


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mellis</i>	DATE <i>3-24-10</i>
---------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>100399</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-31-10</i>		
2. DATE SIGNED BY DIRECTOR <i>cc: Mrs. Forkner</i> <i>Cleared 4/2/10 letter attached.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE _____		

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



AIKEN COUNTY LEGISLATIVE DELEGATION

828 Richland Avenue, West
Aiken, South Carolina 29801
Phone: (803) 642-1694
Fax: (803) 502-1859

RECEIVED

MAR 23 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

March 17, 2010

Emma Forkner, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Davis L. Hill; Medicaid ID # 9780800175

Dear Ms. Forkner:

I am writing this letter on behalf of Ms. Bridget Hill, mother of Davis Hill. Ms. Hill has contacted me in seeking assistance with Davis' application for TEFRA Medicaid. According to the information provided, he has received a denial because he did not meet the disability criteria.

I am asking that you please review the enclosed information and reconsider Davis' application.

Thank you for your assistance in this matter.

Respectfully,

A handwritten signature in cursive script, appearing to read "J. Roland Smith".

J. Roland Smith
House District 84

Enclosures

cc: Bridget Hill for Davis Hill, 503 Taylor Pond Rd., North Augusta, SC 29860

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

October 07, 2009

Memorandum

To: Bridget Hill for Davis L. Hill
Petitioner

From: Rhonda Tucker, Program Coordinator
Division of Central Eligibility Processing

Subject: Fair Hearing Request

Enclosed is a summary with attachments of the decision made on the
TEFRA Medicaid application for Davis L. Hill dated April 17, 2009.
If you decide not to continue with the request, please contact the Hearing Officer
at 1-800-763-9087.

Please call me at 1-888-549-0820 if I can answer any questions.
/rpt

Attachments

Cc: Vastine Crouch, Appeals Director
Betsy Fuller, Director, Division of Central Eligibility Processing

Appeal Summary

Petitioner: Bridget Hill for Davis L. Hill
Medicaid ID # 9780800175
Payment Category: 57 TEFRA Medicaid
Household # 101335595

On April 17, 2009 a TEFRA Medicaid application for Davis L. Hill was received in the Division of Central Eligibility Processing. The application was reviewed for completeness.

The Level of Care Assessment Form was sent to Community Long Term Care for evaluation on April 30, 2009. On May 27, 2009 the decision was received stating that Davis L. Hill did not meet level of care for Intermediate Nursing Facility.

On May 27, 2009 the Disability Decision Referral was sent to the Department of Vocational Rehabilitation. On August 26, 2009 the decision was received stating that Davis did not meet the disability criteria.

Davis was determined financially eligible for TEFRA Medicaid. He has neither income nor resources. The application met all other non-financial criteria such as a child under age 19, furnished Social Security numbers, SC residency, US citizenship, assigned rights to medical support and not an inmate of a public institution.

The TEFRA Coordinator subsequently denied the Medicaid application on September 02, 2009, because the disability criteria was not met. Medicaid Manual Sections 101.13.04, 101.08.02, ~~101.09.03~~, ~~101.09.04~~, ~~102.06~~, and ~~305.01~~ of the Medicaid Policy Manual support our decision.

Ms. Hill sent a letter indicating a lawyer has been hired, however, she did not specifically ask for a fair hearing. The letter was received October 05, 2009 which exceeds 30 days from the date of the denial letter, however, please continue with the appeals request.

Prepared by:
Rhonda P. Tucker, TEFRA Coordinator
Division of Central Eligibility Processing
September 02, 2009

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

August 25, 2009

RECEIVED
AUG 26 2009
CENTRAL ELIGIBILITY
PROCESSING

Memorandum

To:	Rhonda Tucker	Medicaid Supvr.	County:	St Ofc
From:	Nancy A. Bigelow, Department of Disability Determinations			

Subject: Special Attention for Disability Determination Decisions

Applicant:	Davis L. Hill	SS#:	654-26-2076
EW:	Rhonda Tucker	County:	St Ofc

Please forward the attached disability decision(s) to the appropriate eligibility worker. Please note, I do not make the disability determination. That is the responsibility of the Disability Examiners; therefore, please remove this memo sheet prior to sending any decision to the applicant.

If you have any questions, call me at (803) 898-4562.

