South Carolina

### Office of the Governor

MARK SANFORD  
GOVERNOR

Post Office Box 12267  
COLUMBIA 29211

August 16, 2007

Mrs. Victoria Bennett  
220 Francis Street  
Goose Creek, South Carolina 29445

Dear Victoria,

Thanks for your recent correspondence. I am sorry to hear of the difficulties your family has experienced. Please know the information provided was reviewed in its entirety; however, I am returning the enclosed confidential information for your personal files. In addition, I have requested that someone from the Department of Health and Human Services contact you directly regarding this matter. You should be hearing from that office soon. In the meantime, thanks again for taking the time to write.

Sincerely,

A handwritten signature in dark ink, appearing to be "MS", written over the printed name Mark Sanford.

Mark Sanford

MS/dr

cc: Ms. Emma Forkner, Director  
South Carolina Department of Health and Human Services

RECEIVED

AUG 29 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

713594



# Advantage Hospice

A SPECIAL KIND OF CARE **RECEIVED**

2270 Ashley Crossing Dr. Suite 175  
Charleston, SC 29414  
Phone: (843) 402-0614  
Fax: (843) 402-0893  
Toll Free: (866) 277-1077

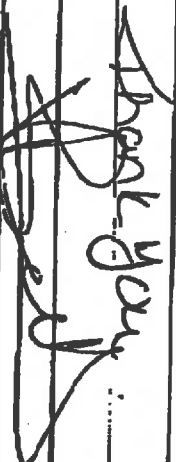
AUG 13 2007

Referred to CS  
Answered Riley

## Fax

To: Galeen Sanford From: Victoria Bennett  
Fax: 803-734-5167 Pages: (13)  
Phone: 803-734-2100 Date: 8/10/07  
Re: Family Tragedy cc:

Please review the enclosed  
material and provide my family  
any assistance you can.

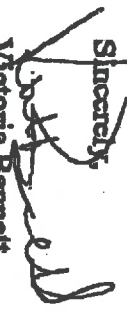
Thank you  


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

● Comments: The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you have received this transmittal in error, please notify us at the above number to arrange for the return of these documents.

So I am turning to you for help. Will you please look into our situation and provide my family and me any advice and/or assistance in solving this dilemma so that John can receive what he needs to be productive in life and the community again? I have enclosed the prescription from John's doctor, the assessment from the therapist, and the authorization from Medicaid. Please note especially pages 3-5 on the charting report where it repeatedly states how vital and medically necessary this chair is for John's current and future life! Thank you for your time. And thank you in advance for anything you can do to help us resolve this tragic situation.

Sincerely,

  
Victoria Bennett  
220 Francis Street  
Goose Creek, SC 29445  
(843)572-8143 (H)  
(843)532-7032 (C)

c/c Senator Lindsey Graham

RECEIVED  
APR 12 2007 15:45  
APR 12 2007

MUSC  
THERAPEUTIC SERVICES

Receiving Outpatient Study

Medical University Hospital Authority  
Rehab Services  
Charting Report

NAME: WOODARD, JOHN

PAT 301493003

MIRN 002543519

Date/Time: 04/11/2007 11:31:00AM

Patient Room/Bed at Time of Encounter: C02E274/C

Orders Completed:

Physical Therapy Wheelchair Mobility Positioning and Postural Support Seating Evaluation

JOHN WOODARD is in lobby with his wife for assessment of wheelchair mobility and positioning.

Physician: Dr. Christina Carter

Treatment Diagnoses: Quadruplegia, Other (344.09) Contracture of joint, hip (718.45) Contracture of joint, knee (718.46) Contracture of Ankle and Foot Joint (718.47) Disturbance of skin sensation (702.0) Spasm of Muscle (726.35) Abnormality of posture (781.92) Incontinence without sensory awareness (788.34) Incontinence of feces (787.5) Abnormal involuntary movements, fasciculation, spasms, tremors, shn, head movement (781.0) Neurological Neglect syndrome (781.8) Date of Onset: 07/21/2006 Start of Care Date: 4/05/07

Type: Physical Therapy Provider Name: MUSC Funding: RX

Patient History: Patient is a 36 year old M who presents w/ motorcycle accident with resultant CHI. PT has multiple problems as a result of the closed head injury including quadriplegia with multiple joint contractures and severe spasticity despite a baclofen pump.

Medical Complications: Left visual field cut, Severe spasticity w/ baclofen pump placement, severe joint contractures in both feet/ankles and hips.

Prior Hospitalization (include date if applicable): PT is currently in the hospital from the original accident.

Prior Level of Function: Prior to the accident PT was independent with all aspects of care and was voluntarily employed with a wife and 3 children

Reason for Referral: Wheelchair seating evaluation.

Height: 5'9"

Weight: 158"

Date of Birth: 05/30/1970

Current equipment: None. PT has not been home since onset of the accident.

Subjective: PT is very difficult to understand secondary to only being able to whisper -PT is working with a Speech Language Pathologist on an augmentative communication speech generating device.  
Social Activity:

- Living environment: PT lives with wife and 3 children in a single story home and a ramp is being built
- Transportation: Wife currently drives a standard 4 door vehicle
- Activities in the home environment: PT's goals are to be able to access his home independently with the use of a power w/c

• Activities outside of the home environment unknown at this time  
Pain/Average pain over the last 24 hours: 6/10 (0=no pain 10=E.R.) PT with pain in bilateral hips with sitting at more than a 120 degrees hip to back angle and with pain in the Left shoulder and elbow with PROM  
Patient Goals: To be able to get around in a w/c so he can have some independence.

