

Life Care Plan

Brittany Newberry

Projected Evaluations

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Rehabilitation/Long-term Needs Assessment</i>	Beginning 18 8/2008	1 X Only - Already Accomplished	Life care planning	Per Unit \$0	Initial evaluation 8/28/08; completion of evaluation on 10/17/08.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending 18 10/2008			Per Year \$0		

1

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, 2003. Definition established during the 2000 Life Care Planning Summit*)

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. The main avoidable complications requiring careful monitoring and appropriate preventative and treatment programs are: bladder and renal tract complications; constipation or diarrhea; under nutrition; respiratory infections; stress ulceration; deep vein thrombophlebitis; decubitus ulceration; complications of medications and disruption of family dynamics.

<i>Psychological Evaluation</i>	Beginning 19 2/2009	2 X Only	To assess in psychosocial adjustment; and establish baselines.	Per Unit \$120 - \$180	1 X at age 19 to aid in psychosocial adjustment and establish baselines for intervention. \$120-\$180/hour average (\$150/hour) X 5-7 hours for each evaluation = \$750-\$1,050. Repeat evaluation again at age 25.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 25 2015			Per Year \$750 - \$1050		

2

No characteristic pattern of adjustment exists for those with a SCI. Many of those with SCI are able to respond constructively to the enormous stressor with which they are faced. Group and individual psychological treatment, including a cognitive behavioral approach, may be conducive to positive adjustment. Significant depression occasionally occurs and may require pharmacologic intervention. Persons with SCI have an increased risk of death from suicide, particularly in the years immediately following injury. After 10 years, the rate of suicide approaches that of the general population. *Source: Saulino, M., MD, Ph.D., Vaccaro, A., MD. Rehabilitation of Persons with Spinal Cord Injuries. E-Medicine: Common Medical Problems; Functional Rehabilitation; Life in the Community, 12/8/03.*

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<i>Neuropsychological Evaluation</i>	Beginning 18 5/2008	Already Accomplished	To assess learning disabilities and determine best learning methods.	Per Unit \$0 - \$0	Already accomplished; recommendations were provided in Dr. Lanty's report of 5/13/08.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 18 5/2008			Per Year		
<i>Physical Therapy</i>	Beginning 18 12/2008	2 X / year (See below for specific costing information)	Maintain strength and mobility in joints.	Per Unit \$150 - \$250	Costs: 1 X/year included in the yearly SCI clinic follow-ups; 1 X/year eval should be cost out now through age 56; then beginning at age 57, at 41 years out from injury, these costs are included in the twice annual out-patient re-evaluations.	Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year		

2 X / Year. One evaluation per year to be accomplished and costs included within the annual outpatient clinic SCI re-evaluation, through age 56. One evaluation is to be funded yearly through age 56 at a cost of \$150-250/year. Beginning at age 57, when she is 41 years out from her SCI, it is recommended she participate in twice annual outpatient re-evaluations (outlined under Medical Care, Routine). When this begins, both of the PT evaluations will be included in the annual evaluations as noted on the Medical Care, Routine page.

The Veteran's Administration (VA) annual exam for persons with SCI developed its list of 33 preventative procedures from research published by the U.S. Preventive Services Task Force (USPSTF), the Clinical Practice Guidelines published by the Consortium for Spinal Cord Medicine (CSCM), and MEDLINE. These include the following: Sensory and Motor level reflex functions, Skeletal Changes, ADL function changes which can be accomplished through a Physical Therapy evaluation.

<i>Occupational Therapy</i>	Beginning 18 12/2008	1 X / Year	Routine Evaluation	Per Unit \$0	Costs included in the yearly outpatient spinal cord injury re-evaluations.	Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$0		

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Growth Trend To Be Determined By Economist.

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Recreational Therapy</i>	Beginning 18 12/2008	1 X now; then once every 5-7 years to age 65	Leisure pursuits	Per Unit \$250 - \$450	Costs include supplies necessary for start-up.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP and research as noted.
	Ending 65 2055			Per Year		

6

Research has shown that improved fitness and increased physical activity can lead to improved health and function in persons with spinal cord injury (SCI). The research findings suggest that persons with SCI with higher activity levels may be less handicapped by their disability or more able to fulfill roles that might be considered "normal" for that individual. Thus, the relationship between physical activity and reduction of handicap provide evidence to support the development and encouragement of physical activity programs for persons with SCI.

Source: Manns, Patricia J., MSc, PT; Chad, Karen E., Ph.D. Determining the Relation Between Quality of Life, Handicap, Fitness and Physical Activity for Persons With Spinal Cord Injury. Archives of Physical Medicine and Rehabilitation, Volume 80, December 1999.

In the areas of physical medicine and rehabilitation, studies have documented these Recreational Therapy (RT) outcomes: Improved physical health; Reduced complications related to secondary disability; Improved long-term health status and reduced health risk factors; Improved cognitive functioning; Improved psychosocial health and well-being; Reduced reliance on the health care system; Increased life satisfaction; High-quality social relationships; Decreased depression; Increased self-efficacy, self-confidence, and adjustment to disability; Improved self-esteem; Increased ability to use activity to cope with stress from hospitalization/illness; Decreased social isolation; Increased perceived quality of life; Improved community functioning and ability to overcome barriers.

Source: Sorensen, Beth, MS, TRS/CTRS, CCM; Luken, Karen, MS, TRS/CTRS. Improving Functional Outcomes with Recreational Therapy. The Case Manager, September/October 1999, pages 48 – 52.