/b

attachment(s)

MEDICAID DISABILITY DETERMINATION

Claim Level and Type IN MAO6		Filing Date 04/17/09		SSN 654-26-2076							
Name and Address of Claimant BRIDGET HILL for DAVIS L HILL 503 TAYLOR POND RD N AUGUSTA SC 29860			S/A Receipt Date 06/04/09		Date of Birth 01/01/07						
Claimant Disabled			C. Diary								
B. Onset			<table border="1"> <tr> <td>Type</td> <td>Mo/Yr</td> <td>Reason</td> </tr> <tr> <td colspan="3"> None Established (Medical Evidence in File but Insufficient to Establish Diagnosis) </td> </tr> </table>			Type	Mo/Yr	Reason	None Established (Medical Evidence in File but Insufficient to Establish Diagnosis)		
Type	Mo/Yr	Reason									
None Established (Medical Evidence in File but Insufficient to Establish Diagnosis)											
Claimant Not Disabled DENIED	Primary Diagnosis 11 Cerebral Palsy	Code 3430	Secondary Diagnosis	Body Sys 20	Code 6490						
B. Disability Ceased		Reason SSA DENIAL ADOPTED-COORDINATED									
Med List No.	Basis Code ADC	VR Action A. <input type="checkbox"/>	B. Screen Out <input checked="" type="checkbox"/>	C. Prev Ref <input type="checkbox"/>							

Remarks
FEDERAL DECISION ADOPTED

Disability Examiner

Date:

08/11/09

Bridget P. Mitchell

BPM/812
Claim No: 151918
MAO 99 (7/04)



Received
MAY 27 2009
Central Processing

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 21, 2009

DHHS
Rhonda Tucker
Central Processing Unit
PO Box 8206
Columbia, South Carolina 29202-8206

RE: Davis Hill SS#: 654-26-2076 Area: 14

The above TEFRA/Katie Beckett applicant has been evaluated and has been determined to meet one of the following levels of care (LOC):

- ☐ Skilled Nursing Facility
- ☒ Intermediate Nursing Facility
- ☐ Hospital

A handwritten signature in black ink, appearing to read "Debra J. Stevens".
Debra J. Stevens

South Carolina Department of Health and Human Services
Notice of Action

From: STATE OFFICE COUNTY DHHS
P. O. Box 100101
Columbia SC 29202-0000

Date: 09/03/2009
Worker Name:

RHONDA TUCKER

Telephone: 803 898-9662

BG#: 70598513

HH#: 101335595

47 RHONT

To: DAVIS L HILL
C/O BRIDGET HILL
503 TAYLOR POND ROAD
NORTH AUGUSTA SC 29860

Beneficiary Name:
DAVIS L HILL

Beneficiary ID:
9780800175

Your application has been denied for: KATIE BECKETT CHILDREN - TEFFRA

Reason for denial:
You do not meet the disability criteria.

Denied for the month(s) of: 04/2009

Manual/policy reference supporting this action: 102.06.02A

Fair Hearing

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

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

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

Pediatric Partners

of Augusta, LLC

January 7, 2010

To whom it may concern:

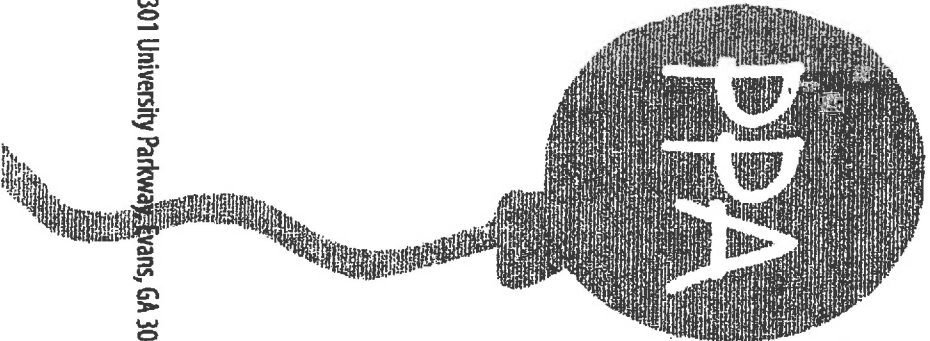
Davis Hill DOB: 01/01/2007 was born premature at twenty eight weeks of gestation. He was born with hypertonicity and shows evidence of cerebral palsy in his lower extremities. He wears bilateral articulating AFO's to help strengthen his legs and to help him walk. If you have any questions or concerns, please give us a call at (706) 774-7200.