Objective:

Mental Status: Patient is alert and oriented to name and place.

Barriers to Learning/Goals: Cognitive

Respiration: Intact

Sensation: Impaired in bilateral L/E's

Skin integrity: Intact but has heel skin breakdown on Right ankle.

Printed on: 04/11/2007, 1:32 pm  
MUSC\_REHAB\_Charting.rpt

Source: Medline @ 2007 Medline's Information Systems

Page 1 of 4

PHYS. THERAPY CHAIR

Page 05/06

RECEIVED  
APR 12 2007

B.Y.

Rehab Charting Report Continued



0

NAME: WOODARD, JOHN

PAT 301493003

MIRN 0025K3519

Pressure relief, Severe spasticity precluding ability to change hip angle. Unable to perform MRADLS safely in a reasonable time frame in customary locations in the home. Lower extremity decreased vascular return  
Prognosis: Good for stated goals with provision of recommended equipment

Plan of Treatment/Functional Goals

Short term goal to be met by the end of the session today:

1. The Physical Therapist, rehab supplier and patient/family will determine appropriate wheelchair and seating system.

Goal Met

Equipment recommended and justification/long term goals to be met when equipment arrives:  
Invasive TDX SP power w/c base that will accommodate power seating options and the

2. Power tilt-in-space and power recline is required for independent mobility. This base must access his home environment, work secondary to pt's severe spasticity will cause the patient to be pushed out of the chair, on return from recline. Tilt alone does not provide adequate pressure relief. In addition tilt and recline will allow pt. to get his L.E's elevated above his heart in order to assist with the vascular insufficiency in his L.E's.
3. Wheelchair transport brackets to safely secure w/c when pt. is transported from the home.
4. Custom molded seat and back with 1/4" global relief on seat and back, front undarcard, pelvic soft spot, pelvic notches, and hardware is necessary to position the pt's pelvis and back in a neutral position. The custom molded system also offers full body contact which reduces the pt's spasticity and decreases sliding out of the chair. The pelvic soft spot is necessary to reduce pressure over ischial tuberosities. Traditional or off the shelf seating will not accommodate this patient's severe deformities.
5. Incontinence cover for seat is required as pt. is incontinent of bowel and bladder
7. Body Point pelvic positioning belt is necessary to maintain pelvic position.
8. Reclining height adjustable arm trough style padded arm rests to allow proper arm position for driving and support the humerus to prevent shoulder dysfunction.
9. The comfort company standard Gel foot supports to protect bilateral feet due to severe contractures and inability to wear shoes.
10. Angle adjustable foot plates to accommodate severe ankle/foot contractures.
15. Sweat 10" comfort plus headrest to allow adequate head control for driving and during pressure relief.

The following electronic components are necessary to allow pt. to utilize and access all components of the chair independently:

1. Mpf 7 with multiple Drive Joystick is necessary for pt. to access all modes of the chair
2. Proportional attendant control is necessary so that care giver can maintain safety in unfamiliar environments.
3. Quiet Link Retractable Joystick mount is required for access to tables and desks
4. Multiple Interface box is required to allow for multiple seat functions and electronics
5. Egg reset/black switch is necessary for pt. to change modes
6. Switch: swing away Mount for egg switch at head rest so that it can be removed for transfers

The following equipment is necessary for patient to be able to utilize his Aug/Comm speech generating device:

1. Dummy swing away mount to mount the Mifimo Aug/Comm device.
2. Auxiliary Mode for 1 and 2 to provide an output from the joystick and allow the mouse emulator to connect to the Dynavox through the joystick for speech generation
3. ASL Mouse emulator with wireless switch and mounting hardware is necessary for pt. to be able to use the joystick for cursor control or the Dynavox using direct selection.

The above equipment is medically necessary for the patient to be independent with mobility in the home without medical complications due to the seated position.

Plan: JOHN WOODARD chose National Seating and Mobility to provide the above equipment. RTS to complete home assessment to determine appropriate use for in the home.

Medicaid  
Auth

029-205218

MAIL TO: DEPT. OF HEALTH AND HUMAN SERVICES, P.O. BOX 8008, COLUMBIA, S.C. 29208-8008

## PRIOR AUTHORIZATION

THE FOLLOWING ALLEGATIONS  
USE CAPITAL LETTERS ONLY

CLAIM CONTROL NUMBER

MAY 9 2007

### PROVIDER INFORMATION

PROVIDER NAME  
National Seating & Technology  
1400 Perry Drive  
COLUMBIA, SC 29240  
Dorsey, INC 29240

