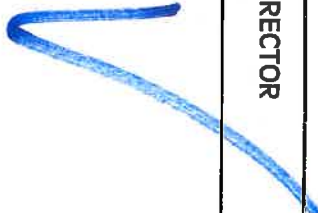


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>10-2-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000287</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.			

McLeod Health

RECEIVED

SEP 20 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

September 18, 2006

Medicaid

Columbia, SC

Having worked at McLeod Regional Medical Center as an occupational therapist over the past 12 year has provided me with the opportunity to work with hundreds of children. There have been many different diagnoses but working with children, you don't look at the diagnosis but at each child and their unique and special needs. This Pediatric program has grown from 3 therapists to over 12 therapists. Special training and programs have been developed for the needs of the children in the Pee Dee area. One such program developed five years ago was the Aquatic Program. It too grew from 4 children to 24 children. The total percentage of children actually provided with aquatic therapy is small but then it is a very specialized program.

Aquatic therapy is taught in both occupational therapy and physical therapy academic programs and is considered an important modality for rehabilitation. Aquatic therapy programs are designed to improve circulation, pulmonary function, strength and endurance, balance, and coordination. It can increase range of motion in the joints, decrease tissue swelling, normalize tone, protect joints during exercise, and decrease pain and stress. Additionally, it improves a child's self image and provides an opportunity for a disabled child to participate in a potentially life saving sport

The values of an aquatic program, the purpose of the program, and the training of the qualified therapist are all important, but the most important aspect of the program is the child. Please allow me to share some of my very special children with you.

E is 6 years old. She has cerebral palsy. She would love to take dancing lessons but the increased tone in her legs makes it difficult for her to walk. She has normal intelligence so believe me she knows she is different. She arrives at the pool with a big smile, ready to swim. She swims one hour a week. During her session she laughs and plays while swimming and to end in the pool and pulls herself out of the water to place puzzle pieces

J is a 10-year-old boy. He had a brachial plexus injury at birth. He has difficulty using his right arm. He has limited shoulder and elbow movements. His right arm is much weaker than the left arm. He loves sports, but is not able to participate due to poor motor control and fear of possibly falling and making the arm worse. In the pool, gravity is eliminated and he is able to extend the right arm to make swimming the strokes. He straddles a noodle and maintains his balance using both hands. He actually has improved his ability to move and use his arm and his endurance has improved greatly.

It's clear to see that the Aquatic program is successful for these children, and many other examples could be provided. Our facility is also developing an adult aquatic program that Medicare will fund. Unfortunately, the aquatic program for children has been terminated due to lack of funding by Medicaid. Please help this valuable program to be continued by reviewing the funding guidelines and including this form of exercise as a billable therapeutic service.

If we can provide any additional information or answer any questions please call us at (843) 777-2043.

Sincerely yours,

Joyce Blackwell OTR/L
Joyce Blackwell, OTR/L
Occupational Therapist

555 East Cheves Street • P.O. Box 100551 • Florence, SC 29501-0551 • Phone (843) 777-2000

McLeod Regional Medical Center • Saint Eugene Medical Center • Wilson Medical Center
McLeod Physician Associates • McLeod Children's Hospital • McLeod Home Health

To whom it may concern,

I am a pediatric physical therapist at McLeod Health. I have been treating children with various disabilities for thirteen years. For the last several years I have had the opportunity to treat children in the pool through our aquatics program.

Our program started with four and has grown to about twenty four. They have varying disabilities and benefit from this program in different ways. The resistance of the water provides continuous strengthening and endurance throughout the session; gravity is eliminated making movement easier, which for kids with muscular dystrophy or children with severe cerebral palsy is crucial; the water provides a safe environment; and a fun place to face the challenges of things you and I probably take for granted

Last month our facility was informed that we were no longer going to be able to provide aquatics to children since Medicaid does not cover this "luxury". I am writing to you to express the need to fund aquatics for all children with disabilities throughout the state. These kids have enough hardship to face in their lives without meeting closed doors when working to improve their daily living and lives. I understand that only two states fund this program, both of which are in the south. It would be great for our state to be one of the first to recognize the importance of an aquatics program and recognize the needs of our children with disabilities. Yes, some of these kids can attend the rehab gym for their weekly therapy but, as you know, many adults do not look forward to going to the gym to work out much less work on something as hard as walking 5 feet. For our muscular dystrophy kids the water is the only movement they can make as gravity becomes too much to move against. They, being cognitively aware, realize their life is slowly being taken away. They do not usually die from their disease but the lack of respiratory support the disease takes away. At least the pool can provide some sort of exercise and endurance training to prolong their life.

I understand that if we have a doctor on staff that Medicaid and some insurances will cover aquatics. Our hospital is not set up this way and a physician is not doing the therapy anyway. We get direct orders from doctors and they receive monthly progress notes on each child treated. Doctors are aware of the aquatics program and realize the benefits. Having a doctor on staff in rehab services is not necessary for the department.

