

Arkansas Spinal Cord Commission

2012 Annual Report

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Arkansas Spinal Cord Commission

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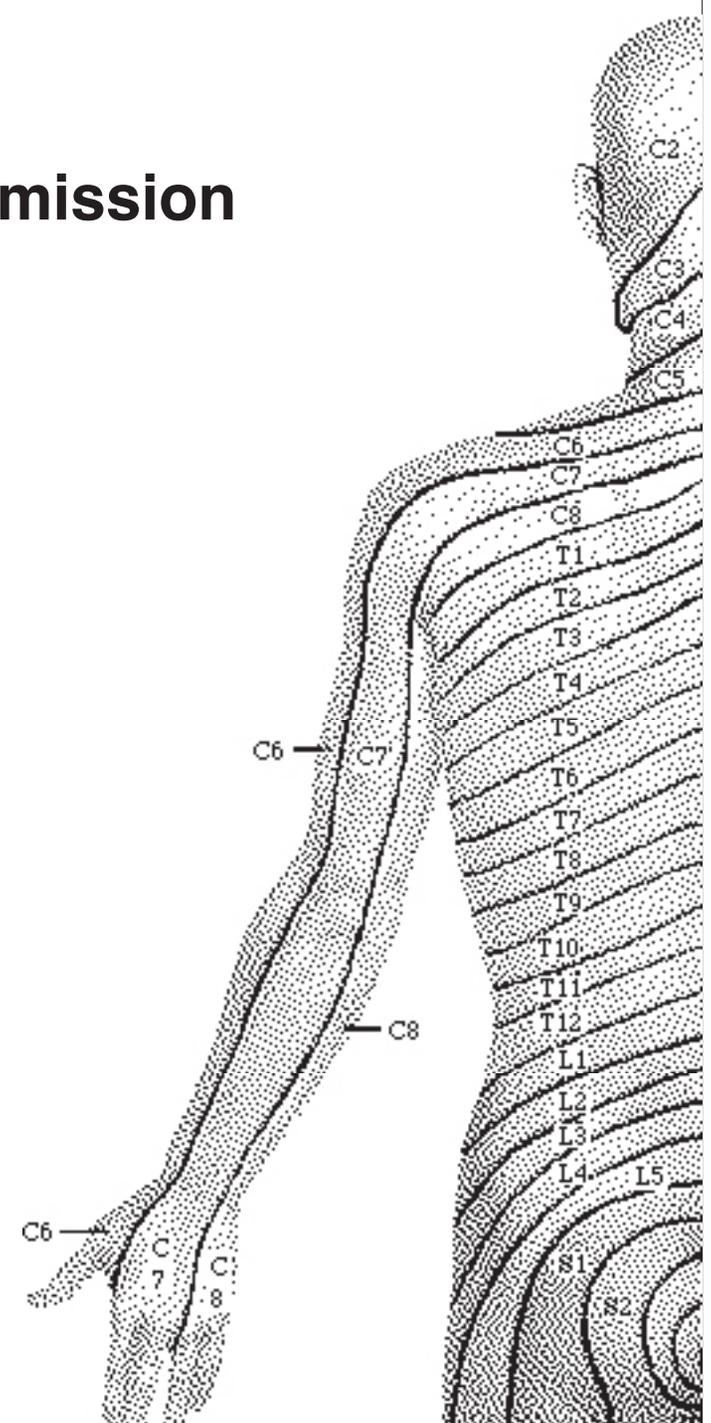
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AGENCY HISTORY AND DIRECTION

Agency Mission

The mission of the Arkansas Spinal Cord Commission is to administer a statewide program to identify and meet the unique and lifelong needs of people with spinal cord disabilities in the state.

Scope of Services

Each year, nearly 200 Arkansans sustain spinal cord disabilities that are severe enough to limit their abilities to function in their homes, their jobs and their communities. For most of these individuals, the disability is permanent, causing limitations in their mobility, sensation and other functional abilities. These disabilities have a significant impact on the individuals and their families and communities.