PROVIDER NUMBER  
0000000000

DATE SUBMITTED  
08/07/07

DATE RECEIVED  
08/07/07

DATE RECEIVED  
08/07/07

### RECIPIENT INFORMATION

RECIPIENT NAME  
John Woodard

RECIPIENT NUMBER  
178 0029 487

DATE RECEIVED  
08/07/07

1. S K0661 NU 1 1 5800 100

2. IDX SP for Formula CG with MKGI - POWERED SH

3. 1 1 5800 100

4. 1 1 5800 100

5. S K0661 NU 1 1 250 100

6. 1 1 250 100

7. 1 1 250 100

8. S K0661 NU 1 1 250 100

9. 1 1 250 100

10. 1 1 250 100

9. 14"x3" The w/Foam Filled Inserts - WHEEL OPTS

10. 1 1 250 100

11. 1 1 250 100

10. S E1007 NU 1 1 6505 100

11. 1 1 6505 100

12. 1 1 6505 100

11. CG Therapeutic System - SYSTEM TYPE

12. 1 1 6505 100

13. 1 1 6505 100

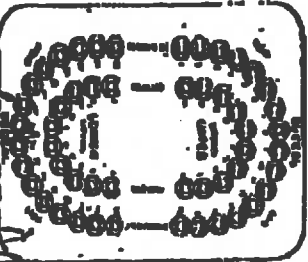
12. Proportional/Assistent Control - ADDITIONAL CGS

13. 1 1 6505 100

14. 1 1 6505 100

EXPLAIN MEDICAL NECESSITY FOR EACH PROCEDURE BELOW

08/07/07



08/07/07

REVIEWED BY: (FOR DEPARTMENT USE ONLY)

PROVIDER'S SIGNATURE



MAIL TO: DEPT. OF HEALTH AND HUMAN SERVICES, P. O. BOX 8208, COLUMBIA, S. C. 29202-8208

# PRIOR AUTHORIZATION

CLAIM CONTROL NUMBER DO NOT ENTER IN THIS SPACE

THE PROVIDER OF SERVICES HAS OBTAINED THE LATEST DATA

## PROVIDER INFORMATION

PROVIDER NAME  
 Medication Building & Mobility  
 1400 F. Hwy. Drive  
 Greenville  
 Greenville, SC 29640

PROVIDER'S ID NUMBER  
 00000000000000000000  
 NAME AND CITY OF PROVIDER'S HEADQUARTERS  
 Greenville, SC

DATE OF SERVICE  
 08/07/07

## RECIPIENT INFORMATION

RECIPIENT NAME (Print, World Initial, Last)  
 John Woodard

RECIPIENT'S ID NUMBER  
 178 0000 467

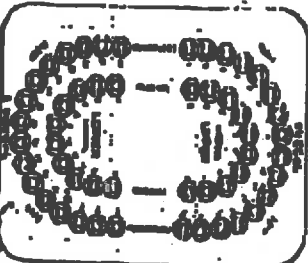
DATE OF SERVICE  
 08/07/07

1. <input type="checkbox"/> S <input type="checkbox"/> E1028	2. <input type="checkbox"/> NU	3. <input type="checkbox"/> 1	4. <input type="checkbox"/> 1	5. <input type="checkbox"/> 150.00	6. <input type="checkbox"/> 5	7. <input type="checkbox"/> 251.08
Multi-Axis Style Mounting Ass.-Seat Back Mount, Vb						
8. <input type="checkbox"/> S <input type="checkbox"/> E2588	9. <input type="checkbox"/> NU	10. <input type="checkbox"/> 1	11. <input type="checkbox"/> 1	12. <input type="checkbox"/> 22.00	13. <input type="checkbox"/> 5	14. <input type="checkbox"/> 125.08
Black - SWITCHES (Used for click to access Augco)						
15. <input type="checkbox"/> S <input type="checkbox"/> E2588	16. <input type="checkbox"/> NU	17. <input type="checkbox"/> 1	18. <input type="checkbox"/> 1	19. <input type="checkbox"/> 15.00	20. <input type="checkbox"/> 5	21. <input type="checkbox"/> 125.08
Extension Cable for Egg Switch - SWITCHES						
22. <input type="checkbox"/> S <input type="checkbox"/> E2588	23. <input type="checkbox"/> NU	24. <input type="checkbox"/> 1	25. <input type="checkbox"/> 1	26. <input type="checkbox"/> 100.00	27. <input type="checkbox"/> 5	28. <input type="checkbox"/> 125.08
Egg Switch Mount for Lateral Padel - SWITCHES						
29. <input type="checkbox"/> S <input type="checkbox"/> E2588	30. <input type="checkbox"/> NU	31. <input type="checkbox"/> 1	32. <input type="checkbox"/> 1	33. <input type="checkbox"/> 790.00	34. <input type="checkbox"/> 5	35. <input type="checkbox"/> 125.08
Lap Top Computer Power Converter (For Dynavox)						
TOTAL AMOUNT BILLED				TOTAL AMOUNT BILLED		

CONFIRMED

EXPLAIN MEDICAL NECESSITY FOR EACH PROCEDURE BELOW

263 of 5



REVIEWED BY (FROM DEPARTMENT USE ONLY)  
 DHHS FORM 276 (4/97) Prescribes DSH Form 2004 (7-73) which may be used until exhausted.