Scott Chappell, MD
Karen Foushee, MD
Steven Jones, MD
J. B. Tanenbaum, MD
Mary Anderson, MD
Debbie Benoit-Harris, MD
Sandra Herzwurm, MD
Alexia Barrientos, MD

Thank you,



Scott Chappell, MD



4301 University Parkway, Evans, GA 30809 Fax (706) 854-2534 • 1303 D'Antignac St., Suite 2600, Augusta, GA 30901 Fax (706) 774-7209
Phone (706) 854-2500

www.pedpartners.com

Patient: Davis Hill *Chappel*
Physician: Dr. Scott ~~Campbell~~ *(Pediatric Partners of Augusta)*

DOB: 1/1/07

Augusta Therapy Services for Children

OCCUPATIONAL THERAPY INITIAL EVALUATION and TREATMENT PLAN

Your copy

Patient: Davis Hill
DOB: 1/1/07
Age: 28 months
Onset Date: 2-3 wks
Referred by: Dr. Scott *Chappel*
Diagnosis: cerebral palsy (343.9)

Evaluation Date: 5/7/09
Occupational Therapist: Angela M. Gehrt, OTR/L
Parent(s): William and Bridget Hill
Address: 503 Taylor Pond Rd., ~~Aiken~~ *Ag*, SC 29866 ~~29841~~ *Ag*
Telephone #: (803) 278-6737 *N. Augusta*

SUBJECTIVE:

Reason for referral: developmental delay and cerebral palsy

Historian: pt's mother, aunt and EI

Description of problem: Caregiver's main concern is that "Davis doesn't feed himself well," or use his hands together.

Caregiver goals: For Davis to "feed himself independently."

Description of pregnancy, delivery and birth history: Davis was born at 26 weeks gestation. At 28-29 weeks he suffered from a brain hemorrhage and was diagnosed with mild cerebral palsy. Davis was hospitalized for 7 weeks after birth. Davis has no allergies or history of ear infections.

Sibling(s): Brandon 10 years

Speech development: Pt. is currently receiving ST services. EI stated ST is working oral motor skills.

Early intervention treatment: Tiffany Stewart, EI; PT; SLP

Caregivers: Pt's parents and great aunt

Daycare/school: Pt. stays with his great aunt during the day. His aunt also baby sits another 2 year old.

Pain: none reported or observed

OBJECTIVE:

Method of Evaluation: Caregiver/EI interview, and clinical observation of FM and GM play skills and ADLs.

Evaluation Setting: Pt. was evaluated in his aunt's house. His mother, aunt, and EI were present. There was good lighting, a low noise level, and minimal auditory/visual distractions. The evaluation was conducted during Davis's typical nap time before lunch.

Emotional and Behavioral: Pt. was shy when initially meeting the evaluator. He quickly warmed up and was appropriately interactive with the evaluator. Davis was eager to explore new toys and demonstrated good eye contact. Davis smiled and laughed during the evaluation. When completing difficult tasks he quickly moved on to new tasks. Near the end of the evaluation

Patient: Davis Hill *Chapel*
Physician: Dr. Scott Campbell (Pediatric Partners of Augusta)

DOB: 1/1/07

Davis demonstrated decreased frustration tolerance and attention to non-preferred tasks. Caregiver stated Davis has a blanket he is attached to.

Psychological: Caregivers stated no concerns.

Physical Findings/Gross Motor:

Reflexes: Davis demonstrated protective reflexes when he became unsteady.

Range of motion: WFL in B UE's

Muscle tone: Davis demonstrated slightly increased tone in end range elbow flexion.

Strength and endurance: Pt. demonstrated decreased strength in B hands and UE's.

Balance: Decreased for dynamic activities. WFL for static activities.

Gross motor: Davis demonstrated difficulty transitioning from standing to sitting and sitting to standing. Pt. wears B AFOS monitored by PT and EI.

Functional fine motor: Pt. used ulnar fingers (versus radial) when grasping blocks and shape sorter shapes. With Davis's arm in pronation, he uses a digital grasp with his fingers extended. He demonstrated a palmar grasp with a neutral forearm. Davis demonstrated a pincer grasp.

