

From: Office of the Governor Site Support

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To: Haley, Nikki

Cc:

Subject: Unable to access appropriate medical treatment for my husband by out of state insurer (BCBSMA)

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Message:

July 1, 2015

Let me start by saying that I know that you are insanely busy, but please take 5 minutes to read this letter. This isn't something that I normally do, but at this point I am desperate and my family is in dire straits.

My husband, Kevin Cribb, was involved in a single vehicle motorcycle accident in January 2015. He sustained a severe Traumatic Brain Injury, specifically a Diffuse Axonal Injury (DAI), which is the equivalent of adult shaken baby syndrome. Because his brain violently bounced around in his skull, his entire brain was damaged, leaving many unanswered questions about the extent of the damage or ability to give any kind of prognosis.

He was treated at MUSC in Charleston, SC for one month. They did not expect him to live. He was transferred to a skilled nursing facility in Columbia, SC for one month to finish the process of weaning him off of the ventilator and Tracheostomy tube. During these two hospital stays he was in a coma and then a vegetative state. He was transferred to Carolina's Rehabilitation hospital in Charlotte, NC. Once he arrived there and they began giving him different medications he emerged from the vegetative state and became what is communally called "minimally conscious." He was awake and looking around, but because he also suffered from Post Traumatic Amnesia, he wasn't aware of anything. He didn't know who he was, where he was or why, who we were, and couldn't follow simple commands. The hospital engaged him in several hours of physical, occupational, and speech therapy each day. He was there for 58 days and by the time he was discharged he had learned to walk, talk, eat, feed himself and do most of his activities of daily living with minimal assistance. He made a remarkable physical recovery, but his brain lagged far behind in the recovery process.

He was discharged from the rehab hospital after 58 days because his private health insurance plan only allotted 60 days per calendar year for rehab. My husband was NOT ready to be released from that hospital and was NOT ready to return home. I took time off of my full time job, through FMLA, to care for him. I will say that I was very naïve about what to expect, my ability to care for him and accessing additional treatment when he needed it. Less than two weeks after he returned home he became verbally aggressive and physically violent. Please let me add that although this is a normal progression of the recovery process, I was not prepared for it and I was not able to manage his behavior. My husband is 6'3" and weighs over 200 pounds. I

also have a 3 and 5 year old in the home. Just before resorting to transporting him to the emergency room at Tuomey Hospital, it took two men to manage his aggression. He hit me in the face, punched holes in the walls, threw TV's in the floor and destroyed so many other things in my home. My two children and I had to climb out of my son's bedroom window at midnight one night and run to my neighbor's house for safety because it was such a dangerous situation. My husband was, and is, still suffering from Amnesia and did not know what he was doing, neither could he remember it 5 minutes later. No one could rationalize with him because of that, and because of the injury. I could go on about the trauma this has caused to our family but for the sake of your time I will not.

I sat in the waiting room at Tuomey Hospital and asked three times to speak with a doctor but was not allowed. I even told the Mental Health Liaison that I was afraid for everyone's safety and that I wanted to see my husband and speak with the doctor and wasn't allowed to do that either. Tuomey called later and told me to come and pick him up because he had been discharged. I asked why no one spoke with me to ask what he was doing or even what medications he was on, but didn't receive an answer. Everyone in the ER knew my husband's situation because his sister is a nurse in the ER and was on shift that day. I told the Nurse Practitioner that I would not pick him up because of significant and valid safety concerns. The hospital called DSS and reported me for abandonment and told me that they would deliver him to my doorstep by ambulance. They also called the police to transport him to my home, despite the fact that they had given him Haldol to sedate him and had his hands and feet tied to the stretcher with towels because he was assaulting their staff and attempting to assault other patients. The police refused to transport my husband from the ER because of the condition he was in, thank God. I could also go on about this but will not for the sake of your time.

Today marks 7 weeks that my husband has been lying in the emergency room at Tuomey Hospital. It also marks two months since he has received any type of physical, occupational or speech therapy, despite there being therapists on staff at the hospital. It took over a month for a Psychiatrist to be consulted, even though I asked specifically for that on the day he was taken there. There has been no Neurologist called in to evaluate him nor has he even looked out of a window. The first 6 months following a brain injury are the most critical and include the most rapid improvement. My husband has spent 1/3 of that time untreated. One particular case manager in the hospital willingly took on my husband's case and worked tirelessly, even off the clock, to find an appropriate place for him to receive treatment. He identified two places that would provide Neuro-cognitive and behavioral therapy for my husband. One was in Texas and one in Georgia, we have none in SC. The insurance company denied both requests, stating several reasons but ultimately because it was not a covered benefit. The requests were very thorough and included all of his medical records, evaluations and recommendations from physical therapists, doctors and even the Psychiatrist. The medical director from Tuomey Hospital also had a peer review with the doctor at the insurance company. Still they denied, and also denied the appeal. My husband has insurance through Blue Cross Blue Shield of Massachusetts, however, the coverage is for a SC resident and residents of many other states that work for the same worldwide company.

Once the case manager and I started to give up on accessing the appropriate treatment we began looking for other options. Not knowing whether the insurance company would pay for a nursing facility, I applied for Medicaid. Our Medicaid system in SC is very confusing and I haven't met anyone yet that has been able to appropriately direct me. I have also been told that Medicaid does not pay for inpatient rehab specific treatment for people suffering from TBI, only in-home or outpatient services. When I asked the woman what happens to people that only have Medicaid coverage she stated "they just get put in a nursing home somewhere." Really? I applied for Waiver services through the Community Long Term Care division and also for the HASCI (Head and Spinal Cord Injury) Waiver, a division of DDSN (Department of Disabilities and Special Needs). The coordinator from DDSN came to the hospital to meet with me and explained that he qualified to "apply" for the Waiver because he suffered from a TBI but that the eligibility determination piece would take up to 90 days. Then, if approved, he could be placed on a waiting list for placement, which would also probably take 90 days, or he could immediately