PROVIDER'S SIGNATURE  
 [Signature]

RECEIVED JUN 08 2007



AAA, TOP DEPT. OF HEALTH AND HUMAN SERVICES, P. O. BOX 8801, COLUMBIA, G. P. 29808-0801

# PRIOR AUTHORIZATION

THIS PRIOR AUTHORIZATION  
IS VALID FOR THE FOLLOWING:

CLAIM NUMBER: 18434020893

DO NOT WRITE IN THIS SPACE

## PROVIDER INFORMATION

Medical Seating & Mobility  
1440 P Key Drive  
Brentwood, TN 37027  
Brentwood, TN 37027

PROVIDER ID NUMBER  
18434020893  
NAME AND CITY OF MEDICAL PROVIDER  
Medical Seating  
Brentwood, TN

DATE SUBMITTED  
08/07/07  
PRIORITY AUTHORIZATION #

## RECIPIENT INFORMATION

John Woodard

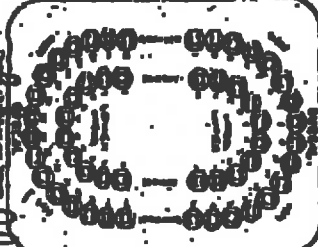
PROVIDER ID NUMBER  
178 0023 487

DOB  
M 5 30 78

ITEM	DESCRIPTION	QUANTITY	UNIT	PRICE	TOTAL
1	Custom Seating	1	NU	1724.00	1724.00
2	Custom Seating	1	NU	1822.00	1822.00
3	Custom Seating	1	NU	1500.00	1500.00
4	Custom Seating	1	NU	1500.00	1500.00
5	Custom Seating	1	NU	1500.00	1500.00
6	Custom Seating	1	NU	1500.00	1500.00
7	Custom Seating	1	NU	1500.00	1500.00
8	Custom Seating	1	NU	1500.00	1500.00
9	Custom Seating	1	NU	1500.00	1500.00
10	Custom Seating	1	NU	1500.00	1500.00
11	Custom Seating	1	NU	1500.00	1500.00
12	Custom Seating	1	NU	1500.00	1500.00
13	Custom Seating	1	NU	1500.00	1500.00
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97	Custom Seating	1	NU	1500.00	1500.00
98	Custom Seating	1	NU	1500.00	1500.00
99	Custom Seating	1	NU	1500.00	1500.00
100	Custom Seating	1	NU	1500.00	1500.00

EXPLAIN MEDICAL NECESSITY FOR EACH PROCEDURE BELOW

28506



RECEIVED BY  
AUG 08 2007

PROVIDER'S SIGNATURE  
John Woodard

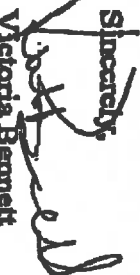
REVIEWED BY (FOR DEPARTMENT USE ONLY)

PROVIDER'S SIGNATURE



So I am turning to you for help. Will you please look into our situation and provide my family and me any advice and/or assistance in solving this dilemma so that John can receive what he needs to be productive in life and the community again? I have enclosed the prescription from John's doctor, the assessment from the therapist, and the authorization from Medicaid. Please note especially pages 3-5 on the charting report where it repeatedly states how vital and medically necessary this chair is for John's current and future life! Thank you for your time. And thank you in advance for anything you can do to help us resolve this tragic situation.

Sincerely,



Victoria Bennett

220 Francis Street

Goose Creek, SC 29445

(843)572-8143 (H)

(843)532-7032 (C)

c/c Senator Lindsey Graham

MISSA R  
 171 ASHLEY AVENUE  
 CHARLESTON SC 29425  
 Physician Number: 29425  
 Address: 20-ENR11  
 AP:1124  
 DEAR      EX: 0 Stamp/PC07

MUSC Medical University of South Carolina  
 171 Ashley Avenue, Charleston, SC 29425  
 Telephone: (803) 796-6882  
 Patient Number: 70 M/M HED/FA  
 Address: 30149307  
 Stamp

Service:

Phone:

Afterglow:

DATE: 4/5/07

REFILE: 0

Power wheelchair, power tilt power recline,  
 electric leg rest, molded seating system  
 electronics & hardware to support communication  
 communication device through joystick

Signature:

DISPENSE AS WRITTEN

Signature:

SUBSTITUTION PERMITTED

RECEIVED  
 APR 12 2007



RECEIVED  
APR 12 2007 15 APR 12 2007

MUSC

THERAPEUTIC SERVICES

Rehab Services

Charting Report

NAME: WOODARD, JOHN	PAT 301493003	MIRN 002543519
---------------------	---------------	----------------

Date/Time: 04/11/2007 11:31:00AM Patient Room/Bed at Time of Encounter: C02E274/C  
Orders Completed:

Physical Therapy Wheelchair Mobility Positioning and Postural Support Seating Evaluation

JOHN WOODARD is in today with his wife for assessment of wheelchair mobility and positioning.