Please consider changing the laws in South Carolina. As a state we rank last in many aspects especially where our children are concerned. We have an opportunity to be one of the first to provide aquatic therapy to children with disabilities. In this way, as a state, we are showing that we are proactive. We can work to get these kids as functional and as independent as possible so they can grow to be involved in the community, have families of their own, get a job and the obvious, stay out of state facilities and become the taxpayers responsibility time and time again. Remember the harder we work to get these kids active and functional the less sickness and hospital stays they will have as an adult. Also remember exercise is exercise. We charge for exercise in the gym why can't we charge for aquatics...it is exercise in the water. Not all kids benefit from this program but some have no other choice. Please don't take their only chance away. Thank you for your time and consideration.


Shannon Wyont, PT

September 15, 2006

To Whom It May Concern:

I am writing to you in regards to the importance of instating funding for the aquatics program for the pediatric patients at McLeod Regional Medical Center.

My son, Thomas, is a seven year old with a diagnosis of Cerebral Palsy. He exhibits left side weakness and increased tone in both his left arm and leg. He has been receiving Physical and Occupational Therapy at McLeod since the age of two. He has been participating in the aquatics program since it began several years ago, and has shown remarkable progress so far.

Thomas looks forward to his swimming treatment each week. He doesn't even realize that he is doing work when he participates in the therapeutic activities—he sees it as play. Thomas is able to receive support for his body from the water. He can move and be sustained in ways that are not possible when he is on land. He encounters resistance from the water which makes him have to work harder to advance his extremities—therefore increasing his strength. The children that come during his time slot all seem to do well by being able to participate in a group—letting their competitive nature shine through. Thomas seems more motivated to push himself when he is in the pool than when he is engaging in therapy on land.

No other facility in our area is even able to offer a readily available facility with a heated pool, much less the educated therapists and staff needed to treat the children with various diagnoses seen for P.T and O.T. It would be a shame for this much-needed program to be cancelled when it could offer a better life for these children who deserve (and need) every opportunity to lead a healthy, normal life. After all, isn't that what these state funded programs are created to do?

Thank you for any help you can give in helping to install payment for a well-deserving aquatics program to serve the disabled children in our area.

Sincerely,

Stephanie B. Marshall

Stephanie B. Marshall



Children's Hospital

August 28, 2006

Pediatric Pulmonology
Allergy & Immunology
135 Rutledge Avenue
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Charleston - SC 29425

Ph (843) 876-1555
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C. Michael Bowman, PhD, MD
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Patrick A. Ruma, MD
Director, Adult CF Center

Fredrick M. Schaffer, MD
Allergy/Immunology

Isabel Virella-Lewill, MD
Pulmonology

Cheryl E. Kerrigan, MSN, RN, CPNP
Pediatric Nurse Practitioner
Pulmonary Nurse Specialist

To Whom It May Concern:

Levonne Croker is a 14 year old we follow at the Children's Lung and Asthma Center at the Medical University of South Carolina. He is seen for restrictive lung disease related to muscular dystrophy. Recently, his mother informed us that his form of physical therapy, aquatic therapy, will not be covered by Medicaid. Considering that his medical decline is directly related to loss of muscle strength, we strongly feel that any efforts to maintain muscle strength will be in Levonne's best interest. Maintenance of muscle strength, as well as any increase in aerobic capacity, will slow Levonne's pulmonary decline. Levonne is wheelchair bound, and is therefore limited in the types of strengthening and aerobic activities he is capable of doing. If his physical therapists feel that aquatic therapy is appropriate for Levonne, we strongly support it and feel it should be covered by Medicaid as medically necessary.

Please feel free to contact us with any questions.

Sincerely,

Cheryl Kerrigan, MSN, CPNP
Pediatric Nurse Practitioner
Pediatric Pulmonary, Allergy, and Immunology

CC: Trina Fulton
253 Fernbrook Drive Cades, SC 29518

McLeod Pediatric Cardiology
305 E. Cheves St. Suite 220
Florence, SC 29506
843-777-7300, Fax 843-777-7311

To: To whom it may concern,
Re: LeYonne Croker

08/22/2006

Dear Sir or madame,

LeYonne is a patient of mine with Muscular Dystrophy. He has been involved in aquatic fitness training for some time and has shown improvement. I am now told that Medicaid will not cover this service.

I am confused. This is a form of physical therapy that is well known to help this kind of patient. If he does better, then he is less likely to need hospitalization and therefore, the therapy is cost effective. Please make whatever arrangements are needed to allow him to continue the service.

Sincerely,



Charles A. Trant, Jr. MD, F. A. C. C.