VMI: Pt. demonstrated decreased VMI skills. Davis was able to scribe using entire arm motions, however he was unable to imitate vertical or horizontal lines. Davis was able to stack 5 blocks (a 19-24 month skill), but was unable to imitate a train block design. Davis required visual and verbal cues while placing shapes into a shape sorter (a 12-14 month skill). Davis was unable to snip with scissors, so he tore the paper using the evaluators snip as a starting point.

Oral Motor: Pt. is able to blow bubbles and stick his tongue out.

Sensorimotor systems and processing:

Vision: Per parent report, Davis passed a vision screening in February. Davis demonstrated decreased tracking and convergence.

Auditory: Per mother, Davis passed a hearing screening in February. He was able to respond to his name and verbal directions. His mother and EI stated "He is beginning to talk a lot."

Tactile: WFL -pt. demonstrated no aversions when manipulating play dough, and his caregiver reported no concerns.

Olfactory and gustatory: WFL-No concerns reported.

Proprioceptive/kinesthetic: WFL-per parental report.

Patient: Davis Hill

DOB: 1/1/07

Physician: Dr. Scott Campbell (Pediatric Partners of Augusta)

Vestibular: WFL- Pt's mother reported that Davis "loves swinging."

Activities of Daily Living:

Play: Caregiver reported that Davis prefers to play with cars and trucks and "doesn't stick with something very long." She explained that the things that motivate Davis might change week to week.

Dressing: Per caregiver pt. is dependent, but cooperative with dressing. His mother reported Davis is able to doff socks, but not able to doff or don any other items.

Feeding: Decreased feeding skills per caregivers. Davis demonstrated the ability to independently self-feed. Per report, Davis grasps his spoon with a cylindrical grasp and pronated arm and spills his food before he gets it to his mouth. He also stuffs his mouth while eating. His mother stated Davis drinks from a sippy cup and has recently begun opening his mouth and letting his drink dribble out of his mouth.

Bathing: WFL for age.

Toileting: WFL for age.

Hygiene: WFL for age per parental report. Davis requires assistance for thoroughness while washing his hands.

Sleep: WFL

Cognition:

Arousal: Pt. demonstrated appropriate arousal throughout the duration of the evaluation, however he became sleepy during the last 10 minutes of the evaluation secondary to missing his nap.

Curiosity: Pt. was appropriately curious to explore new toys in evaluators bag.

Attention: Pt. demonstrated slightly decreased attention for FM tasks.

Problem solving: WFL-pt. used compensatory techniques when he was unable to complete FM activities such as cutting.

Transitions: Davis transitioned well between activities when given verbal cues before the transitions.

DOB: 1/1/07

Patient: Davis Hill
Physician: Dr. Scott Campbell (Pediatric Partners of Augusta)

ASSESSMENT

Strengths:

- 1) Pt. has good family support.
- 2) Good AROM in B UEs
- 3) Pt. demonstrated age appropriate cognitive skills.

Limitations impeding age appropriate function:

- 1) Decreased FM skills leading to decreased feeding skills.
- 2) Decreased VMI skills leading to decreased FM play skills.
- 3) Decreased motor planning leading to decreased dressing skills.

Long term goals: Within 6 months Camron will:

- 1) Increase feeding skills to independently feed himself (with appropriate utensils and minimal spillage) 75% of his meal 5 meals during 1 week.
- 2) Increase VMI skills to independently reproduce a train block design 4/5 trials.
- 3) Increase motor planning to independently doff pull on pants/shorts 4/5 trials.

Short term goals: Within 3 months Camron will:

	New	Progressing	Mastered
1) Increase VMI skills to independently draw a horizontal line.	✓		
2) Increase VMI skills snip with scissors using one hand to operate scissors 3/5 trials.	✓		
3) Increase feeding skills to feed himself 50% of his meal with minimal spillage 3/5 meals.	✓		
4) Increase motor planning to independently doff an open shirt or jacket 3/5 trials.	✓		

Prognosis: Good for set goals, carryover of home/daycare program, and with designated attendance.

DOB: 1/1/07

Patient: Davis Hill
Physician: Dr. Scott Campbell (Pediatric Partners of Augusta)

PLAN: Plan of Care

Frequency: 4x/month x 60 minute sessions x 6 months

Treatment: Therapy will include facilitation of visual-motor/perceptual skills, facilitation of play skills, facilitation of FM/GM skills, ADL training, home program training, sensory integration therapy, and continued evaluation PRN.