Physician: Dr. Christina Carter  
Treatment Diagnoses: Quadriplegia, Other (344.09) Contracture of joint, hip (718.45) Contracture of joint, knee (718.46)  
Contracture of Ankle and Foot Joint (718.47) Disturbance of skin sensation (702.0) Spasm of Muscle (728.05)  
Abnormality of posture (781.92) Incontinence without sensory awareness (788.34) Incontinence of feces (787.5)  
Abnormal involuntary movements, fasciculation, spasms, tremors, shn, head movement (781.0) Neurological Neglect  
syndrome (781.8) Date of Onset: 07/21/2006 Start of Care Date: 4/05/07  
Type: Physical Therapy Provider Name: MUSC Funding: FX  
Patient History: Patient is a 36 year old M who presents w/ motorcycle accident with resultant CHI. PT has multiple  
problems as a result of the closed head injury including quadriplegia with multiple joint contractures and severe  
spasticity despite a baclofen pump.  
Medical Complications: Left visual field cut, Severe spasticity w/ baclofen pump placement, severe joint contractures in  
both feet/hands and hips.  
Prior Hospitalization (include date if applicable): PT is currently in the hospital from the original accident.  
Prior Level of Function: Prior to the accident PT was independent with all aspects of care and was gainfully employed  
with a wife and 3 children  
Reason for Referral: Wheelchair seating evaluation.  
Height: 5'8 Weight: 159 Date of Birth: 05/30/1970  
Current equipment: None. PT has not been home since onset of the accident.

Subjective: PT is very difficult to undress secondary to only being able to whisper -PT is working with a Speech  
Language Pathologist on an augmentative communication speech generating device.  
Social/Activity:  
• Living environment: PT lives with wife and 3 children in a single story home and a ramp is being built  
• Transportation: Wife currently drives a standard 4 door vehicle  
• Activities in the home environment: PT's goals are to be able to access his home independently with the use of a power  
w/c  
• Activities outside of the home environment: unknown at this time  
Pain/severe pain over the last 24 hours: 6/10 (Pain pain 10=E,R,L) PT with pain in bilateral hips with sitting at more  
than a 120 degrees hip to back angle and with pain in the Left shoulder and elbow with PROM  
Patient Goals: To be able to get around in a w/c so he can have some independence.

Objective:

- Mental Status: Patient is alert and oriented to name and place.
- Barriers to Learning/Setting: Cognitive
- Respiration: Intact
- Sensation: Intact in bilateral L&R
- Skin integrity: Intact but has heel skin breakdown on Right ankle.



1 APR 12 2007  
 BY: Rehab Charting Report Continued

NAME: WOODARD, JOHN	FAT 301493003	MRN 002543519
---------------------	---------------	---------------

Seated balance side of male. Requires assistance Poor head control.

Limitations requiring intervention for the seated position:

- Upper Extremity: PL with decreased shoulder flexion on the Left to 60 degrees. Right shoulder flexion to 90 degrees.
- Pelvic motion: PL with a fixed pelvic posterior tilt with a Left pelvic obliquity
- Trunk: PL has a flexible thoracic kyphosis
- Neck: PL has limited cervical rotation or lateral bending to the Left but is able to rotate and lateral bend to the Right
- Lower Extremity: PL with decreased hip flexion on the right to 75 degrees and 80 degrees on the Left. PL with decreased hamstring length on the Right to 85 degrees and Right ankle fixed in excessive plantarflexion and inversion
- Motor Function/Strength: UE: PL with no active movement in the Left UE and with minimal active movement in the Right shoulder PL with 2/5 elbow flexors and hand strength to operate a joystick control. PL with 2+5 strength in Right LE grossly throughout and 1/5 in Left LE grossly throughout.
- Tone: PL with severe tone and spasticity in all 4 extremities which has resulted in a severe right ankle contracture and decreased ROM in the Left ankle. PL also has increased tone with contractures present in the Left shoulder and elbow and bilateral hips. PL has a baclofen pump but tone remains a significant problem
- Functional Level/Activities of Daily Living:
  - Mobility: PL is dependent for all mobility but was able to demonstrate ability to operate a power wheelchair with simulated appropriate positioning in the clinic.
  - Transfers: PL is dependent via hoist or
  - Pressure Relief: PL is unable to perform a pressure relief manually and requires both power lift-space and power recline to be able to perform an adequate pressure relief independently.
  - MRAOL: To be able to perform safely and in a reasonable time frame in customary locations within the home
  - Dressing: PL is dependent for dressing
  - Grooming: PL is dependent for grooming
  - Toileting: PL is incontinent of bowel and bladder
  - Bathing: PL is dependent for bathing.
  - Eating: PL is able to feed himself after set up with adaptive utensils
  - Other activities of daily living/care: PL is dependent for all other ADL's
  - Position in current setting: NA
  - Measurements: (see attached)
  - Transients: Total Treatment Time: 120
  - Skating Evaluation: Soft care. Instruction in use of assistive technology. Instruction in wheelchair mobility and management.
- Trial with power wheelchair, simulated appropriate positioning and power seat features. Noted that PL feet became purpled with prolonged upright seating due to decreased vascular return but color returned to normal with a combination of power tilt and recline to get the feet above the heart over 3 minutes.
- Patient/Family Education: Family Patient was instructed in need for home adaptations, instructed in need for powered seating, instructed in need for postural support, instructed in need for pressure relief, instructed in need for powered seating, instructed in operation of powered mobility device, instructed in operation of powered seating devices, P.T. Role,
- Response to Education: Needs Reinforcement.

