

Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Projected Evaluations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Rehabilitation Long-Term Needs Assessment</i>	Beginning 1 11/17/07	4 X Only (1 X already accomplished.)	Assess Handicapping Conditions	Per Unit \$5000 - \$6000	One time already conducted as of 11/17/07 evaluation. Follow-up evaluations will be needed at age 6, 16 and 21 at a cost of \$5,000 - \$6,000 excluding travel.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 21 2027			Per Year		

A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs, with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs. (*IALCP – International Academy of Life Care Planners*)

Through the development of a comprehensive Life Care Plan, a clear, concise, and sensible presentation of the complex requirements of the patient are identified as a means of documenting current and future medical needs for individuals who have experienced catastrophic injury or have chronic health care needs.

The goals of a comprehensive Life Care Plan are to: improve and maintain the clinical state of the patient; prevent secondary complications; provide the clinical and physical environment for optimal recovery; provide support for the family; and to provide a disability management program aimed at preventing unnecessary complications and minimizing the long-term care needs of the patient.

<i>Behavioral / Psychological Evaluation</i>	Beginning 1 2/2008	1 X now to assess family needs and Amir's behavior. Repeat at age 3, 6, 10, 16 and 21.	Assess family's needs now and formulate treatment program to help them with adjustment issues and manage behavioral problems as they arise.	Per Unit \$150 - \$165		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 21 2027			Per Year		

Children with brain damage (CP) are four to five times more likely to have behavior disturbances than non-disabled children (Rutter, et al, 1970). This is due to a myriad of issues such as the pressures and stress put on the family and the child who has CP, which may affect behavior. There is often a lack of adequate counseling, information and practical assistance when it is required in the early stages of diagnosis and thereafter. Many families feel unsupported and ill-informed by the numbers of professional team members who can be involved in the child's care. The child, also, feels frustrated by lack of mobility and muscular movements. All of these factors may contribute towards the development of behavioral disorders. Thus, counseling and education for the parents, and counseling for the child (developmentally appropriate) will greatly aid both the child and the family. *Source: The Cerebral Palsy Handbook. A Practical Guide for Parents and Carers. Marion Stanton, Vermilion, London, 2002.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Physical Therapy	Beginning 1 2/2008	2 X / Year through age 21; thereafter 1 X / year	Assess physical therapy program	Per Unit \$170 - \$346	1 X / year evaluations should be covered by the school system beginning at age 3 through age 21 (2021) at no cost to the parents.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, **Physical Therapist**, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age group, cumulative in nature (a child entering the program would receive all items indicated up through the actual age group, as part of the initial evaluation):

Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

Age 13-21 years: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Patients with motor, speech, or cognitive disabilities need careful follow-up, serial testing, and therapy by occupational, physical, and speech therapists to optimize their developmental outcome. Early-intervention programs (at 0-3 years) are helpful in providing these services in the United States. Careful testing by a neuropsychologist is instrumental in placing these children in the appropriate school environment. *Source: Sotero de Menezes, M., MD and Shaw, D., MD. Hypoxic-Ischemic Brain Injury in the Newborn. Last Updated: 4/4/06. emedicine from WebbMD. www.emedicine.com/neuro/topic696.htm*

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Occupational Therapy	Beginning 1 2/2008	2 X / Year through age 21; thereafter 1 X / 3 years	Assess occupational therapy program	Per Unit \$170 - \$346	1 X / year evaluations should be covered by the school system beginning at age 3 through age 21 (2021) at no cost to the parents. Evaluations post age 21 will be needed to monitor home program and evaluate splinting and equipment needs.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

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Projected Evaluations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Speech Therapy	Beginning 1 2/2008	2 X / Year	Monitor therapy needs	Per Unit \$170 - \$346	1 X / year evaluations should be covered by the school system beginning at age 3 through age 21 (2021) at no cost to the parents.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending 21 2027			Per Year		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, **Speech and Language Pathologist**, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age group, cumulative in nature (a child entering the program would receive all items indicated up through the actual age group, as part of the initial evaluation):

Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

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Nutritional Evaluation	Beginning 1 2/2008	2 X / Year through age 18; then 1 X / year thereafter	Monitor nutritional needs and make recommendations	Per Unit \$75 - \$125		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, **Dietitian**, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age group, cumulative in nature (a child entering the program would receive all items indicated up through the actual age group, as part of the initial evaluation): **Birth through 2 yrs:** Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 yrs: Eval. for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs. **Age 6-12 yrs:** Urological evaluation, if necessary; prevocational counseling.

Age 13-21 yrs: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Physiological areas to maintain include: Nutritional status, dentition maintenance including treatment of dental and periodontal disease, neurological function, skin integrity (including prevention of skin breakdown, treatment of lesions, proper positioning and padding of equipment; optimal pulmonary function, optimal musculoskeletal function (including body alignment and posture to prevent deformities; proper range of motion and stimulation activities to prevent contractures, and adaptive equipment to prevent skeletal deformities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Vocational Evaluation	Beginning 16 2022	1 X at age 16; and again at age 18.	To assist with transition planning from school to supervised or sheltered work.	Per Unit	\$300 - \$674 at age 16; then \$800 - \$1,296 at age 18.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending 18 2024			Per Year		

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Growth Trend To Be Determined By Economist.

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Family Counseling</i>	Beginning 1 2/2008	1 X / week for 3 months now; thereafter 2 X / month for 3 months at ages 6, 8, 10, 12, 14, 16, 18, and 21.	Assist with adjustment and provide training and insight into behavior modification.	Per Unit \$150 - \$165	\$1,950 - \$2,145 for 13 sessions now; then \$900 - \$990 for 6 sessions at ages 6, 8, 10, 12, 14, 16, 18, and 21.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 21 2027			Per Year		

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NOTE: The goal is to educate the family on disability management while also meeting the family's emotional needs. Maintaining the family support unit is critical to meeting Amir's needs.

Children with brain damage (CP) are four to five times more likely to have behavior disturbances than non-disabled children (Rutter, et al, 1970). This is due to a myriad of issues such as the pressures and stress put on the family and the child who has CP, which may affect behavior. There is often a lack of adequate counseling, information and practical assistance when it is required in the early stages of diagnosis and thereafter. Many families feel unsupported and ill-informed by the numbers of professional team members who can be involved in the child's care. The child, also, feels frustrated by lack of mobility and muscular movements. All of these factors may contribute towards the development of behavioral disorders. Thus, counseling and education for the parents, and counseling for the child (developmentally appropriate) will greatly aid both the child and the family. *Source: The Cerebral Palsy Handbook. A Practical Guide for Parents and Carers. Marion Stanton, Vermilion, London, 2002.*

<i>Behavioral Modification, Play Therapy, Counseling (as age and developmentally appropriate.)</i>	Beginning 3 2009	1 X / week for 13 weeks beginning at age 3, then repeated again at age 6, 8, 10, 12, 14, 16, 18 and 21; thereafter 4-6 times per year to address any issues that arise.	Assist with behavior modification, developmental psychology and adjustment issues as developmentally appropriate.	Per Unit \$150 - \$165	\$1,950 - \$2,145 for 13 sessions beginning at age 3, then repeated again at age 6, 8, 10, 12, 14, 16, 18 and 21; then \$630-\$945 thereafter	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending Life Exp.			Per Year		

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Physical Therapy	Beginning	3 X / week to age 3; then 2 X / week to supplement any therapy provided by school through age 21 (48 weeks / year); thereafter 4 - 6 X / year.	Improve motor skills, strengthen and address mobility issues.	Per Unit	\$16,128 - \$36,864 / year to age 3; then \$10,752 - \$24,576 / year through age 21; thereafter \$736 - \$1,104 / year.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	1 2/2008			\$112 - \$256		
	Ending			Per Year		
	Life Exp.					