The Arkansas Spinal Cord Commission provides a variety of services to individuals with spinal cord disabilities and their families throughout the state of Arkansas. Fifteen Case Managers in 10 field offices provide services to citizens in all 75 counties. Services are tailored to the needs of the individual and family and are as diverse in scope as the families that we serve. The Commission staff work in concert with state and federal agencies, medical and home health services, rehabilitation and educational institutions and

community agencies to assist these individuals in accessing the services that they need. In addition, the Commission conducts educational programs and disseminates educational materials on spinal cord disabilities to help individuals, families and healthcare professionals understand the unique medical conditions and complications resulting from spinal cord disabilities.

It is the goal of the Arkansas Spinal Cord Commission to ensure that all persons with spinal cord disabilities in our state are provided every opportunity to live as independently and productively as possible.

Legislative Mandates

The Arkansas Legislature established the Commission in 1975 to provide a coordinated approach to early identification, emergency care, acute and rehabilitation treatment and long term follow up. Within this system of care, the Commission provides a link between Arkansans with spinal cord disabilities and their families and the multifaceted system of treatment and services available to them.

ACT 311 of 1975 (ACA 20-8-201)

“An act to establish a program for the quality care, treatment and rehabilitation of persons who have sustained acquired or congenital spinal cord injury or damage: To establish a state Spinal Cord Commission to administer said program: to authorize the cooperative development of an Arkansas Spinal Treatment Center and for other purposes....”

ACT 330 of 1977 (ACA 20-8-206)

“... The Arkansas Spinal Cord Commission shall establish and maintain a central registry of spinal cord disabled persons: Every public and private health and social agency and attending physician shall report to the Commission within five (5) calendar days of identification of any spinal cord disabled person. Consent of the individual shall be obtained and the report shall contain the name, age, residence and type of disability and other information as needed.

Within fifteen (15) days of the report, the Commission shall notify the individual or family of their right to assistance, services available and eligibility requirements and make referrals to the appropriate agencies and services to assure optimal rehabilitative services.”



SERVICES AND INITIATIVES

Case Management Services

Coping with a spinal cord disability is difficult. The newly injured individual and his family face a plethora of questions and concerns about the disability and how it will affect their future. Every aspect of life is affected by this disability. The Case Manager helps the individual and his family find the information they need as well as providing personal and emotional support. Case Managers also assist families in identifying and applying for services to assure that they access every available resource. As the individual progresses through treatment, the Case Manager provides an integral role in assuring that the individual's transition home is a smooth one. The Case Manager is also there long term for those individuals living in the community who need information, referral and assistance with obtaining treatment or equipment. This life long, community based intervention prevents costly hospital stays and institutionalizations.

In Fiscal Year 2012, 2,624 Arkansans with spinal cord disabilities received services from ASCC. Fifteen Case Managers made 6,072 client visits, providing services to meet their unique needs.

Long Term Attendant Care

Arkansans with who live with tetraplegia after spinal cord injury depend on caregivers for all of their daily living activities, like bathing, toileting, dressing, preparing and eating meals and transportation. For these eligible spinal cord injured tetraplegics, ASCC provides a long term attendant care program allowing individuals to remain in the community with the assistance of a personal care provider who assists them with their basic needs for up to four hours a day. Designed to keep individuals out of nursing homes, this small but cost effective program served 25 clients in fiscal year 2012 at an average cost of \$9,872 per person, about one sixth the cost of nursing home care.