Coordinate therapy services: Therapy services will be coordinated with the pt's family, physician, daycare workers, SLP, PT, EI, and other service providers as needed.

Angel M Gehrt MHS, OTR/L ^{AG}
Angel M. Gehrt, MHS, OTR/L ~~05/10/09~~
Occupational Therapist Date

Physician Signature

Date

Parent

Date

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	HILL, DAVIS L
MRN:	001505392
Birthdate:	1/1/2007
Account Number:	0026047409009
Visit Date:	1/9/2009
Discharge date:	1/9/2009
Patient Type:	Outpatient
Location	Ped Neuro Cont

Practice Site Letter

January 9, 2009

Scott Chappell, M.D.
4301 University Parkway
Evans, GA 30809

Re: HILL, DAVIS L
MCG # 001505392

Dear Dr. Chappell:

CHIEF COMPLAINT:
Follow-up developmental delay.

HISTORY OF PRESENT ILLNESS:
As you know, Davis is a two-year-old, white male who is an 28-week preemie born at University Hospital. Mom reports that he had a grade 2 hemorrhage. He went to preemie follow-up clinic in October 2008 and was not walking at that time. He was referred to MCG child neurology clinic then, but he began walking in November. He currently does not run, and mom is concerned that he has an odd walk with frequent falls. Mom also notes that he never looks down when walking. He is not in therapy. He met verbal milestones on time, per mom. He has about 25 to 30 words at this time. He puts two words together. Fine motor was on time, per mom. He does feed himself and have a pincer grasp. He sat at approximately nine months of age and crawled at approximately fifteen months of age. His grandmother reports that his right leg trembled frequently as an infant. He does not have retinopathy of prematurity. He does not take daily medications. He was evaluated by Dr. Asma Fischer in Augusta approximately one year ago, with an MRI that was normal and cranial ultrasound and EEG that were normal as well.

PAST MEDICAL HISTORY:
28-week preemie, born at 3 pounds, 3 ounces. Immunizations are up-to-date.

FAMILY HISTORY:
Negative for developmental delay. Davis has a ten-year-old brother who is healthy.

Printed: 9/23/2009

MCG Health, Inc. Confidential Information

Printed By: Amick, Diana

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	HILL, DAVIS L
MRN:	001505392
Birthdate:	1/1/2007
Account Number:	0026047409009
Visit Date:	1/9/2009
Discharge date:	1/9/2009
Patient Type:	Outpatient
Location:	Red Neuro Cont

SOCIAL HISTORY:

He lives with mom, dad, and brother in North Augusta, South Carolina. He is not in day care.

REVIEW OF SYSTEMS:

General review of systems is all negative. Neurologic review of systems is positive for gait disturbance and negative for vision, hearing, speech, bladder, bowel, language, or sleep problems.

PHYSICAL EXAMINATION:

VITAL SIGNS: On physical examination, the patient is afebrile at 35.4. Pulse is 109. Blood pressure is 104/63. Head circumference is 47 cm, which is at 10th percentile for age. Weight is 14 kg, which is at the 75th percentile for age. Height is 89.5 cm, which is at the 75th percentile for age. **HEENT:** Normocephalic and atraumatic. Anterior fontanelle is closed. Red reflexes bilaterally. **CARDIOVASCULAR:** Regular rate and rhythm. **LUNGS:** Clear to auscultation. **ABDOMEN:** Soft. **EXTREMITIES:** Warm and well-perfused. There are no birthmarks. There is no sacral dimpling. **NEUROLOGIC:** Cranial nerves II-XII are intact. Deep tendon reflexes are 2+ in the bilateral upper extremities, 3+ in the knees, 4+ in both ankles, with clonus right greater than left. Toes are downgoing bilaterally. He turns his feet with gait. I can get his heels to neutral right easier than left. Strength in the upper extremities is normal and normal in the lower extremities. He has decreased range of motion in bilateral ankles.

ASSESSMENT:

Davis is a two-year-old, white male with likely spastic diplegia secondary to premature. I discussed with mom that he does meet criteria for cerebral palsy. However, this may or may not limit his further abilities with therapy.

CARE PLAN:

1. Physical therapy.
2. Questionable need for DFO bilaterally. We will reassess this at his follow-up visit in three to four months.

Thank you for the referral of Davis and his family to our clinic. We look forward to seeing them again in three to four months, after some time in therapy. The family was given a prescription for physical therapy today.