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Standards of Care for Children with Cerebral Palsy. Functional Areas: Maximal level of mobility consistent with level of neuromotor involvement (including exercise routine, adaptive equipment, assistive devices and mobility aids); maximal bladder control including remaining free from urinary tract infections, proper supplies to assist in toileting, bowel control including supplies and equipment; maximal oral motor skills (including swallowing studies/feeding evaluations), OT, PT, ST to maximize oral motor skills; communication skills (including evaluations by therapists and augmentative communication); ADL skills regarding safety and self-help; Understanding of sexual and reproductive capabilities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Treatment of Spasticity may include such medications as Baclofen, Diazepam, Tizanidine or Clonazepam. Physical therapy regimens may include muscle stretching and range of motion exercises to help prevent shrinkage or shortening of muscles and to reduce the severity of symptoms. Surgery may be recommended for tendon release or to sever the nerve-muscle pathway. *Source: National Institute of Neurological Disorders and Stroke. National Institute of Health. NINDS Spasticity Information Page. www.ninds.nih.gov*

Spasticity can be treated through therapy, medications, surgery or any combination of these treatments. Physical therapy will provide a basic stretching program. Occupational therapy will do splinting, casting and bracing techniques. Common medications include Baclofen and Diazepam. If medications taken by mouth are not effective, an implantable programmable pump can be used to deliver Baclofen. Botulinum-toxin Type A can also be injected locally into the affected muscle groups. Surgery could include rhizotomy and tendon releases. Rhizotomy is the surgical resection of part of the spinal nerve to relieve pain or decrease muscle tone. Tendon release is done to reduce the frequency or magnitude of the spasticity, depending on the age of the patient. Tendon release procedures are irreversible and may need to be repeated. *Source: Neuroscience Center. Neuro-Pediatric and Congenital Disorders. Spasticity. Cleveland Clinic 2003. www.clevelandclinic.org*

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Occupational Therapy	Beginning 1 2/2008	3 X / week to age 3; then 2 X / week to supplement any therapy provided by school through age 21 (48 weeks / year); thereafter 4 - 6 X / year.	Work on fine motor skills development, sitting and positioning.	Per Unit \$112 - \$256	\$16,128 - \$36,864 / year to age 3; then \$10,752 - \$24,576 / year through age 21; thereafter \$736 - \$1,104 / year.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Standards of Care for Children with Cerebral Palsy. Functional Areas: Maximal level of mobility consistent with level of neuromotor involvement (including exercise routine, adaptive equipment, assistive devices and mobility aids); maximal bladder control including remaining free from urinary tract infections, proper supplies to assist in toileting, bowel control including supplies and equipment; maximal oral motor skills (including swallowing studies/feeding evaluations), OT, PT, ST to maximize oral motor skills; communication skills (including evaluations by therapists and augmentative communication); ADL skills regarding safety and self-help; Understanding of sexual and reproductive capabilities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

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Speech Therapy	Beginning 1 2/2008	3 X / week to age 3; then 2 X / week to supplement any therapy provided by school through age 21.	Oral motor stimulation and communication skills development.	Per Unit \$112 - \$256	\$16,128 - \$36,864 / year to age 3; then \$10,752 - \$24,576 / year through age 21.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending 21 2027			Per Year		

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Standards of Care for Children with Cerebral Palsy. Functional Areas: Maximal level of mobility consistent with level of neuromotor involvement (including exercise routine, adaptive equipment, assistive devices and mobility aids); maximal bladder control including remaining free from urinary tract infections, proper supplies to assist in toileting, bowel control including supplies and equipment; maximal oral motor skills (including swallowing studies/feeding evaluations), OT, PT, ST to maximize oral motor skills; communication skills (including evaluations by therapists and augmentative communication); ADL skills regarding safety and self-help; Understanding of sexual and reproductive capabilities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

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Diagnostic/Educational Testing

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Educational Testing (for use by supplemental therapists)</i>	Beginning 3 2009	1 X / Year	To assist supplemental therapist in coordinating with school sponsored program	Per Unit \$250 - \$300		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending 21 2027			Per Year \$250 - \$300		

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Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

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Diagnostic/Educational Testing

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Special Education Program	Beginning 3 2009	Weekly educational stimulation program.	Educational and Therapeutic program	Per Unit \$0 - \$0	Special Education provided at the cost of the county, state, and federal governments.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 14
	Ending 21 2027			Per Year		

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Educational Tutor	Beginning 3 2009	1 X / week (48 weeks / year)	Provide one on one educational stimulation	Per Unit \$45 - \$50		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.) 15
	Ending 21 2027			Per Year \$2160 - \$2400		

Growth Trend To Be Determined By Economist.

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Wheelchair Needs

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Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Kid Kart Pediatric Wheelchair	Beginning 1 2/2008	1 X Only	Positioning, support and ease in transporting.	Per Unit \$2450 - \$3372		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D. and Progressive Pediatric Rehabilitation, Inc
	Ending 1 2/2008			Per Year		

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Standards of Care for Children with Cerebral Palsy. Functional Areas: Maximal level of mobility consistent with level of neuromotor involvement (including exercise routine, adaptive equipment, assistive devices and mobility aids); maximal bladder control including remaining free from urinary tract infections, proper supplies to assist in toileting, bowel control including supplies and equipment; maximal oral motor skills (including swallowing studies/feeding evaluations), OT, PT, and ST to maximize oral motor skills; communication skills (including evaluations by therapists and augmentative communication); ADL skills regarding safety and self-help; Understanding of sexual and reproductive capabilities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Custom Manual Wheelchair with Seating System and Tray	Beginning 5 2011	1 X / 5-7 years (Replacement schedule represents use as back-up chair.)	Mobility and proper positioning and used as a back up to power chair beginning at age 6.	Per Unit \$4378 - \$4856		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Standards of Care for Children with Cerebral Palsy. Functional Areas: Maximal level of mobility consistent with level of neuromotor involvement (including exercise routine, adaptive equipment, assistive devices and mobility aids); maximal bladder control including remaining free from urinary tract infections, proper supplies to assist in toileting, bowel control including supplies and equipment; maximal oral motor skills (including swallowing studies/feeding evaluations), OT, PT, and ST to maximize oral motor skills; communication skills (including evaluations by therapists and augmentative communication); ADL skills regarding safety and self-help; Understanding of sexual and reproductive capabilities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

Wheelchair Needs

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Shower/Commode Wheelchair	Beginning 1 2/2008	1 X / 4 - 5 years	Aid in bathing	Per Unit	Pediatric shower / toileting system \$1,105 - \$1,110 through age 18; then adult chair \$870 - \$1,136.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Equipment Replacement Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).

Custom Power Chair with Seating System, Tray and Attendant Controls	Beginning 6 2012	1 X / 4-5 Years	Mobility, proper positioning and ease in transport for caregiver	Per Unit \$9531 - \$10251	This chair is supplied to make transporting Amir easier for the caregiver.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Reclining wheelchairs and tilt-in-space wheelchairs are available for children unable to sit upright for sustained periods or who need to change position without leaving their chair. In a reclining chair, the back reclines independently of the rest of the seating system, while in a tilt-in-space chair the back, seat, and leg rests all move together, allowing the child to tilt back without losing balance. These features are available separately, or, in some models, together. *Source: This fact sheet was researched and written by Katherine A. Belknap, revised and updated by David G. Johnson, and produced by ABLEDATA. ABLEDATA is funded by the National Institute on Disability and Rehabilitation Research (NIDRR) under contract number ED-02-CO-0038 and is operated by ORC Macro.*

Standards of Care for Children with Cerebral Palsy. Functional Areas: Maximal level of mobility consistent with level of neuromotor involvement (including exercise routine, adaptive equipment, assistive devices and mobility aids); maximal bladder control including remaining free from urinary tract infections, proper supplies to assist in toileting, bowel control including supplies and equipment; maximal oral motor skills (including swallowing studies/feeding evaluations), OT, PT, and ST to maximize oral motor skills; communication skills (including evaluations by therapists and augmentative communication); ADL skills regarding safety and self-help; Understanding of sexual and reproductive capabilities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Equipment Replacement Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Wheelchair Accessories and Maintenance

