

Access to Independence:

Why the time is right for infant power mobility



James "Cole" Galloway, PhD, PT
Associate Professor, Dept. of PT
University of Delaware



Amy Meyer, PT, ATP
Pediatric & Standing Specialist
Permobil, Inc.

Why Is Mobility Important?

- Function
- Cognitive Development
- Perceptual Development
- Social Development
- Exercise and Fitness

Why Power?

- Coping skills develop through exploration
 - Where the child ends and the environment begins
 - 3-Dimensional
 - Decreased exploration = Constraining child
- Children become empowered through Power
- Become interested in ALL MOBILITY SKILLS
- Bottomline: Human Right

(Campos, 1988; Heidelise et al, 2004)

Why are we promoting power mobility for such young children?

Evidence Based Practice:

- Reducing secondary effects of immobility
- Promoting self confidence
- Increasing learning
- Allowing visual development

(RESNA Position on the Application of Power for Pediatric Users, *Assistive Technology* 2009)

Typical Motor Development

- 4-5 months: Rolling
- 8-10 months: Crawling
- 12-15 months: Walking
- 18-20 months: Running
- 2 years: Jumping
- 3 years: Riding a tricycle
- 4 years: Galloping
- 5 years: Skipping

Barriers to Mobility: Child

- Strength/ROM
- Endurance
- Interest/Value
- Motor control
- Vision
- Sensory processing
- Attention
- Safety

Barriers to Mobility: Device

- Size/Weight
- Reliability
- Transportability
- Cost/Funding
- Seating
- NOT a WHEELCHAIR

Barriers to Mobility: Environment

- Adult Perceptions
- Inadequate Training
- Lack of Knowledge
- Accessibility (home, vehicle, classroom)
- Family dynamics

What about Safety?

The very skills that are required to be "safe" develop through independent mobility.

Age appropriate supervision

Most Basic Safety Assessment



- Can they **STOP**?
 - If yes – then they can be safe
 - May need additional safety stop measures if medical condition necessitates:
 - Seizures
 - Startle reflex

Solution to Safety Issue **'BACK TO SIT' Program**

The Commission for the Respectful Infant suggests caregivers limit, by whatever means possible, their infants from crawling and walking until 3 yrs old if not school age.



Galloway, APTA CSM 2009

Quick Case Reports

1) 9 month olds:
Short term Intensive Training
Long term in Home Training

How do we decide?

- Listen to patient and family/caregiver
 - Educate!!!
- Trial equipment outside of the clinic
 - Include ramps/varying terrains
 - Home environment
 - Longer trial period if able/necessary
- Consider the patient's holistic needs

Other Issues to Consider:

- Progression of Condition
- Parents' Perception
 - Compliance
- School or Work Perception/Request
- Complexity of Equipment
 - Ability to comply with maintenance
- Need for Manual Back-up Chair

Funding Challenges

- What is covered? Non-covered?
 - Know your policy
 - Medicaid regulations
- What do you do when meeting resistance for the mobility device requested?
 - Appeal . . . Don't give up!
 - Involve the manufacturer
- Private Pay options
 - Fund raising
 - Philanthropy organizations

Medicaid's Statutory Purpose:

Medicaid's purpose is clearly stated and backed up:

- "to furnish rehabilitation and other services to help such families and individuals attain or retain capability for independence or self care." 42 U.S.C. § 1396 (2)
- the primary goal of Medicaid is to provide medical assistance to persons in need and to furnish them with rehabilitation and other services to help them "attain or retain capability for independence or self-care." Meyers v. Reagan, 776 F.2d 241, 243 (8th Cir. 1985)
- The Medicaid Act requires that each state medical assistance program be administered in the "best interest of the recipients." 42 U.S.C. §1396a(a)(19).
- Given the remedial nature of this legislation, both the Act and its implementing regulations must be liberally construed in favor of Medicaid beneficiaries seeking medically necessary health care. *Cristy v. Ibarra*, 826 P.2d. 361 (Court of Appeals, Co. 1991).

Equal Protection - Age

- *Estaban v. Cook*, 77 F. Supp. 2d 1256 (S.D.Fla. 1999). Florida Medicaid's cost cap of \$582 for wheelchairs effectively denied both motorized and customized mobility devices to Medicaid recipients over age 21 and thus failed to comply with HCF's policy on DME coverage as the cap was absolute and there were no procedures for requesting an exception. The exclusion was unreasonable because it was based solely on age (over 21) rather than medical necessity, and did not comport with the purpose of the Medicaid "ct which is to help individuals "attain or retain capacity for independence and self-care."
- *Fred C. v. Texas*, 988 F. Supp. 1032 (W.D. Tex. 1997), aff'd 167 F.3d 537 (5th Cir. 1998). Denial of coverage for ACDs for beneficiaries over the age of 21 is irrational in light of purpose of the Medicaid Act, which is to help individuals attain the capability for independence and self-sufficiency. State may not deny treatment solely based upon age as there is no rational basis for distinguishing between those over and under 21.
- *Hunter v. Chiles*, 944 F. Supp. 914 (S.D.Fla.1996). Adults sought ACDs which state conceded it would cover for child if unavailable from other sources. Citing Salgado, court held that "Medicaid funding cannot be denied on the basis of age." Age as sole criterion is wholly unrelated to medical necessity and is unreasonable.

Amount, Duration, and Scope Rule

- Each Service Must Be Sufficient in Amount, Duration and Scope to Reasonably Achieve Its Purpose. 42 C.F.R. § 440.230(b)
- The Medicaid Agency May Not Arbitrarily Deny or Reduce the Amount, Duration, or Scope of a Required Service To an Otherwise Eligible Beneficiary Solely Because of the Diagnosis, Type of Illness, or Condition. 42 C.F.R. § 440.230 (c)

Reasonable Promptness Revision

The Medicaid Act requires that a state plan for medical assistance:

- "must . . . provide that all individuals wishing to make application for medical assistance under the plan shall have opportunity to do so, and that such assistance shall be furnished with reasonable promptness to all eligible individuals." 42 U.S.C. § 1396a(a)(8).
- Federal regulations implementing this provision require that a state Medicaid agency must "[furnish Medicaid promptly to recipients without delay caused by the agency's administrative procedures](#)" and "continue to furnish Medicaid regularly to all eligible individuals until they are found to be ineligible." 42 C.F.R. § 435.930