Part 1

EMPH: 001 505382

5

1

***001-50-5302**

**MCg Health, Inc.
Neuroscience Practice Site / Neurology
New Patient Evaluation**

Date 1/9/09

1 of 4

Referring Physician Dr. Chagnell UPIN # _____ Telephone # _____

Referring Physician's Address 1114 E. 1st St. Dr.

Chief complaints (and duration) - 2011/12 up to 1 duration the delays.

VITAL SIGNS T 35.4 P 109 R 24 BP 144/93 HC 47cm Wt 14kg HI 89.5cm
 Handedness: R ☒ L ☐ Education level 107
 (75/10) (75/10)

GENERAL APPEARANCE

HISTORY (Present illness) 2 yo male 28 wks previous, @Bar
hemorrhage, 6EIT. Was born at WH. He intent to perine
Fills clinic in Oct - not walking. Begins walking in Nov.
Wtra. Mom also notes that he has a loose stool.
@ therapy, @ falls early.

Sat. - Gina changed 15ma
Five major studies on thought

Speed - lots of words / sounds putting 2 words together - mean go
M41 → normal Dr. Fisher ; crawl wds. ; Etc ind. w/ up ago.
E. Leg. Winked in air in front.

large problems.
pmo.

Attending Comments ex 28 ctd. p. 1001. No changes
delayed trials. @ 22 mo still not walk.

25-30 words per word together. Not done by Dr. Fisher manual per
Alphon. the grade D 101

PAST MEDICAL HISTORY 28 wk. 365 30g
1mm x12D



PROGNOSIS

1944
1945
1946

MCg Health, Inc.
Neuroscience Practice Site Return Visit

• 001.50.5392

HILL, DAVIS L
 DOB: 01/01/07 EMM: 001505392
 ACCT #: 002604740 8205 P
 LOCATION: PNCT

M

2 of 2

EXAM

Awake, alert, cooperative.
 United Speech w/ family. "Dad let's go"
 RMR, FMR, Eye symmetric
 NR tone, strength BLUE
 DR or strength
 specific split
 4+ tone (B) UE L > R
 Can stand flat footed.
 CV: RMR w/ CT (B) Mod: soft

ATTENDING NOTE

Assessment and plan reviewed with resident

MAD: awake, RMR
 full assessment of myoclonic
 APR (B) LT > RT
 anterior thymopneumia
 CR: RMR
 just is speech but no status feet
 4+ tone split
 2 yo wnt specific always L > R.

ASSESSMENT

Pain Assessment and Management Plan discussed with patient? () YES () NO () N/A

CARE PLAN

Wait on boot - don't
 walk
 continue to assess

Evaluation & Treatment Plan reviewed, alternatives discussed, risks/benefits of procedures and medications outlined? () YES () NO

FORM COMPLETED BY:

Suburban
 ATTENDING: *[Signature]* DATE: 11/24

RTO: 4 mo



HILL, DAVIS L

3M

DOB: 01/01/07 SSN: 001505382

ACCT#: 002804740 9009 P

LOCATION: PNCT

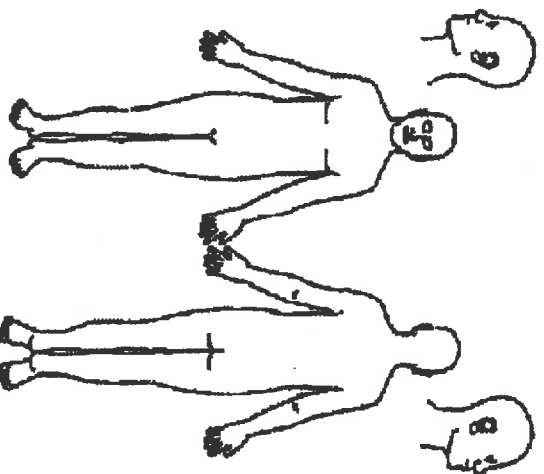
• 001-50-5382

MCG Hospital and Clinics Neuroscience Practice Site New Patient Evaluation / Neurology

4 of 4

ASSESSMENT

2.40 LDM E. Dwyer
 Apathetic. Disoriented to
 person/thing.



Check if normal ☐ Assessed ☐ Unknown status ☐

ATTENDING NOTE Assessment and plan reviewed with resident

apathetic in interaction
 for 10-15 min - not 15 min
 Q1 2.12: patient has tongue midline
 (B) large flap (C) cannot perform credit
 2.12.12 or
 you - understand 1.12
 the words (D) 2.12.12 not able to get
 object held in mouth & swallow them (E)
 (F) down 3-5 weeks after it was not
 Pain Assessment and Management Plan discussed with patient? () YES () NO () N/A