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<u>MAINTENANCE:</u> <i>Kid Kart</i>	Beginning 2 2/2009	1 X / Year	Maintain Equipment	Per Unit	Maintenance on equipment begins one year after new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 20
	Ending 4 2010			Per Year \$245 - \$347		
<i>Manual Wheelchair</i>	Beginning 6 2012	1 X / 2 years when used as back-up to power chair.	Maintain Equipment	Per Unit \$438 - \$486	Maintenance on equipment begins two years after each new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 21
	Ending Life Exp.			Per Year		
<i>Shower Wheelchair</i>	Beginning 2 2/2009	1 X / Year	Maintain equipment	Per Unit	Maintenance on equipment begins one year after new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 22
	Ending Life Exp.			Per Year \$103		
<i>Power Wheelchair</i>	Beginning 7 2013	1 X / Year	Maintain equipment	Per Unit	Maintenance on equipment begins one year after new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 23
	Ending Life Exp.			Per Year \$953 - \$1025		
<u>ACCESSORIES:</u> <i>Wheelchair Carrying Pocket</i>	Beginning 1 2/2008	1 X / 1-2 Years	Convenience in carrying personal items	Per Unit \$31 - \$35		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 24
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Wheelchair Accessories and Maintenance

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Portable Wheelchair Ramps</i>	Beginning 1 2/2008	1 X / 10 Years	Accessibility	Per Unit \$325 - \$430	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 25
	Ending Life Exp.			Per Year		
<i>Wheelchair Cushions (2)</i>	Beginning 5 2011	1 X / 1-2 Years	Positioning and support	Per Unit \$319 - \$414	Unit cost is for one cushion.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information 26
	Ending Life Exp.			Per Year		

Standards of Care for Children with Cerebral Palsy. Physiological areas to maintain include: Nutritional status, dentition maintenance including treatment of dental and periodontal disease, neurological function, skin integrity (including prevention of skin breakdown, treatment of lesions, proper positioning and padding of equipment), optimal pulmonary function, optimal musculoskeletal function (including body alignment and posture) to prevent deformities; proper range of motion and stimulation activities to prevent contractures, and adaptive equipment to prevent skeletal deformities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

<i>Cushion Covers (2)</i>	Beginning 5 2011	1 X / Year	Protect cushions	Per Unit \$41	Unit cost is for one cover.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information 27
	Ending Life Exp.			Per Year		
<i>Wheelchair Tray</i>	Beginning 5 2011	1 X / 4-5 Years	Activity site and positioning	Per Unit \$0 - \$0	Included in estimated cost for wheelchairs.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 28
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic
 Encephalopathy

Wheelchair Accessories and Maintenance

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Batteries for Power Wheelchair</i>	Beginning 6 2012	1 X / 1-2 Years	Propel chair	Per Unit \$390		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information
	Ending Life Exp.			Per Year		

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Life Care Plan

Amir Kumar

Orthotics/Prosthetics

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Bilateral Ankle Foot Orthoses</i>	Beginning 2 2008	1 X / year to age 18; then 1 X / 2 - 3 years thereafter.	Maintain foot position	Per Unit \$1006	Estimated cost for custom made AFOs provided by Hanger Prosthetics and Orthotics.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Abnormal muscle tone is usually related to increased tone but patients with decreased muscle tone are also seen. Increased muscle tone can lead to muscle contractures and permanent deformity. For this reason every effort should be made from the onset of the brain damage to control the muscle tone. The following preventative options are available to the clinical team: a. Negate and/or remove precipitating factors that lead to increased tone (nociceptive environmental stimulating factors). b. Correct positioning of the patient in bed using appropriate aids and techniques. c. Provision of an appropriate supportive seating system. Standard chairs rarely provide sufficient support. Emphasis should be placed on providing good support at the trunk, neck and head with specific emphasis being placed on keeping the hips, knees and ankles maintained at right angles. d. Passive exercises and range of movement exercise on a regular basis. e. Passive supported standing on tilt table or prone stander. f. Orthotic management. *Source: Andrews, Keith, Dr. (Chairman) Royal Hospital for Neuro-disability. International Working Party Report On The Vegetative State - 1996. Dec 5, 1996, 12:26. Copyright © Royal Hospital for Neuro-disability February 1996, 1997, 1998, 1999, 2000. From Coma Recovery Association, Inc. www.comarecovery.org http://www.comarecovery.org/artman/publish/printer_ReportOnTheVegetativeState.shtml*

Spasticity can be treated through therapy, medications, surgery or any combination of these treatments. Physical therapy will provide a basic stretching program. Occupational therapy will do splinting, casting and bracing techniques. Common medications include Baclofen and Diazepam. If medications taken by mouth are not effective, an implantable programmable pump can be used to deliver Baclofen. Botulinum-toxin Type A can also be injected locally into the affected muscle groups. Surgery could include rhizotomy and tendon releases. Rhizotomy is the surgical resection of part of the spinal nerve to relieve pain or decrease muscle tone. Tendon release is done to reduce the frequency or magnitude of the spasticity, depending on the age of the patient. Tendon release procedures are irreversible and may need to be repeated. *Source: Neuroscience Center. Neuro-Pediatric and Congenital Disorders. Spasticity. Cleveland Clinic 2003. www.clevelandclinic.org*

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Life Care Plan

Amir Kumar

Orthotics/Prosthetics

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Resting Hand Splints	Beginning	1 X / Year	Prevent contractures	Per Unit	Actual purchase date, estimated cost.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	1 12/2007			\$195 - \$231		
	Ending			Per Year		
	Life Exp.					

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Life Care Plan

Amir Kumar

Orthotics/Prosthetics

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Bilateral Upper Extremity Weight Bearing Splints</i>	Beginning 1 2/2008	1 X Only	Provide wrist support as he learns to bear weight on his upper extremities for positioning and crawling.	Per Unit	These are customized orthotics and no price is available at this time.	Progressive Pediatric Rehabilitation, Inc (1/25/08)
	Ending 1 2/2008			Per Year		

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Life Care Plan

Amir Kumar

Orthotics/Prosthetics

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Hip Abduction Orthosis	Beginning 1 2/2008	1 X / 2-3 Years	Maintain proper positioning.	Per Unit \$480 - \$540		Andrea Zotovas, M.D.
	Ending 18 2024			Per Year		

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Life Care Plan

Amir Kumar

Orthotics/Prosthetics

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Hip Abduction Pillow with Cover	Beginning 19 2025	1 X / 1-2 Years	Prevent contractures	Per Unit \$80 - \$106		Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Life Care Plan

Amir Kumar

Orthopedic Equipment

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Mat Platform	Beginning 1 2/2008	1 X / 15 Years	Therapeutic exercise	Per Unit \$652 - \$730	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information
	Ending Life Exp.			Per Year		

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Life Care Plan

Amir Kumar

Orthopedic Equipment

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Therapy Mat for Platform	Beginning 5 2011	1 X / 3-4 Years (except year new platform purchased.)	Replacment mat for platform	Per Unit \$185 - \$200	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₃₆
	Ending Life Exp.			Per Year		

Abnormal muscle tone is usually related to increased tone but patients with decreased muscle tone are also seen. Increased muscle tone can lead to muscle contractures and permanent deformity. For this reason every effort should be made from the onset of the brain damage to control the muscle tone. The following preventative options are available to the clinical team: a. Negate and/or remove precipitating factors that lead to increased tone (nociceptive environmental stimulating factors). b. Correct positioning of the patient in bed using appropriate aids and techniques. c. Provision of an appropriate supportive seating system. Standard chairs rarely provide sufficient support. Emphasis should be placed on providing good support at the trunk, neck and head with specific emphasis being placed on keeping the hips, knees and ankles maintained at right angles. d. Passive exercises and range of movement exercise on a regular basis. e. Passive supported standing on tilt table or prone stander. f. Orthotic management.