Equipment Recycling Program

When a person who depends on a wheelchair for mobility has a flat tire or needs repairs, it renders them immobile. If their wheelchair cushion is damaged, it can cause costly pressure sores. Having access to equipment quickly is important. ASCC is able to recycle wheelchairs and other equipment for emergency uses. The ASCC Regional Loan Closets are storage facilities near each of our field offices where we store new and recycled durable medical equipment and supplies to allow Case Managers to provide loaner equipment to meet emergency needs. These are especially important in rural parts of the state where it may take weeks to get repairs made. Commonly used items such as therapeutic cushions, reachers, replacement wheelchair tires as well as wheelchairs and other durable medical equipment are stored and disseminated on a regular basis, saving money, time and medical complications, as well as keeping our clients mobile.

Special Initiatives

In January 2012 Arkansas the Spinal Cord Commission partnered with the Arkansas Department of Health and Arkansas Trauma System to become the lead agency for Trauma Rehabilitation in Arkansas. In this role, ASCC has redoubled our efforts to improve the acute, rehabilitation and community based care and treatment for Arkansans who sustain spinal cord injuries and other traumatic disabling conditions. These efforts, in coordination with the Trauma Advisory Council Rehabilitation Committee have included the following initiatives:

- Initiated an Arkansas Medicaid Cost study to determine the rehabilitation and disability related costs after significant traumatic injuries including spinal cord injuries, traumatic brain injuries and amputations.



- Collaborated with Uniform Data Systems, the national repository for function rehabilitation outcomes data, and Arkansas rehabilitation hospitals, to compile reports on Functional Independence Measure (FIM) data for Arkansas Rehabilitation hospitals. Preliminary results reflect that Arkansas rehabilitation hospitals exceed hospitals in the Southeast region and the nation in scores including total change in functional outcomes, length of stay and length of stay efficiency.

- Conducted the Arkansas Trauma Rehabilitation 2012 conference with Baptist Health Rehabilitation Institute on their campus on June 14 – 15, 2012. Speakers from Arkansas and Texas discussed topics from an overview of the State Trauma System and diagnosis specific treatment modalities to the use of assistive technology and a survivor's story. About 150 participants representing emergency medical, acute trauma care, rehabilitation care, vocational rehabilitation, workers compensation and state agencies attended the conference.

- Met with over 100 trauma rehabilitation stakeholders around the state to develop a three-year Trauma Rehabilitation Strategic Plan, *To Thrive Not just Survive*, approved by the Trauma Advisory Council in June.

Spina Bifida Camp

For the 35th year, the Commission, in cooperation with Camp Aldersgate and Med-Camps of Arkansas sponsored Spina Bifida Camp at Camp Aldersgate in west Little Rock on June 17 – 22, 2012. Forty-two ASCC clients ages 6 to 16 attended. The Campers participated in activities including canoeing, fishing, swimming, archery, extreme sports, music and crafts. All activities are designed to promote increased independence and mobility. This is the only opportunity for many Campers to interact with other children who live with spina bifida and use wheelchairs. In addition to a great experience for the children, the camp week also provides a week of respite for the parents.

SPINAL TREATMENT SERVICES



Spinal Treatment Services

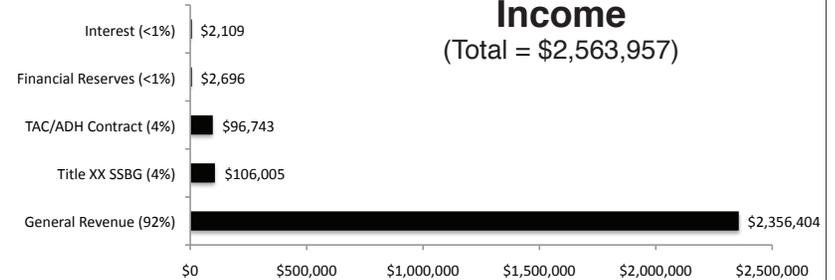
Spinal Cord Injuries are catastrophic and costly disabilities to both the individual and their family. The average lifetime costs vary according to the age at the time of the injury and severity of the injury, estimated to be between 1,000,000 and 4,000,000 dollars. For example, the estimated lifetime cost for a C-6 tetraplegic injured at age 25 would be \$3,319,533. Costs continue to rise each year creating emotional and financial hardships for the individual as well as their family. It is a devastating reality that causes each family to wonder who will provide the needed assistance. The goal of ASCC is to provide assistance to individuals with spinal cord disabilities who meet established medical and financial criteria. Purchases are authorized by ASCC Case Managers only after all similar benefits such as insurance coverage, have been exhausted.