### Assessment

PL presents as a young male w/ severe CHI and is currently unable to move the Left side of his body and has minimal movement of the right side of his body. PL is currently dependent in all aspects of care and unable to interact with his home or community environment. PL has contracted ankles bilaterally and hips. PL requires a powered wheelchair with seating options and alternative access with electronics to be able to access his home and community independently. PL was able to successfully utilize a power w/c in seating clinic and operate the power set functions when set up in respiratory distress, pressure sores, further contractures all of which would lead to further hospitalizations. Patient's Response to Treatment: Good

Problem List: Non ambulatory. Unable to safely or functionally self propel a manual wheelchair. At risk for skin breakdown due to decreased sensation and decreased ability to perform a pressure relief. Unable to perform self

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Tu-Gov. Mark Samford

Page 008



P. R. S. R. E. C. R. E. D.

NAME: WOODARD: JOHN

PAT 301493003

MRN 002543519

B.Y. Rehab Charting Report Continued

pressure relief, Severe spasticity precluding ability to change hip angle. Unable to perform MRAOLs safely in a reasonable time frame in customary locations in the home. Lower extremity decreased vascular return  
Prognosis: Good for stated goals with provision of recommended equipment

Plan of Treatment/Functional Goals

Short term goal to be met by the end of the session today:

1. The Physical Therapist, rehab supplier and patient/family will determine appropriate wheelchair and seating system.

Goal Met

Equipment recommended and justification/long term goals to be met when equipment arrives:  
Invasive TDC SP power w/o base that will accommodate power seating options and the

2. Power lift-space and power recline is required for independent mobility. This base must access his home environment, work secondary to pt's severe spasticity will cause the patient to be pushed out of the chair, or return from recline. TR alone does not provide adequate pressure relief. In addition lift and recline will allow pt. to get his L&Ts elevated above his heart in order to assist with the vascular insufficiency in his L&Ts.
3. Wheelchair transport brackets to safely secure w/o when pt. is transported from the home.
4. Custom molded seat and back with 1/4" global relief on seat and back, front undercut, pelvic soft spot, pelvic notches, and hardware is necessary to position the pt's pelvis and back in a neutral position. The custom molded system also offers full body contact which reduces the pt's spasticity and decreases sliding out of the chair. The pelvic soft spot is necessary to reduce pressure over ischial tuberosities. Traditionally w/ or w/o the shelf applying will not accommodate this patient's severe deformities.
5. Incontinence cover for seat is required as pt. is incontinent of bowel and bladder
7. Body Point pelvic positioning belt is necessary to maintain pelvic position.
8. Reclining height adjustable arm trough style padded arm rests to allow proper arm position for driving and support the humerus to prevent shoulder dysfunction.
9. The comfort company standard Gel foot supports to protect bilateral feet due to severe contractures and inability to wear shoes.
10. Angle adjustable foot plates to accommodate severe ankle/foot contractures.
15. Steath 10" control plus headset to allow adequate head control for driving and during pressure relief.

The following electronic components are necessary to allow pt. to utilize and access all components of the chair independently:

1. Mgt 7 with multiple Drive Joystick is necessary for pt. to access all modes of the chair
2. Proportional attendant control is necessary so that care giver can maintain safety in unfamiliar environments.
3. Quad Link Retractable Joystick mount is required for access to tables and desks
- 4 Multiple Interface Box is required to allow for multiple seat functions and electronics
5. Egg nose-stick switch is necessary for pt. to change modes
6. Steath 7 swing away Mount for egg switch at head rest so that it can be removed for transfers

The following equipment is necessary for patient to be able to utilize his Aug/Comm speech generating device:

1. Dumpy swing away mount to mount the Mitrimo aug/comm device
2. Auxiliary Mode for 1 and 2 to provide an output from the joystick and allow the mouse emulator to connect to the Dynavox through the joystick for speech generation
3. ASL Mouse emulator with wireless switch and mounting hardware is necessary for pt. to be able to use the joystick for cursor control or the Dynavox using direct selection.

The above equipment is medically necessary for this patient to be independent with mobility in the home without medical complications due to the seated position.

Plan: JOHN WOODARD chose National Seating and Mobility to provide the above equipment. RTS to complete home assessment to determine appropriate USA for in the home.

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URL: RENAS, ChartingRT, rpt

Source: MediLink @ 2007 MediSense Information Systems

Page 3 of 4

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F: UW-18434020893

Tu-Gov. Mark Samford

Page 007



NATIONAL SEATING Fax: 8642699434

Aug 8 2007 14:52 P. 06

04/12/2007 13:08 8768580

PHYS THERAPY CMH

Page 06/06

SEITV

APR 12 2007



A. E. R. E. E. C. R. D. 2

Rehab Chaining Report Continued

NAME: WOODARD, JOHN

PAT 301493003

MIRN 002543618

THERAPIST SIGNATURE:

*John Woodard* DATE: 4/5/07

PHYSICIAN SIGNATURE:

*James C. Woodard* DATE: 4/12/07

Electronically Signed by: Steve Kraft, PT

**P.07**

029-205248

**PRIOR AUTHORIZATION**

RECIPIENT INFORMATION  
 NAME (Last, First, Middle Initial, Suffix)  
 John Woodward  
 ADDRESS (No. and Street)  
 111 778 0029 AVE  
 CITY (Name)  
 NEW YORK  
 STATE (Abbreviation)  
 NY  
 ZIP CODE  
 10001  
 PHONE NUMBER (Area Code and Number)  
 212 778 0029  
 FAX NUMBER (Area Code and Number)  
 212 778 0029  
 E-MAIL ADDRESS  
 JWOODWARD@NYC.GOV  
 TITLE  
 ATTORNEY  
 ORGANIZATION  
 NEW YORK CITY DEPARTMENT OF SOCIAL SERVICES

	DATE	TIME	LOCATION	BY	TOTAL AMOUNT PAID TO DATE	TOTAL DEDUCTIBLE	TOTAL COINSURANCE	TOTAL OUT-OF-POCKET
EXPLAIN MEDICAL NECESSITY FOR EACH PROCEDURE BELOW								

A circular diagram showing the arrangement of 24 letters of the alphabet in a circular pattern, likely for a cipher or code.