CARE PLAN DPT

2.4.12 with DED (B)

Evaluation & Treatment Plan reviewed, alternatives discussed, risks/benefits of procedures and medications. Audited? () YES () NO

RTC: 3-4 PMD

FORM COMPLETED BY: gubacoy

ATTENDING: Selin

DATE: 1/4/09



PROGNOT

814 Dogwood Lane
Augusta, GA 30909
(706)306-3800

Theraquatics, LLC

To Whom It May Concern:

Davis Hill is a 36 month old male with the diagnosis of cerebral palsy, spastic diplegia. He has made significant progress over the past nine months due to the combination of Therapy and bracing. He now is independently ambulatory within his home and community. He continues to have difficulty with higher level balance activities including jumping, kicking a ball, running on uneven terrain and stair climbing.

Children with Spastic Diplegia have difficulty with spastic lower extremity musculature which presents in a typical pattern of: hip internal rotation and flexion, knee flexion and ankle flexion with pronation of the midfoot and resultant toe valgus. If left untreated, this pattern will result in changes of the bones and stretching of ligaments which will no longer be braceable and, in fact, may require surgical intervention. The options for children like Davis include: Therapeutic intervention, bracing, Botulism toxin injections and surgery. Although Cerebral Palsy is a static injury to the brain, Davis will continue to require intervention with the goal of having Davis reach his highest level of independence.

Thank you for your attention to this matter,

Luciann M. McCartney, MS, PT *Luciann McCartney, MS, PT*

Having observed this person, reviewed all the enclosed records, and considered DDSN eligibility criteria, summarize your impressions so that we may gain a clear picture of this person, his or her needs and relevant service concerns.

Davis has cerebral palsy. He was born at 25 weeks gestation. He is being treated by the MCG pediatric neurology team. He currently receives OT and PT through BabyNet. He also has to wear AFOs on both of his legs. Davis is able to ambulate for very short distances. His gait is irregular, so he frequently loses his balances and falls, and he fatigues very easily. Davis has use of both of his arms, but in a somewhat limited capacity. His fine motor movements are not easy for him to control. He has difficulty feeding himself with a utensil, writing/coloring, and participating in dressing. Davis is not toilet trained-despite efforts by himself and his family. His therapy and medical team believe Davis will need adapted equipment for quite some time. However, the disability does not affect Davis' social or verbal skills. He is very talkative and enjoys being around other people. The family is requesting Early Intervention, Respite, Federal Family Support Funds, and Summer Services. We are also pursuing TEFRA.

Davis HELP scores are as follows:

Social-Emotional: 0% delay

Cognitive: 20% delay

Communication: 12% delay

Self-Help: 23% delay

Fine Motor: 25% delay

Gross Motor: 31% delay

Revised
2/16/05

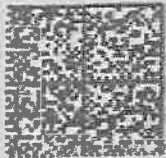
Emma Forkner, Director
SC Dept. of Health and Human Svcs.
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MAR 23 2010

RECEIVED

Aiken County Legislative
Delegation
828 Richland Ave., West
Aiken, South Carolina 29801



UNITED STATES POSTAGE
\$1.02 TM
0004266197 MAI
MAILED FROM ZIP CODE



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 2, 2010

Ms. Bridget Hill
503 Taylor Pond Road
North Augusta, South Carolina 29860

Re: Appeal matter of Davis Hill v. SCDHHS
Appeals' Case # 09-MAO-508 (TEFRA - D(a))

Dear Ms. Hill:

The South Carolina Department of Health and Human Services (SCDHHS) has been contacted by Representative J. Roland Smith on your behalf.

A review of our records indicates the last action SCDHHS took with regards to your son was on October 19, 2009. Your appeal of his denial for TEFRA was dismissed at that time because he had previously been denied by the Social Security Administration (SSA) for failing to meet their disability criteria. As the Order of Dismissal stated, a disability determination by the SSA is binding on Medicaid.

If we can be of further assistance, please contact Jennifer Lynch, Constituent Services at (803) 898-2635.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/wcvh

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to close.