Purchases authorized by ASCC include medically prescribed equipment such as wheelchairs, braces, therapeutic cushions, medical supplies and medications. In addition, the Commission assists with minor home modifications and ramping, driving adaptations and outpatient clinic and therapy visits.

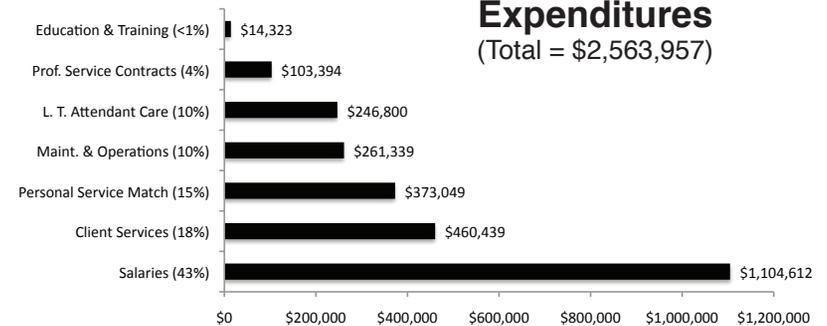
In Fiscal 2012, the Commission expended \$460,439 for these essential goods and services. ASCC Case Managers leveraged \$804,010 in goods and services on behalf of our clients. Though the number of clients on the ASCC registry increases slightly each year, those who meet the financial eligibility criteria continues to increase at a greater rate.

AGENCY BUDGET

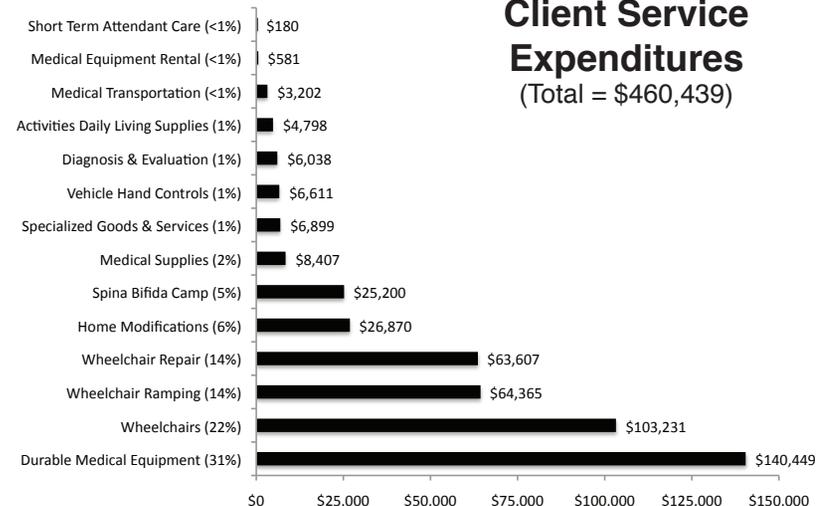
Income (Total = \$2,563,957)



Expenditures (Total = \$2,563,957)



Client Service Expenditures (Total = \$460,439)



AGENCY REFERRAL SERVICES

FY2012 New Cases by Etiology

Traumatic (n=103)