*[Signature]*

#### 14. PROVIDER'S SIGNATURE

RECEIVED  
MAY 8 2007



MAIL TO: DEPT. OF HEALTH AND HUMAN SERVICES, P. O. BOX 8208, COLUMBIA, SC 29203-8208

# PRIOR AUTHORIZATION

CLAIM CONTROL NUMBER

DO NOT WRITE IN THIS SPACE

## PROVIDER INFORMATION

1. National Seating & Mobility  
2. 1460 E. Kuykendall  
3. Greenville  
4. Santee, SC 29680

5. DATE OF SERVICE  
6. DATE OF SERVICE  
7. NAME

8. DATE OF SERVICE  
9. DATE OF SERVICE  
10. NAME

11. DATE OF SERVICE  
12. DATE OF SERVICE  
13. NAME

## RECIPIENT INFORMATION

1. John Woodard  
2. 178 0623 487

3. DATE OF SERVICE  
4. DATE OF SERVICE  
5. NAME

6. DATE OF SERVICE  
7. DATE OF SERVICE  
8. NAME

9. DATE OF SERVICE  
10. DATE OF SERVICE  
11. NAME

1. Multi-Axis Style Mounting Asst.-Seat Back Mount, Vg  
2. S  
3. E1028  
4. NU  
5. 1  
6. 150.00  
7. 5125.00

1. Black - SWITCHES (Used for click to access AugPro)  
2. S  
3. E2588  
4. NU  
5. 1  
6. 15.00  
7. 5125.00

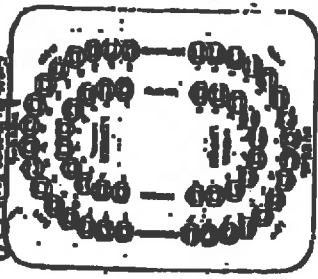
1. Extension Cable for Egg Switch - SWITCHES  
2. S  
3. E2588  
4. NU  
5. 1  
6. 100.00  
7. 5125.00

1. Egg Switch Mount for Lateral Pad - SWITCHES  
2. S  
3. E2588  
4. NU  
5. 1  
6. 750.00  
7. 5125.00

1. Lap Top Computer Power Converter (For Dynarex)  
2. S  
3. E2588  
4. NU  
5. 1  
6. 750.00  
7. 5125.00

EXPLAIN MEDICAL NECESSITY FOR EACH PROCEDURE BELOW

083 of 5



REVIEWED BY (NON DEPARTMENT USE ONLY)  
DNES FORM 2004 (Rev. 2004) which may be used until exhausted.

PROVIDER'S SIGNATURE

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AUG 08 2007

MAIL TO: DEPT. OF HEALTH AND HUMAN SERVICES, P. O. BOX 8208, COLUMBIA, S. C. 29208-8208

# PRIOR AUTHORIZATION

TYPEWRITER SIGNATURE  
USE CAPITAL LETTERS ONLY

CLERK CONTROL NUMBER

DO NOT WRITE IN THIS SPACE

## PROVIDER INFORMATION

PROVIDER NAME  
National Seating & Mobility  
DIRECT ADDRESS  
1405 E. Hwy 17 N  
APT B1012  
Casper, CO 80540

PROVIDER ID NUMBER  
DR1288

DATE RECEIVED  
DATE AND CITY OF MEDICAL PROVIDER  
NICH LORRY

DATE RECEIVED  
08/07/07

## RECIPIENT INFORMATION

RECIPIENT NAME (PRINT, LAST, FIRST, MIDDLE)  
John Woodard

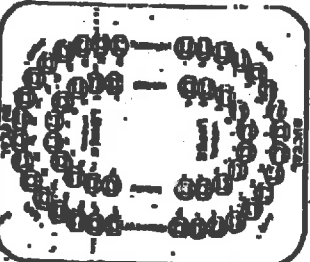
RECIPIENT ID NUMBER  
178 0028 407

SEX  
M  
BIRTHDATE  
08/05/78

ITEM	DESCRIPTION	QUANTITY	UNIT	PRICE	TOTAL
1	WIRELESS MOUSE EMULATOR, 5 SWITCH, USB - SPECIFIC	1	UNIT	1400.00	1400.00
2	FOLDING MOUNT ROP MULTI-HOLD (AUG/COM MOUNTING)	1	UNIT	843.00	843.00
3	T-RAIL MOUNTING HWY 2 (AUG/COM MOUNTING HWY)	1	UNIT	9.00	9.00
4	DEVICE ADAPTOR PLATE FOR MINIRAP (AUG/COM DEVICE)	1	UNIT	312.00	312.00
5	STANDARD COMPLETE FEET WITH 3D CAL PAST, MEASURING	1	UNIT	250.00	250.00