Source: Andrews, Keith, Dr. (Chairman) Royal Hospital for Neuro-disability. *International Working Party Report On The Vegetative State - 1996. Dec 5, 1996, 12:26. Copyright © Royal Hospital for Neuro-disability February 1996, 1997, 1998, 1999, 2000. From Coma Recovery Association, Inc. www.comarecovery.org http://www.comarecovery.org/artman/publish/printer_ReportOnTheVegetativeState.shtml*

Spasticity can be treated through therapy, medications, surgery or any combination of these treatments. Physical therapy will provide a basic stretching program. Occupational therapy will do splinting, casting and bracing techniques. Common medications include Baclofen and Diazepam. If medications taken by mouth are not effective, an implantable programmable pump can be used to deliver Baclofen. Botulinum-toxin Type A can also be injected locally into the affected muscle groups. Surgery could include rhizotomy and tendon releases. Rhizotomy is the surgical resection of part of the spinal nerve to relieve pain or decrease muscle tone. Tendon release is done to reduce the frequency or magnitude of the spasticity, depending on the age of the patient. Tendon release procedures are irreversible and may need to be repeated. Source: Neuroscience Center. *Neuro-Pediatric and Congenital Disorders. Spasticity. Cleveland Clinic 2003. www.clevelandclinic.org*

Therapy Balls	Beginning 1 2/2008	1 X / 2-3 Years	Sensory motor development	Per Unit \$35 - \$65		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₃₇
	Ending 18 2024			Per Year		

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Life Care Plan

Amir Kumar

Orthopedic Equipment

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Tristander Pediatric Standing Frame	Beginning 2 2008	1 X / 5 years	Aids in muscle tone and skeletal development	Per Unit \$3041 - \$3861		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D. and Progressive Pediatric Rehabilitation, Inc
	Ending 12 2018			Per Year		

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Weight bearing is essential to the development of a stable hip joint. Normal acetabular formation occurs through early and regular weight bearing, joint movement and muscle development. In standing, children are able to interact with their peers eye-to-eye. Exploration and control of the environment are better achieved through a combination of upright postures. *Sources: (1) Alcock, D., Antoniuk E., Eastman M., How do we stand. Presented at: International Seating Symposium; 3/9/96; Vancouver, Canada. (2) Lollar J. Stand alone. In: Perlich N., ed. Funding Guide to Standing Technology. Morton, MN: Altimate Medical; 2000:25-28. (3) Kimball R., Downs K. Beyond the wheelchair: standers, walkers and bikes. Presented at: Canadian Seating and Mobility Conference; 9/1999; Toronto. All of these sources cited in Rehab Management: The Interdisciplinary Journal of Rehabilitation. Stand Up and Function!; Brenlee Mogul-Rotman, OTR, ATP, OT Reg (Ont.), and Kathryn Fisher, ATS, OT Reg (Ont.); August/September 2002.*

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Source: Andrews, Keith, Dr. (Chairman) Royal Hospital for Neuro-disability. International Working Party Report On The Vegetative State - 1996. Dec 5, 1996, 12:26. Copyright © Royal Hospital for Neuro-disability February 1996, 1997, 1998, 1999, 2000. From Coma Recovery Association, Inc. www.comarecovery.org http://www.comarecovery.org/artman/publish/printer_ReportOnTheVegetativeState.shtml

Equipment Replacement Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).

Life Care Plan

Amir Kumar

Orthopedic Equipment

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Youth to Adult Standing Frame	Beginning 16 2022	1 X / 5 years	Aids in muscle tone and skeletal development	Per Unit \$5045 - \$5500		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending Life Exp.			Per Year		

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Weight bearing is essential to the development of a stable hip joint. Normal acetabular formation occurs through early and regular weight bearing, joint movement and muscle development. In standing, children are able to interact with their peers eye-to-eye. Exploration and control of the environment are better achieved through a combination of upright postures. *Sources: (1) Alcock, D., Antoniuk E., Eastman M., How do we stand. Presented at: International Seating Symposium; 3/9/96; Vancouver, Canada. (2) Lollar J. Stand alone. In: Perlich N., ed. Funding Guide to Standing Technology. Morton, MN: Altimate Medical; 2000:25-28. (3) Kimball R., Downs K. Beyond the wheelchair: standers, walkers and bikes. Presented at: Canadian Seating and Mobility Conference; 9/1999; Toronto. All of these sources cited in Rehab Management: The Interdisciplinary Journal of Rehabilitation. Stand Up and Function!; Brenlee Mogul-Rotman, OTR, ATP, OT Reg (Ont.), and Kathryn Fisher, ATS, OT Reg (Ont.); August/September 2002.*

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Equipment Replacement Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).

Maintenance for Stander	Beginning 3 2009	1 X / Year	Maintain Equipment	Per Unit	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information
	Ending Life Exp.			Per Year \$200		

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Life Care Plan

Amir Kumar

Orthopedic Equipment

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Adjustable Bench</i>	Beginning 2 2008	1 X / 3-4 Years	Adjustable Benches provide stable sitting for: maximal arm and hand movements, control of the pelvic-femoral angle and greater stability for the pelvis and spine.	Per Unit \$211 - \$300		Progressive Pediatric Rehabilitation Inc. (1/25/08) 41
	Ending 15 2021			Per Year		
<i>Rifton Gait Trainer</i>	Beginning 2 2008	1 X for each size.	Equipment to assist in Amir learning to ambulate.	Per Unit	Small purchased now at \$2,410; Medium at age 10 at \$2,685; then Large at age 15 at \$3,200. The need for this equipment will ultimately be determined by treating therapist.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D. and Progressive Pediatric Rehabilitation, Inc 42
	Ending 18 2024			Per Year		
<i>Long Sitter (Jenx Ladybug and Turtle)</i>	Beginning 1 2/2008	1 X / 3-4 Years	Positioning and support	Per Unit \$1465 - \$1874		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D. and Progressive Pediatric Rehabilitation, Inc. 43
	Ending 7 2013			Per Year		

Standards of Care for Children with Cerebral Palsy. **Physiological areas to maintain include:** Nutritional status, dentition maintenance including treatment of dental and periodontal disease, neurological function, skin integrity (including prevention of skin breakdown, treatment of lesions, proper positioning and padding of equipment; optimal pulmonary function, optimal musculoskeletal function (including body alignment and posture to prevent deformities; proper range of motion and stimulation activities to prevent contractures, and adaptive equipment to prevent skeletal deformities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

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Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Home Furnishings and Accessories

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Hand Held Shower</i>	Beginning 1 2/2008	1 X / 3-4 Years	Aid in bathing	Per Unit \$27 - \$66	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₄₄
	Ending Life Exp.			Per Year		
<i>Enteral Feeding Pump with Backpack Carrying Case (New Item)</i>	Beginning 1 3/2008	1 X / 3-4 Years	Portable enteral feeding pump.	Per Unit \$1184 - \$1807	Unit cost is based on Kangaroo e-Pump; Kangaroo Joey; or Zevex EnteraLite Infinity.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview ₄₅
	Ending Life Exp.			Per Year		
<i>Maintenance of Enteral Feeding Pump (New Item)</i>	Beginning 2 3/2009	1 X / Year	Maintain equipment	Per Unit	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview ₄₆
	Ending Life Exp.			Per Year \$118 - \$181		
<i>Baby Monitor</i>	Beginning 1 2/2008	1 X / 2-3 Years	Safety aid	Per Unit \$33 - \$43	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₄₇
	Ending Life Exp.			Per Year		

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Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Home Furnishings and Accessories

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Power Homecare Adjustable Twin Bed	Beginning 4 2010	1 X / 7 Years	Positioning and safety aid	Per Unit \$1000 - \$1300	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ⁴⁸
	Ending Life Exp.			Per Year		

Equipment Replacement Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).

Standards of Care for Children with Cerebral Palsy. Physiological areas to maintain include: Nutritional status, dentition maintenance including treatment of dental and periodontal disease, neurological function, skin integrity (including prevention of skin breakdown, treatment of lesions, proper positioning and padding of equipment; optimal pulmonary function, optimal musculoskeletal function (including body alignment and posture to prevent deformities; proper range of motion and stimulation activities to prevent contractures, and adaptive equipment to prevent skeletal deformities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Maintenance of Power Homecare Bed	Beginning 5 2011	1 X / Year	Maintain equipment	Per Unit	Maintenance on equipment begins one year after each new item is purchased. Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview ⁴⁹
	Ending Life Exp.			Per Year \$100		

Equipment Maintenance Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

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Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Home Furnishings and Accessories

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Memory Foam Twin Mattress for Home Care Adjustable Bed</i>	Beginning 4 2010	1 X / 3 Years	Positioning and support	Per Unit \$680 - \$1000		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 50
	Ending Life Exp.			Per Year		

Equipment Replacement Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).