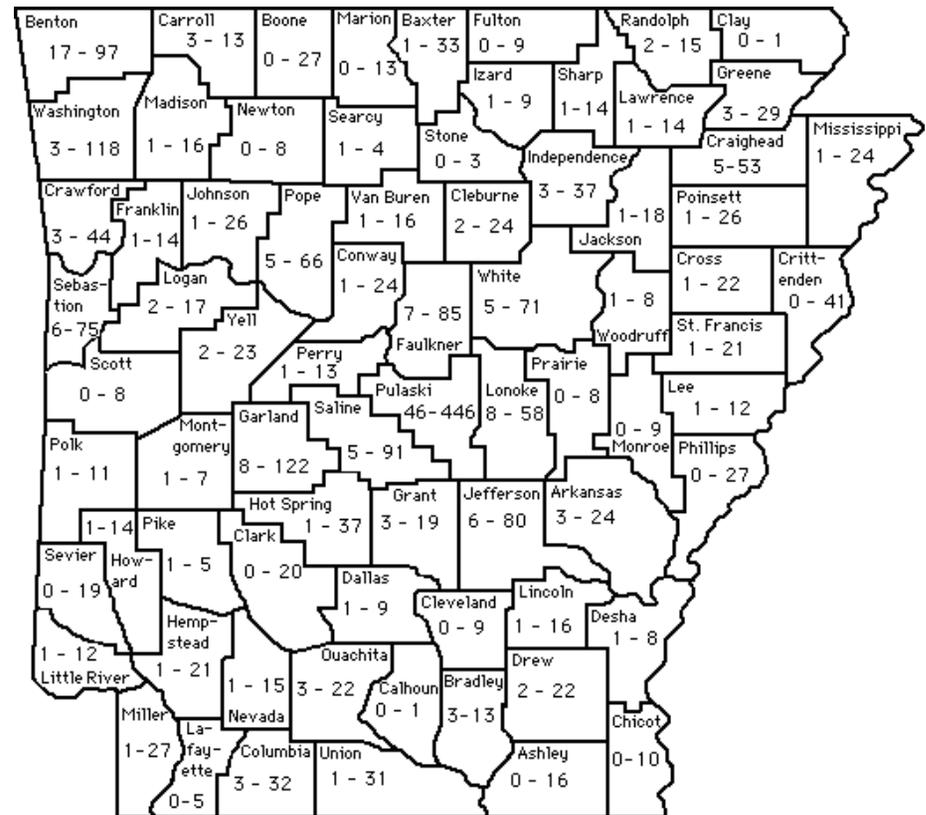
Cause	Number	Percent
Motor vehicle	34	33.0%
Falls	26	25.2%
Gunshot	12	11.7%
Motorcycle	6	5.8%
Other transportation	6	5.8%
Falling object	4	3.9%
Medical	4	3.9%
Diving	3	2.9%
Sports	3	2.9%
Fight	2	1.9%
ATV	2	1.9%
Other firearm	1	1.0%

Non-traumatic (n=91)

Cause	Number	Percent
Spina Bifida	20	22.0%
Spinal Stenosis	18	19.8%
Spinal abscess	10	11.0%
Multiple Sclerosis	9	9.9%
Spinal cord tumors	7	7.7%
Hemorrhage / Thrombosis	6	6.6%
ALS	2	2.2%
Herniated disc	2	2.2%
Poliomyelitis	1	1.1%
Transverse Myelitis	1	1.1%
Other diseases	15	16.5%

FY2012 New Cases - Caseload by County of Residence

(First number is 2012 new cases. Second number is total caseload.)



Referrals for FY2012 numbered 229. Of these, 194 met the Medical Criteria. ASCC staff have worked diligently over the past year with referral sources to educate them to the ASCC criteria. These efforts are reflected in a decreased number of referrals from FY2011, but an increased number meeting criteria.

