

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Pathways to Prevention and Treatment for Youth

Session: EPSDT

Name: Jenny Crisswell

Date: 5/21/2026



## Patient Information

Gender:  Male  Female

Age: 14

Race:

- American Indian/Alaskan Native Asian   
  Native Hawaiian/Pacific Islander   
  Multi-racial Other  
 Black/African American   
  White/Caucasian   
  Prefer not to say

Ethnicity:

- Hispanic/Latino   
  Not Hispanic/Latino   
  Prefer not to say

### Strengths and Preferences (goals, motivators, preferences, Important to the individual)

Member would like to have better mobility and walk independently through extended physical therapy and water therapy. Member has great perseverance and determination to complete this goal.

### Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Member lives with father, 2 siblings, and grandfather while attending the 9<sup>th</sup> grade. No social concerns.

### Relevant Medical History (Diagnosis, conditions, etc.)

Member's physical health conditions include: cerebral palsy, cholelithiasis, ovarian cyst, leg contractures, muscle wasting, dystonia and difficulty walking. Member requires assistance with some ADLs from father and grandparents. Member primarily uses a wheelchair for mobility. Member has a stander at home and Member has had multiple surgeries dating back to 2018 and most recently 4/2025 for various leg problems including contracture and muscle wasting. In 2018 member had surgery to correct the head of the femur to correctly fit into the pelvis. Member's father assists member up to stander. Member has specialist (orthopedics and physiatrist) that manage her care.

### Medication Summary (Name, dose, frequency, route)

BACLOFEN 20 MG TABLET - 1.5 tabs TID  
 CARBIDOPA-LEVODOPA 25-100 TAB - Daily  
 Tylenol 500 mg - PRN  
 Multi vitamin - Daily

### Lab Summary (Test, result, date, etc.)

N/A

### Toxicology Summary (Test, result, date, etc.)

N/A

### Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)

N/A

### Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)

N/A

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<b>Treatment Summary</b> <small>(Form of treatment, engagement in treatment, date entered, voluntary, etc.)</small>
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Member is currently in physical therapy twice a week and has exercise to work on at home as well.
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<b>Barriers to Treatment</b>
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Member was originally order to do physical therapy 3 times a week and to include water therapy in a pool. SHP denied this and only approved for twice a week. Member is to be re-evaluated for therapy in June and father is fearful that it will be denied. Father reports that member is making progress with PT twice a week but not as much gain as the specialist would like and he feels it is due to the reduced therapy.
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