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<i>Power Patient Lift</i>	Beginning 10 2016	1 X / 10 Years	Lift aid	Per Unit \$1600 - \$1900	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information, 51
	Ending Life Exp.			Per Year		
<i>Maintenance of Lift and Replacement Sling</i>	Beginning 12 2018	1 X / 2-3 Years	Maintenance/ replacement sling	Per Unit \$95 - \$175	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information, 52
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Aids for Independent Function

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Adapted Clothing	Beginning 4 2010	1 X / Year	Ease in care.	Per Unit	Amount based on allowance established by Veteran's Administration for disabled vets.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on allowance established by the Veterans Administration 53
	Ending Life Exp.			Per Year \$677		
Jelly Bean Switches (2)	Beginning 1 2/2008	1 X / 2-3 Years	Large easily accessible switches which can be attached to toys or equipment in order to make them accessible.	Per Unit \$43	\$86 for 2. (The appropriateness of this equipment is dependent upon the determination of his therapist.)	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 54
	Ending Life Exp.			Per Year		

Standards of Care for Children with Cerebral Palsy. Functional Areas: Maximal level of mobility consistent with level of neuromotor involvement (including exercise routine, adaptive equipment, assistive devices and mobility aids); maximal bladder control including remaining free from urinary tract infections, proper supplies to assist in toileting, bowel control including supplies and equipment; maximal oral motor skills (including swallowing studies/feeding evaluations), OT, PT, and ST to maximize oral motor skills; communication skills (including evaluations by therapists and augmentative communication); ADL skills regarding safety and self-help; Understanding of sexual and reproductive capabilities. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Universal Switch Mounting System	Beginning 1 2/2008	1 X / 5-7 Years	System to mount switches for easy accessibility.	Per Unit \$210	The appropriateness of this equipment is dependent upon the determination of his therapist.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 55
	Ending Life Exp.			Per Year		

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Growth Trend To Be Determined By Economist.

Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

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Primary Disability: Hypoxic Ischemic Encephalopathy

Aids for Independent Function

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Microlite Switch</i>	Beginning 1 2/2008	1 X / 1-2 Years	Switch which requires very small amount of range of motion and light touch to activate.	Per Unit \$61	This is an example. (The appropriateness of this equipment is dependent upon the determination of his therapist.)	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 56
	Ending Life Exp.			Per Year		

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<i>Augmentative Communication Device</i>	Beginning 2 2008	1 X / 4-6 Years	Communication aide.	Per Unit \$2450 - \$3000	Augmentative Communication Devices have a wide range in cost. The unit cost represents the cost of less sophisticated devices.	Central Florida Speech Therapy (1/27/08) 57
	Ending Life Exp.			Per Year		

The choices for Augmentative Communication include electronic communication devices or a non-electronic device. A number of factors must be considered prior to selecting a manual communication device over an electric one, or vice versa. Obviously, manual devices are primarily selected for their low cost and flexibility in design. Typically, the decision to use a manual board can be viewed as an introduction to an electronic device. Users of electronic devices should also be provided with manual communication systems, should electronic ones need repair or be unavailable. Many disabled individuals are best served through the implementation of a variety of systems (signs, pictures, electronic devices) as opposed to reliance on any one system. The user's skills will dictate the design of the system. *Source: Idaho Assistive Technology Project, (IATP), Augmentative Communication Information Sheet #12. Taken from Alternative and Augmentative Communication; Electronic Communication Devices: A Look at Features; and Manual Communication, all by Gilson Capilouto; Introducing Augmentative Communication: Interactive Training Strategies, by Caroline Musselwhite; and the Tech Use Guide from the Center for Special Education Technology.*

<i>Maintenance of Augmentative Communication Device</i>	Beginning 3 2009	1 X / Year, except year new equipment purchased.	Maintain equipment	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 58
	Ending Life Exp.			Per Year \$123 - \$150		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

Supplies

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Enteral Feeding Supplies (New Item)</i>	Beginning 1 3/2008	Annual Allowance	Supplies needed for enteral feeding.	Per Unit	Supply needs are estimated at this time.	Based on recommendations for Gastrostomy feeding by Ricardo Martinez, M.D.
	Ending Life Exp.			Per Year \$4470 - \$6134		

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Estimated supply needs are as follows: Feeding bags with attached pump set (30 / month) - \$ 2,076 - \$3,480 (\$173 - \$290 / case of 30); Enteral feeding irrigation set - \$90 / year (\$45 / case of 30); Cotton tipped applicators 6" - \$36 / year (\$8.95 / box of 1000); Hydrogen Peroxide - \$10 / year (\$0.79 / bottle); Disposable bed pads - \$282 / year (\$46.95 / case of 200); Pediasure Enteral Formula - \$1,976 - \$2,236 (\$38 - \$43 / case of 24).

<i>Diapers (Sizes 4, 5 and 6)</i>	Beginning 3 2009	Estimate 6 to 8 diapers a day; 4-6 packages of 30-40 diapers a month. (48 -72 packages / year)	Bowel and Bladder Care	Per Unit \$12 - \$17	Size 4 (22-37 pounds) Size 5 (over 27 pounds) Size 6 (over 35 pounds)	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₆₀
	Ending 11 2017			Per Year \$696 - \$1044		
<i>Youth Size Diapers (35 to 75 pounds)</i>	Beginning 12 2018	Estimate 3 cases / month (96 / case)	Bowel and Bladder Care	Per Unit	Based on \$51 / case of 96.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₆₁
	Ending 16 2022			Per Year \$1836		
<i>Adult Diapers (Over 75 pounds. Estimate age 13)</i>	Beginning 17 2023	2 cases of 96 / month	Bowel and Bladder care	Per Unit	Based on \$53 / case of 96.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₆₂
	Ending Life Exp.			Per Year \$1272		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

Medications

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Prescription Medications</i>	Beginning 1 2/2008	Annual cost	As prescribed by physician	Per Unit	Prevacid 15 mg (PRN) - \$149.90 for 30 packets. Estimate refills every 2 to 3 months. This represents his current needs which are subject to change throughout the course of his lifetime.	As prescribed by treating physicians
	Ending Life Exp.			Per Year \$600 - \$899		

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Consideration should be given to the fact that frequent changes may take place regarding Amir's medication needs. Additional money will likely be needed to cover the cost of medications for treatment of such things as periodic infections, seizures, spasticity exacerbations, etc.

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Life Care Plan

Amir Kumar

Home Care / Facility Care

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<u>PRE-AGE 21</u> <u>Private Hire Option</u> <i>Respite Care (Change in Item)</i>	Beginning 1 3/2008	4 hours one night per week and 48 hours one weekend per month. (784 hours / year)	Allow his parents to be away from the home one evening per week and one weekend per month for 48 hours straight.	Per Unit \$24.57	Skilled care will be needed in the absence of his parents now that Amir requires 24-hour tube feeding via feeding pump.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 64
	Ending 21 2027			Per Year \$19263		

LPNs in Amir's geographical area earn a mean hourly wage of \$19.66. (Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2006 Metropolitan Area Occupational Employment and Wage Estimates; Orlando, FL Metropolitan Division. www.bls.gov.) We must also add in an additional 25% factor to that hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting/administrative costs. Therefore, the total hourly rate for LPNs would be \$24.57.