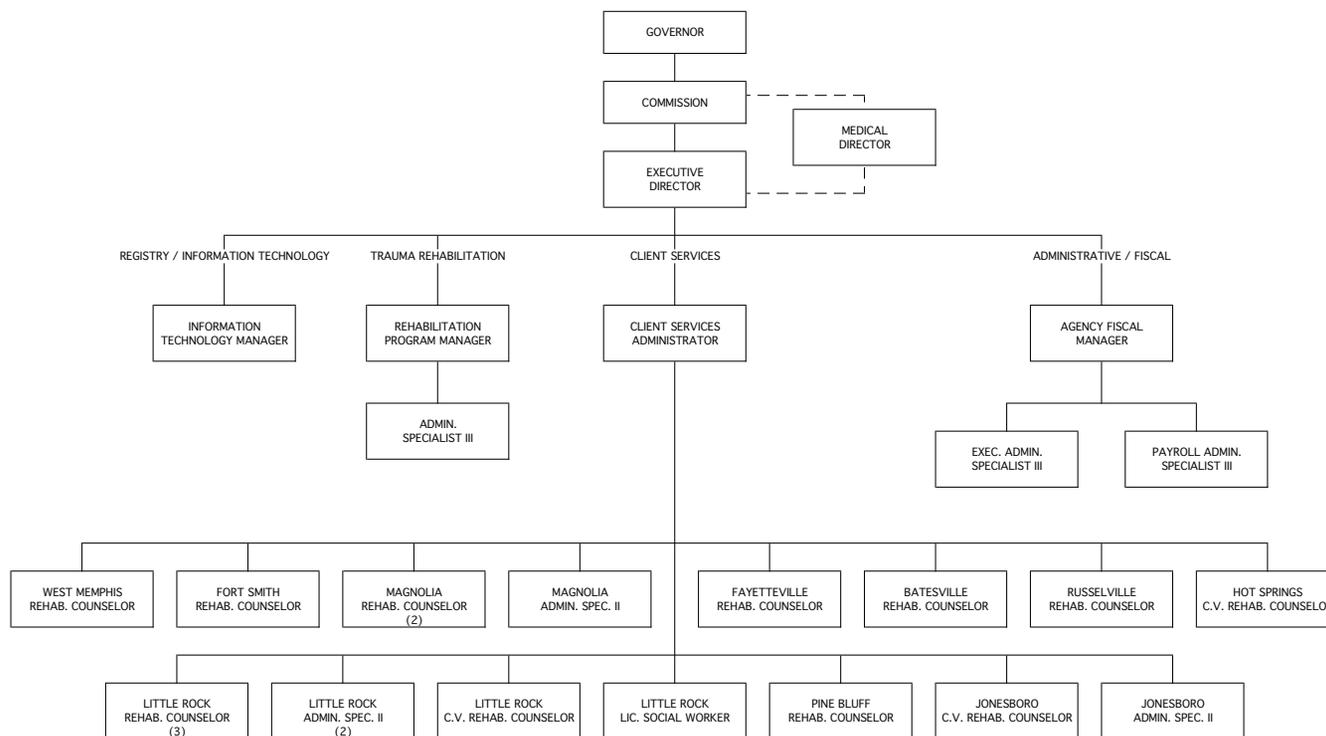
While it is difficult to determine whether changes in the number of new referrals actually denote trends, it is gratifying to see that the number of spinal cord injuries resulting from motor vehicle crashes (MVCs) decreased by 26% from FY2011 (46) and are at the lowest number in a decade. Legislative efforts including the primary seatbelt law, graduated driver licenses and increased penalties for impaired and distracted driving as well as improved trauma care are having an impact on this population.

Arkansas Spinal Cord Disability Registry

The Arkansas Spinal Cord Commission maintains the oldest legislatively mandated spinal cord registry in the country. It is also one of the most comprehensive in the elements collected, as well as in the scope of spinal cord disabilities (including traumatic, disease and congenital cases). The intent of the Registry is to insure the referral of all persons with spinal cord disabilities to assure they receive appropriate rehabilitative and other needed services.

In recent years, the Registry has also provided data to aid in the development of secondary condition prevention efforts and to identify factors influencing the independence of persons with spinal cord disabilities.

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