The Children's Heart Program of South Carolina
Charleston Phil Saul MD, Andrew M. Alt MD, Vasha Bandtge MD, Geoff Forbus MD, Eric Graham MD, Tony Hlavacek MD, Melissa Hershaw MD,
Tim C. McClain MD, Jeremy Ringwald MD, John Reed MD, Gresh S. Shrail MD,

Columbia Sharon Kammer MD, C. Osborne Shuler MD, Matthew Weinacke MD, Luther C. Williams MD

Florence Charles A. Trant, Jr. MD

Greenville Benjamin S. Horne MD, Jon Lucas MD, David G. Malpas MD, John P. Matthews MD, R. Auehn Raunkjar MD
Cardiothoracic Surgery Scott M. Bradley MD, Ty Hsieh MD, Fred A. Crawford, Jr. MD

Anderson Beaufort Charleston Columbia Florence Greenville Hilton Head Lancaster Myrtle Beach Pawley's Island Orangeburg Spartanburg Sumter



8/29/06

To whom It May Concern,

I have been involved in the primary care of Leanne Croker for the past 2 years. He has Duchenne Muscular Dystrophy which is a genetic disease associated with progressive muscle weakness. He has been involved in aquatic therapy for a few years. I feel that this therapy has allowed him to retain some of his musculoskeletal functions as well as continue to perform activities of daily living. It would be hard for him to continue to receive this therapy as well as coverage by Medicaid. Feel free to contact me if you have any questions or concerns.

Sincerely,

Kevin Spide, MD

To Whom It May Concern:

I am the parent of a 14-year-old child that has Duchenne's muscular dystrophy. Currently he receives aquatic physical therapy through McLeod Rehabilitation Services at McLeod Health and Fitness Center. This therapy has proven to be beneficial because my son has lost the use of most of his muscles and will continue to decline as the disease progresses.

McLeod has informed me that they will no longer be able to allow the therapy to be done at their facilities secondary to lack of re-imbursement. Medicaid will not pay for these services at McLeod, because they are not billing under a physician's Medicaid number but rather under the therapist's Medicaid number.

My son is in desperate need of this therapy to continue to strengthen his muscles and assist with the continued use of his lungs and heart, as they will weaken if he does not get this therapy. I am in need of your services to assist us in any way that you can.

Otherwise, my child and certainly other children with this disease will regress and get worse. Your immediate attention to this matter will be greatly appreciated as we were informed that services will discontinue on August 29, 2006, if funding is not guaranteed and by whom.

We look forward to hearing from you real soon. My son's health continues to deteriorate as I write this letter. Thank you in advance.

Sincerely,

Trina Fulton

Trina Fulton

MUSC

ORTHOPAEDIC SURGERY

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Charleston - SC 29425

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Orthopaedic Rheumatology
General Orthopaedics

Harry A. Dumas, MD

Arthritis and Joint Reconstruction

C. David Bales, Jr., MD
Sports Medicine
Arthroscopy

John A. Breen, MD
Spine Surgery

Richard H. Gross, MD
Pediatric Orthopaedic Surgery
Sports

John A. McWhorter, MD, FACS
Hand and Microvascular Surgery

James E. Murray, III, MD
Pediatric Orthopaedic Surgery

William R. Mulholland, MD
Hand and Microvascular Surgery

Frederick E. Reed, Jr., MD
Pediatric Orthopaedic Surgery

H. Del Schutte, Jr., MD
Arthritis and Joint Reconstruction

Berard J. Shanny, MD
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John L. Esch, MD, FACS
Orthopaedic Oncology

James R. Uthman, MD
Sports Medicine
Arthroscopy

Keith D. Merrill, MD
Sports Medicine
Arthroscopy

Research
Vinhuan An, MD
William R. Burfield, PhD

August 24, 2006

Re: Levonne Croker
MRN 1136362

To Whom It May Concern:

Levonne Croker is now 14, and has marked weakness secondary to Duchenne muscular dystrophy. He is now unable to ambulate and is getting some deformity secondary to his muscle imbalance across his feet. His main therapeutic intervention has been aquatic therapy, which he greatly enjoyed, and was the only modality which gave him any type of mobility.

Life with muscular dystrophy is pretty miserable, and really affords few pleasures to boys in their teen years as they wait their inevitable march to the tomb. While the monetary benefits of such therapy cannot be judged favorable by any type of bottom line analysis, it does make a difference to the ones who are unfortunate enough to have a need for it. With all due consideration, I would ask in the strongest of terms that you consider reinstituting this therapy for Levonne and other children like him.

Sincerely,



Richard H. Gross, M.D.
Professor

Department of Orthopaedic Surgery
Medical University of South Carolina
96 Jonathan Lucas Street, Suite CSB, 708
Charleston, South Carolina 29425
Telephone: 843-792-8765
Facsimile: 843-792-3149

RHG/dl

Cc: Connie

Parent of Levonne Croker
Route 1, Box 327
Cades, SC 29518

Ashley, Physical Therapy
McLeod