EXPLAIN MEDICAL NECESSITY FOR EACH PROCEDURE BELOW

28495



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PROVIDER'S SIGNATURE

X *[Signature]* 5/25/07

X *[Signature]*

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JUN 08 2007








**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Bowling / Giese</i>	DATE <i>8/29/07</i>
------------------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <b>000121</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-7-07</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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





*Log. 8/16/07  
app. sign*

## State of South Carolina Office of the Governor

Mark Sanford  
GOVERNOR

Post Office Box 12267  
COLUMBIA 29211

August 16, 2007

Mrs. Victoria Bennett  
220 Francis Street  
Goose Creek, South Carolina 29445

Dear Victoria,

Thanks for your recent correspondence. I am sorry to hear of the difficulties your family has experienced. Please know the information provided was reviewed in its entirety; however, I am returning the enclosed confidential information for your personal files. In addition, I have requested that someone from the Department of Health and Human Services contact you directly regarding this matter. You should be hearing from that office soon. In the meantime, thanks again for taking the time to write.

Sincerely,

A handwritten signature of Mark Sanford.

Mark Sanford

MS/dr

cc: Ms. Emma Forkner, Director  
South Carolina Department of Health and Human Services

**RECEIVED**

AUG 29 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



713594

# Advantage Hospice

A SPECIAL KIND OF CARING RECEIVED

2270 Ashley Crossing Dr. Suite 175  
Charleston, SC 29414  
Phone: (843) 402-0614  
Fax: (843) 402-0893  
Toll Free: (866) 277-1077

AUG 13 2007

Referred to CS  
Answered Riley

## Fax

To: Cavener Sanford From: Victoria Bennett  
Fax: 803-434-5167 Pages: (13)  
Phone: 803-732-2100 Date: 8/10/07  
Re: Family Tredgy II cc

Please review the enclosed  
material and provide my family  
any assistance you can.

Thank you  
*[Signature]*

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

● Comments: The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you have received this transmittal in error, please notify us at the above number to arrange for the return of these documents.

Governor Mark Sanford  
PO Box 12267  
Columbia, SC 29211

Dear Governor Sanford:

My name is Victoria Bennett. On July 21, 2006 my husband John Woodard, (37) was involved in a very serious motorcycle accident, leaving him with a closed head injury. I was told at first not to expect him to survive, yet he did. Over the past year he has endured several surgeries and setbacks, but continues to overcome them all. He is now mobile on his right side; he can feed himself, talk, use the phone and even attempts to write. The left side remains very weak, but there is reasonable hope that it will also strengthen. In April his doctor ordered a power wheelchair and he was fitted for it while a patient @MUSC. Although it took 30 days, in May 2007 Medicaid gave authorization to National Seating & Mobility in Greenville, SC. to build the chair for John. After his discharge from MUSC I took John home to be with our family, with the assurance that I would receive all the help necessary to take care of him. But the promised assistance wasn't forth coming; aides came and went and sometimes never showed at all. My children and I did the best we could taking care of John, but the magnitude of his care became too much for us. On June 20, 2007 when all else failed, I had to place John at Magnolia Manor, a skilled nursing facility to ensure proper care for him and life for the rest of our family. Around July 28 I was informed that John's chair was finally ready for delivery. When I told National Seating & Mobility that John was at the nursing home, I was then told that Medicaid would not pay for the chair now since John was not at home. Apparently even though authorization was given, the company can not bill until delivery and the place of deliver must be home!

So here is a man who has worked hard all of his life, who's fallen on very hard times and desperately needs this chair, as his doctor ordered, to have any quality of life as well as to be able to return home to his family. But because of some arbitrary rules he can not have the one piece of equipment that could help do all this, even though his doctor and therapist say it is MEDICALLY NECESSARY! Medicaid feels the nursing home should provide or pick up the cost of any DME. Please, have you ever been to one of these places, one is lucky to get good food, nevertheless, a chair such as this. And of course Magnolia Manor feels they are not in a position to provide This chair which has been custom designed for John's disabilities.



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Fortner  
Director

October 16, 2007

Mr. Jeff Brown  
National Seating and Mobility  
140 Kay Drive, Suite F  
Easley, South Carolina 29640-8913

Dear Mr. Brown:

Thank you for your assistance in obtaining a specialized power wheelchair for Mr. John Woodward and the training and delivery necessary for optimum use of this chair. Mr. Woodward currently resides at Magnolia Manor, 505 S. Live Oak Drive, Moncks Corner, South Carolina, 29461.

Medicaid's reimbursement for this chair is an exception to our reimbursement policy and is only for this specific case. This letter is intended to assure you that National Seating and Mobility will be reimbursed for this equipment to the same degree as if the equipment were delivered to Mr. Woodward's home.

Please contact Mr. Tom Senschell, Administrator of Magnolia Manor, at (843) 761-8368 to arrange delivery and training. Mr. Senschell will coordinate the training for Mr. Woodward, the therapist, staff and Ms. Victoria Bennett.

Your cooperation in this matter is acknowledged and appreciated. Please contact Mr. James Assey, Division Director for Pharmacy and Durable Medical Equipment, at (803) 898-2875, if further assistance is needed. Again, thank you for your service to the citizens we serve.

Sincerely,

  
Felicity Myers  
Deputy Director

FM/gar

cc: Tom Senschell, Administrator