Caregiver burnout is a state of physical, emotional and psychological exhaustion that is accompanied by a shift in attitude from positive and caring to negative and apathetic. Most underlying causes of caregiver burnout come directly from the nature of caregiving, which is a balancing act between tasks and responsibilities on one hand and self-esteem, coping skills and social support on the other. If that balance gets tipped, the increased emotional pressure can overwhelm even the most dedicated caregiver. *Source; Sherman, James R., Ph.D., Preventing Caregiver Burnout. Home Healthcare Consultant, the Journal of Alternative Site Medicine and Management. 2000 by MultiMedia HealthCare/Freedom LLC. www.mmhc.com/hhcc/articles/HHC9905/Commentary.html*

<u>PRE-AGE 21</u> <u>Agency Hire Option</u> <i>Respite Care (Change in Item)</i>	Beginning 1 3/2008	4 hours one night per week and 48 hours one weekend per month. (784 hours / year)	Allow his parents to be away from the home one evening per week and one weekend per month for 48 hours straight.	Per Unit \$40 - \$42	Skilled care will be needed in the absence of his parents now that Amir requires 24-hour tube feeding via feeding pump.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 65
	Ending 21 2027			Per Year \$31360 - \$32928		

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Life Care Plan

Amir Kumar

Home Care / Facility Care

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
POST AGE 21 Option #1 Home Care - Private Hire <i>Skilled Nursing Care (New Item)</i>	Beginning 22 2028	16 hours / day (5,840 hours / year)	Skilled care during the hours Amir requires gastrostomy feeding.	Per Unit \$24.57	See additional cost noted below.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 66
	Ending Life Exp.			Per Year \$143489		

This Life Care Plan will assume that Amir's need for tube feeding will be reduced to only 16 hours per day as an adult, allowing his attendant care to be split between 16 hours per day of skilled care and one shift of home health aide for 8 hours per day. It is also assumed for LCP purposes, that if Amir is a candidate for supervised or sheltered work, he will require his attendant to accompany him to the program.

LPNs in Amir's geographical area earn a mean hourly wage of \$19.66. (Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2006 Metropolitan Area Occupational Employment and Wage Estimates; Orlando, FL Metropolitan Division. www.bls.gov.) We must also add in an additional 25% factor to that hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting/administrative costs. Therefore, the total hourly rate for LPNs would be \$24.57.

Must also add in extra costs for another adult living in the home [food/utilities] = \$3,150-\$3,560/yr., Avg. \$3,355.

Cost of food data: U.S. Census Bureau, Statistical Abstract of the United States. (2004-2005). No. 711: Weekly Food Cost by Type of Family: 1990 and 2003. <http://www.census.gov/prod/2004pubs/04statab/prices.pdf> Cost of utilities data: U.S. Department of Commerce, Bureau of Economic Analysis. (February 2005). National Income and Product Accounts Table.

POST AGE 21 Option #1 Home Care - Private Hire <i>Attendant Care (Change in Item)</i>	Beginning 22 2028	8 hours / day (2,920 hours / year)	Personal attendant care during hours not connected to feeding pump.	Per Unit \$11.52		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 67
	Ending Life Exp.			Per Year \$33638		

This Life Care Plan will assume that Amir's need for tube feeding will be reduced to only 16 hours per day as an adult, allowing his attendant care to be split between 16 hours per day of skilled care and one shift of home health aide for 8 hours per day. It is also assumed for LCP purposes, that if Amir is a candidate for supervised or sheltered work, he will require his attendant to accompany him to the program.

HHAs in Amir's geographical area earn a mean hourly wage of \$9.22. (Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2006 Metropolitan Area Occupational Employment and Wage Estimates; Orlando, FL Metropolitan Division. www.bls.gov.) We must also add in an additional 25% factor to that hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting/administrative costs. Therefore, the total hourly rate for HHAs would be \$11.52.

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

Home Care / Facility Care

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
POST AGE 21 Option #1 Home Care - Private Hire <i>Supervised or Sheltered Work Program</i>	Beginning 22 2028	4 hours / day, 5 days / week, 48 weeks / year.	Avocational / vocational supervised activity.	Per Unit \$30	Unit cost is per diem rate.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 68
	Ending 65 2071			Per Year \$7200		
POST AGE 21 Option #1 Home Care - Private Hire <i>Case Management</i>	Beginning 22 2028	8 -10 hours per month (96- 120 hours / year)	Coordinate and oversee care	Per Unit \$75 - \$100		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 69
	Ending Life Exp.			Per Year \$8400 - \$10500		

It is anticipated that in the private hire options, a case manager would be required at least 8-10 hours per month in order to maintain the private hire employees and the responsibilities attached thereto.

POST AGE 21 Option #1 Home Care - Private Hire <i>Interior/Exterior Home Maintenance</i>	Beginning 22 2028	Regular weekly service	Maintain home and lawn	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 70
	Ending Life Exp.			Per Year \$7360 - \$10100		

Annual cost based on the following: Weekly lawn care at \$40 to \$50 per week, \$2,080 to \$2,600 per year. Home maintenance 4 to 6 hours per month, plus service fees, \$5,280 to \$7,500 per year. The total yearly cost of Home Maintenance and Lawn Care is **\$7,360 to \$10,100**

Sources: *Lawn Care Business Information and Software.* <http://www.lawncare-business.com/>, *Nailing Down a Reliable Dial-a-Handyman Service.* *Real Estate Journal.com.* *The Wall Street Journal Guide to Property.* <http://www.realestatejournal.com/buildimprove/20050117-schechner.html>

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Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
POST AGE 21 Option #1 Home Care - Private Hire Homemaker/ House Keeper	Beginning 22 2028	Regular weekly service	Clean home, run errands, laundry, grocery shop, etc.	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 71
	Ending Life Exp.			Per Year \$2600 - \$4160		

Regular weekly service. Maid Services for the average house are \$50 to \$80. Making the annual cost **\$2,600 to \$4,160.**

Sources: *A Maid Service? Why Start a Maid Service?* <http://www.abiz4me.com/startpages2/whystart.htm>. *Maid Services of America. Empowering independent residential cleaners.* <http://www.maidsofamerica.com/startup.html>

POST AGE 21 Option #2 Home Care - Agency Hire Skilled Nursing Care (New Item)	Beginning 22 2028	16 hours / day (5,840 hours / year)	Skilled care during the hours Amir requires gastrostomy feeding.	Per Unit \$40 - \$42	\$233,600 - \$245,280 / year. See additional cost noted below.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 72
	Ending Life Exp.			Per Year		

This Life Care Plan will assume that Amir's need for tube feeding will be reduced to only 16 hours per day as an adult, allowing his attendant care to be split between 16 hours per day of skilled care and one shift of home health aide for 8 hours per day. It is also assumed for LCP purposes, that if Amir is a candidate for supervised of sheltered work, he will require his attendant to accompany him to the program.

Must also add in extra costs for another adult living in the home [food/utilities] = \$3,150-\$3,560/yr., Avg. \$3,355.

Cost of food data: U.S. Census Bureau, Statistical Abstract of the United States. (2004-2005). No. 711: Weekly Food Cost by Type of Family: 1990 and 2003. <http://www.census.gov/prod/2004pubs/04statab/prices.pdf> **Cost of utilities data:** U.S. Department of Commerce, Bureau of Economic Analysis. (February 2005). National Income and Product Accounts Table.

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
POST AGE 21 Option #2 Home Care - Agency Hire <i>Attendant Care (Change in Item)</i>	Beginning 22 2028	8 hours / day (2,920 hours / year)	Personal attendant care during hours not connected to feeding pump.	Per Unit \$16.5 - \$24		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 73
	Ending Life Exp.			Per Year \$48180 - \$70080		

This Life Care Plan will assume that Amir's need for tube feeding will be reduced to only 16 hours per day as an adult, allowing his attendant care to be split between 16 hours per day of skilled care and one shift of home health aide for 8 hours per day. It is also assumed for LCP purposes, that if Amir is a candidate for supervised or sheltered work, he will require his attendant to accompany him to the program.

HHAs in Amir's geographical area earn a mean hourly wage of \$9.22. (Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2006 Metropolitan Area Occupational Employment and Wage Estimates; Orlando, FL Metropolitan Division. www.bls.gov.) We must also add in an additional 25% factor to that hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting/administrative costs. Therefore, the total hourly rate for HHAs would be \$11.52.

POST AGE 21 Option #1 Home Care - Agency Hire <i>Supervised Work Program</i>	Beginning 22 2028	4 hours / day, 5 days / week, 48 weeks / year.	Avocational / vocational supervised activity.	Per Unit \$30	Unit cost is per diem rate	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 74
	Ending 65 2071			Per Year \$7200		
POST AGE 21 Option #2 Home Care - Agency Hire <i>Case Management</i>	Beginning 22 2028	3 - 4 hours per month (36 - 48 hours / year)	Coordinate and oversee care	Per Unit \$75 - \$100		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 75
	Ending Life Exp.			Per Year \$3150 - \$4200		

Growth Trend To Be Determined By Economist.

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Home Care / Facility Care

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Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
POST AGE 21 Option #2 Home Care - Agency Hire Interior/Exterior Home Maintenance	Beginning 22 2028	Regular weekly service	Maintain home and lawn	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 76
	Ending Life Exp.			Per Year \$7360 - \$10100		

Annual cost based on the following: Weekly lawn care at \$40 to \$50 per week, \$2,080 to \$2,600 per year. Home maintenance 4 to 6 hours per month, plus service fees, \$5,280 to \$7,500 per year. The total yearly cost of Home Maintenance and Lawn Care is **\$7,360 to \$10,100**

Sources: *Lawn Care Business Information and Software.* <http://www.lawncare-business.com/>, *Nailing Down a Reliable Dial-a-Handyman Service.* *Real Estate Journal.com.* *The Wall Street Journal Guide to Property.* <http://www.realestatejournal.com/buildimprove/20050117-schechner.html>

POST AGE 21 Option #2 Home Care - Agency Hire Homemaker/ House Keeper	Beginning 22 2028	Regular weekly service	Clean home, run errands, laundry, grocery shop, etc.	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 77
	Ending Life Exp.			Per Year \$2600 - \$4160		

Regular weekly service. Maid Services for the average house are \$50 to \$80. Making the annual cost **\$2,600 to \$4,160.**

Sources: *A Maid Service? Why Start a Maid Service?* <http://www.abiz4me.com/startpages2/whystart.htm>. *Maid Services of America.* *Empowering independent residential cleaners.* <http://www.maidsofamerica.com/startup.html>

POST AGE 21 Option #3 - Facility Placement Group Home (Change in Item)	Beginning 22 2028	24 hour residential care	Long term residential care.	Per Unit \$210	Unit cost is per diem based on intensive daily rate. This includes room, board, attendant care and/or nursing services and work activity program. All medications, supplies, therapies, and specialized medical equipment are billed separately.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 78
	Ending Life Exp.			Per Year \$76650		

NOTE: An offset for Room and Board should be considered by the Economist. If there is no standard for the average cost of room and board based on an average percentage of wages paid then I would recommend assuming 12-15 percent of the cost of the program.

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Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<u>POST AGE 21</u> <u>Option #3 - Facility</u> <u>Placement</u> Case Management	Beginning 22 2028	3 - 4 hours per month (36 - 48 hours / year)	Coordinate and oversee care	Per Unit \$75 - \$100		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending Life Exp.			Per Year \$3150 - \$4200		

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Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

Future Medical Care Routine

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Pediatrician / Internist	Beginning 1 2/2008	3 X / Year	Care required in addition to the routine care all children require.	Per Unit \$86 - \$135		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$258 - \$405		
						80

Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age groups, cumulative in nature (a child entering the program would receive all items indicated up through the actual age group, as part of the initial evaluation):

Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

Age 13-21 years: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

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Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Neurologist	Beginning 1 2/2008	1 X / Year	Monitor neurological deficits	Per Unit \$90 - \$250		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$90 - \$250		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age groups, cumulative in nature (a child entering the program would receive all items indicated up through the actual age groups, as part of the initial evaluation):

Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

Age 13-21 years: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Growth Trend To Be Determined By Economist.

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Life Care Plan

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Nephrology	Beginning 3 2009	1 X / Year	Monitor urological system due to immobility	Per Unit \$225 - \$300		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$225 - \$300		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age groups, cumulative in nature (a child entering the program would receive all items indicated up through the actual age group, as part of the initial evaluation):

Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

Age 13-21 years: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Orthopedic Surgeon	Beginning 1 2/2008	1 X / Year	Monitor bone development and contractures.	Per Unit \$100 - \$300		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$100 - \$300		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age groups, cumulative in nature (a child entering the program would receive all items indicated up through the actual age group, as part of the initial evaluation):

Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

Age 13-21 years: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

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Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Dentist	Beginning 2 2008	2 X / year in addition to the 2 X / year everyone should be seen.	Monitor oral health and hygiene	Per Unit \$78 - \$160		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$156 - \$320		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age groups, cumulative in nature (a child entering the program would receive all items indicated up through the actual age groups, as part of the initial evaluation):

Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

Age 13-21 years: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Good oral hygiene should be maintained in patients with dysphagia, particularly in those with PEG or nasogastric (NG) tubes, in order to promote oral health and patient comfort. *Source: Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Sep. 38 p.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Physiatrist	Beginning 1 2/2008	1 X / Year	Monitor habilitation plan	Per Unit \$75 - \$220	Initial evaluation \$275 - \$800 one time only; then \$75 - \$220 / year thereafter.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age groups, cumulative in nature (a child entering the program would receive all items indicated up through the actual age group, as part of the initial evaluation):

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Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

Age 13-21 years: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Growth Trend To Be Determined By Economist.

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Life Care Plan

Amir Kumar

Future Medical Care Routine

DOB: Aug 5, 2006

D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Ophthalmologist	Beginning 1 2/2008	1 X / Year	Monitor eye health, vision and assess for possible strabismus	Per Unit \$100 - \$150		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$100 - \$150		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. These include the following specialties and age groups, cumulative in nature (a child entering the program would receive all items indicated up through the actual age group, as part of the initial evaluation):

Birth through 2 years: Vision, hearing, cognitive and motor development, hip stability, nutrition, dental, language and psychosocial concerns.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs.

Age 6-12 years: Urological evaluation, if necessary; prevocational counseling.

Age 13-21 years: Vocational counseling, transition to independent living; transition to self-care coordination. The comprehensive service plan should be updated at least twice yearly. A transition plan is developed during the teen years. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Pathology Lab Studies	Beginning 1 2/2008	1-2 X / year	Monitor for complications	Per Unit \$132 - \$168	CBC: \$39-\$48, Comp Metabolic Panel: \$66-\$85, Liver Functions: \$27-\$35, etc.	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Diagnostic X-rays	Beginning 1 2/2008	1 X / 4-6 years through development.	Monitor chest and skeletal system	Per Unit \$1344 - \$1530	Chest X-ray; Hips; Spine (\$122 - \$153 / film, plus \$102 for reading.)	Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending 21 2027			Per Year		

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Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Gastroenterologist (New Item)</i>	Beginning 1 3/2008	4 X / year through age 18; then 2 X / year thereafter.	Monitor failure to thrive	Per Unit \$95 - \$255	\$380 - \$1,020 / year through age 18; then \$190 - \$510 / year thereafter.	Estimated pending response from Dr. Ricardo Martinez, M.D.
	Ending Life Exp.			Per Year		

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Nutritional support is an integral part of the care of neurologically impaired children and is carried out by a multidisciplinary team of pediatric specialists, including physicians, nurses, dietitians, occupational and speech therapists, psychologists and social workers. Nutritional assessments may be performed at least annually in the older child and more frequently in the infant and toddler. Mechanisms must be in place to insure the early identification of children at high risk for undernutrition, growth failure, chronic lung disease due to aspiration and overweight, particularly younger children, children with severe neurological disability and children with oral motor dysfunction. *Source: Marchand V., Motil KJ, NASPGHAN Committee on Nutrition. Nutrition support for neurologically impaired children: a clinical report of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. J. Pediatric Gastroenterology Nutrition 2006 Jul;43(1):123-35.*

<i>Pediatric Surgeon (New Item)</i>	Beginning 1 3/2008	1 X / month for 12 months; then 2-4 X / year thereafter.	Perform gastrostomy, then maintain gastrostomy and change tube	Per Unit \$250 - \$450	\$3,000 - \$5,400 for one year; then \$700 - \$1,400 / year thereafter	Estimated pending response from Dr. Neal Kendall.
	Ending Life Exp.			Per Year		

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Life Care Plan

Amir Kumar

DOB: Aug 5, 2006

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Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>MRI of Brain</i>	Beginning 2 2008	3-4 X over life	Monitor functioning	Per Unit \$500 - \$900		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		
						91
<i>Barium Swallow Study (Change in Item)</i>	Beginning 3 2009	1 X / 2 years through age 18; then 2-4 over life expectancy.	Monitor swallowing ability.	Per Unit \$265 - \$710		Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		
						92

Dysphagia: Characterization of the severity of dysfunction associated with oropharyngeal dysphagia requires a videofluorographic or cineradiographic examination, commonly referred to as a modified barium swallow. Source: American Gastroenterological Association medical position statement on the management of oropharyngeal dysphagia. *Gastroenterology* 1999 Feb; 116(2):452-4.
www.guidelines.gov/summary/summary.aspx?doc_id=3067&nbr=2293&string=Dysphagia

When oropharyngeal dysphagia has an attributable cause, a modified barium swallow may be performed with the assistance of a speech therapist. Source: American College of Radiology (ACR), Expert Panel on Gastrointestinal Imaging. *Imaging recommendations for patients with dysphagia*. Reston (VA): American College of Radiology (ACR); 2001. 6p. (ACR appropriateness criteria). www.guidelines.gov/summary/summary.aspx?doc_id=3259&nbr=2485&string=Dysphagia

Feeding via percutaneous endoscopic gastrostomy (PEG) is the recommended feeding route for long-term (>4 weeks) enteral feeding. Patients requiring long-term tube feeding should be reviewed regularly. Patients with persistent dysphagia should be reviewed regularly, at a frequency related to their individual swallowing function and dietary intake, by a professional skilled in the management of dysphagia. Source: *Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Sep. 38 p*

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Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Gastrostomy with Fundoplication (New Item)	Beginning 1 3/2008	1 X Only	Surgical treatment for GERD and placement of gastrostomy tube for nutritional maintenance due to diagnosis of failure to thrive.	Per Unit	\$9,182 - \$12,026 Physician and anesthesia fees (2006 dollars) and Facility fee \$48,023 - \$60,253 (2005 data)	Ricardo Martinez, M.D. (3/4/08), to be performed by Neal Kendall, M.D.
	Ending 1 3/2008			Per Year		

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Feeding via percutaneous endoscopic gastrostomy (PEG) is the recommended feeding route for long-term (>4 weeks) enteral feeding. Patients requiring long-term tube feeding should be reviewed regularly. Patients with persistent dysphagia should be reviewed regularly, at a frequency related to their individual swallowing function and dietary intake, by a professional skilled in the management of dysphagia. *Source: Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Sep. 38 p*

Botox Injections	Beginning 2 2008	2-4 X / Year	Contracture and/or spasticity treatment	Per Unit \$2764 - \$3528		Nasir Samir, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$6292 - \$12584		

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Treatment of Spasticity may include such medications as Baclofen, Diazepam, Tizanidine or Clonazepam. Physical therapy regimens may include muscle stretching and range of motion exercises to help prevent shrinkage or shortening of muscles and to reduce the severity of symptoms. Surgery may be recommended for tendon release or to sever the nerve-muscle pathway. *Source: National Institute of Neurological Disorders and Stroke. National Institute of Health. NINDS Spasticity Information Page. www.ninds.nih.gov*

Spasticity can be treated through therapy, medications, surgery or any combination of these treatments. Physical therapy will provide a basic stretching program. Occupational therapy will do splinting, casting and bracing techniques. Common medications include Baclofen and Diazepam. If medications taken by mouth are not effective, an implantable programmable pump can be used to deliver Baclofen. Botulinum-toxin Type A can also be injected locally into the affected muscle groups. Surgery could include rhizotomy and tendon releases. Rhizotomy is the surgical resection of part of the spinal nerve to relieve pain or decrease muscle tone. Tendon release is done to reduce the frequency or magnitude of the spasticity, depending on the age of the patient. Tendon release procedures are irreversible and may need to be repeated. *Source: Neuroscience Center. Neuro-Pediatric and Congenital Disorders. Spasticity. Cleveland Clinic 2003. www.clevelandclinic.org*

Botulinum toxin, Botox, temporarily interrupts the communication between the nerve and the muscle. This interruption of communication between the nerve and the muscle helps to get the muscles moving again by preventing them from being over-stimulated. DiFazio, who presented his research at the annual meeting of the American Academy of Neurology in April, reported that more than eighty percent of the 250 children improved with the treatment. "From a parental standpoint, it means that diaper changing, dressing and cleaning are much simpler," says DiFazio. "In regards to the children, a more mildly affected kid who may be just about to walk or just about to open that hand...are often times able, in conjunction with physical therapy and occupational therapy, to begin to allow that function to occur. We have had children who, just with the institution of botulinum toxin injections, have been able to begin walking and gain significant improvements in upper extremity functioning as well." Although the effect wears off and doctors need to administer the injections every few months, DiFazio says it's a safe method and the fact that it's not permanent means doctors have the flexibility to change the dosage and inject different muscle groups at different times. The study was fully funded by the Walter Reed Army Medical Center. *Source; Lurie, Karen. ScienCentralNews. Making Sense of Science. Botox for Cerebral Palsy. Reporting studies done by Dr. Marc DiFazio of Walter Reed Army Medical Center. www.sciencentral.com/articles/view*

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Life Care Plan

Amir Kumar

Transportation

DOB: Aug 5, 2006

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Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Adapted Van with Wheelchair Lift and Tie Down</i>	Beginning 5 2011	1 X / 5-7 Years	Accessible vehicle once he is transitioned out of the KidKart and into a wheelchair to accommdate transportina.	Per Unit \$50500 - \$56000	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 95
	Ending Life Exp.			Per Year		

NOTE: Trade-in value to be determined by economist. For information purposes, the average cost of a typical family car in the U.S. is \$28,400 (2005 dollars). This should be subtracted from the price of the van.

<i>Adaptive Accessories Maintenance</i>	Beginning 6 2012	1 X / Year	Maintain Equipment	Per Unit	Maintenance on equipment begins one year after each new item is purchased. Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 96
	Ending Life Exp.			Per Year \$300 - \$400		
<i>American Automobile Association Membership</i>	Beginning 1 2/2008	Annual cost	Emergency roadside assistance.	Per Unit	Only recommended post age 21 if Home Care Option chosen.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 97
	Ending Life Exp.			Per Year \$64 - \$96		

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Life Care Plan

Amir Kumar

Architectural Renovation(s)

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D/A: Aug 5, 2006

Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Architectural Renovations	Beginning 5 2011	2 X Only (1 X by age 5; 1 X at age 21 if home care option is chosen)	Accessibility	Per Unit \$50000		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending 21 2027			Per Year		

Modifications/Architectural Renovations, according to Moreo Brothers, includes the following:

Minimal modifications can average \$6,000 - \$10,000. This would include: Roll-in shower, personal shower head with 6' hose, anti-scald device, grab bars, handicap toilet, slip-resistant floor tile and 36" doorway. **More extensive modifications can average \$8,000 - \$14,000.** This would include the above items plus: Enlargement of bathroom size to accommodate wheelchair turning radius (best accomplished if a walk-in closet adjoins the bathroom), roll-under vanity sink with lever or single-pull faucets, lowered mirror over the sink, insulated pipes to prevent leg burns, additional lighting, accessible towel bars, soap dish and toilet paper dispenser. Accessible design that is implemented at the time architectural plans are drawn for a single-family home can be provided in a cost-effective manner that is also aesthetically appropriate. For example, new single-family home blueprints can include 36" doorways with lever handle hardware; support backing placed in the walls of bathrooms for present/future grab bars; low-incline concrete walkways to eliminate steps at the front & rear entries; accessible electrical switches & lighting; curbless, roll-in showers; and other significantly important accessibility features for the existing or potential needs of homeowners. **On average, the cost to build a fully accessible single-family home in the U.S. is approximately 8% - 12% of the total cost of "standard" construction.** Moreo, James, *Moreo Construction*, 8201 W. McNab Road, Tamarac, FL 33321 (954) 718-4449.

An additional source to use, and one which should be used by the economist if no specific house evaluation has been accomplished, is the \$50,000 grant the Department of Veteran's Affairs allows for accessibility requirements for disabled veterans.

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Life Care Plan

Amir Kumar

Leisure Time/Recreational

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Date Prepared: Mar 19, 2008

Primary Disability: Hypoxic Ischemic
Encephalopathy

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Adaptive / Educational Toys</i>	Beginning 1 2/2008	1 X / year to age 16	Education and sensory stimulation	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 99
	Ending 16 2022			Per Year \$250 - \$300		

Growth Trend To Be Determined By Economist.