<i>Vocational Evaluation</i>	Beginning 19 7/2009	1 X Only after completion of transitional living program (anticipate a 4-6 month program, beginning at age 19 2/2009).	Routine assessment. Once only recommended at this time to evaluate status and make recommendations.	Per Unit \$1250 - \$1400	If she does enter college then this will be used as a vocational/educational evaluation and aide her in taking advantage of all the school offers to disabled students.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 19 7/2009			Per Year		

7

Return to paid work is regarded as one of the most important outcomes of reintegration in society following a SCI. It gives people a social status, adds meaning to life, and makes them more financially independent. As the majority of patients with traumatic SCI are relatively young, attention to vocational reintegration is of particular importance.

Source: Schönherr, M., Groothoff, J., Mulder, G., Schoppen, T., & Eisma, W. (2004). Vocational reintegration following spinal cord injury: expectation, participation and interventions. Spinal Cord, 42, 177-184.

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Nutritional Evaluation	Beginning 18 12/2008	1 X / Year	Routine assessment for proper care	Per Unit \$0 - \$0	Included in annual SCI re-evaluation.	Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$0 - \$0		

8

The Veteran's Administration (VA) annual exam for persons with SCI developed its list of 33 preventative procedures from research published by the U.S. Preventive Services Task Force (USPSTF), the Clinical Practice Guidelines published by the Consortium for Spinal Cord Medicine (CSCM), and MEDLINE. These include Dietary and Nutritional Assessment.

The importance of a nutritional diet in the prevention of cardiovascular disease, cancer and other chronic diseases has been well documented in the literature. A number of issues related to SCI including neurogenic bowel management, the functional implications of being overweight, abnormalities of glucose metabolism and cardiovascular disease risk reinforce the importance of this topic. A survey of long-term SCI survivors found that their food intake differed nutritionally from that of the general population as well as from optimal dietary standards. Nutritional assessment and counseling should be routinely incorporated into the clinical follow-up approach to the aging SCI population. Patients should be encouraged to maintain a heart-healthy diet with low saturated fat and cholesterol. Weight control should be promoted and incorporated into nutritional counseling. Exercise and a general increase in physical activity should be encouraged.

Source: Lammertse, Daniel P., MD, Maintaining Health Long-Term with SCI, Topics in SCI Injury Rehabilitation 2001;6(3):1-21, Thomas Land Publishers, Winter 2001.

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Adapted Vehicle - Handicapped Driver Evaluation	Beginning	1 X / 5-7 Years (Initiated post discharge from transitional living facility program)	To evaluate for proper van and adaptations.	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP and research as noted.
	19 7/2009			\$460 - \$900		
	Ending			Per Year		
	Life Exp.					9

A Driver Rehabilitation Therapist (DRT) will perform a specific evaluation in each area that is necessary to determine if the person has the potential to drive. The DRT should be educated, experienced and qualified in assessing all necessary areas through clinical tests, hands-on evaluation and observation in-vehicle. The following areas would be considered during the evaluation, depending on the client's diagnoses: (1) *Physical Functioning*, including range of motion, muscle strength, coordination, trunk balance/mobility and sensation; (2) *Visual Functioning*, including visual acuity, eye range of motion (ROM), peripheral fields, depth perception, visual efficiency and abnormal eye motions; (3) *Perceptual Functioning*, including figure ground, visual discrimination, spatial relations, form constancy, visual memory and visual closure; (4) *Cognitive Functioning*, including response time, judgment, decision-making, concentration, attention span, memory, problem solving, selective and divided attention; (5) *Communication Skills*, including written and verbal as related to driving performance; and (6) *Social Skills*, including emotional and behavioral as related to driving performance.

Source: Susan L. Pierce, OTR, CDRS, Chapter 6C, A Comprehensive Approach to Transportation Assessment, Guide to Rehabilitation, AHAB Press, 8/1999, White Plains, NY.

Driving Evaluation: "A driving specialist should make all recommendations for specific driving equipment. Van evaluations should not be completed until the power wheelchair has been ordered."

Ackerman, P., Kedersha, K., & Vliet, N. (2002). Every step of the way: Care management of the patient with a spinal cord injury. CareManagement, Volume 8, Number 3. June 2002. pp. 23-27.

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Adapted Vehicle Final Inspection</i>	Beginning 19 7/2009	1 X / 5-7 Years (Starting with a Driving Adapted Van).	To inspect finished, adapted van (Brittany currently has a transport van).	Per Unit \$500	Vehicles with adaptations should be inspected by an outside source (other than the modifying contractor) to make sure appropriate adaptations were done. This is accomplished by a specially-trained Occupational Therapist.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		

10

The final vehicle inspection is an extremely important step in the process and should never be eliminated. This inspection is as important as the initial evaluation and prescription. Generally, the inspection is performed by the DRT, who is aware of the prescription (Rx) and details of all items specified for this individual. In addition, the DRT must be familiar with any manufacturer's specifications or industry standards that apply to the Rx. The inspection must involve more than a look at the cosmetic features of the vehicle and equipment. The Final Vehicle Inspection will insure that all items on the Rx have been completed and installed properly and are in working order and performance; insures that all items have been fitted for or to the particular client, and insures that the client and family have been educated as needed.

Source: Susan L. Pierce, OTR, CDRS, Chapter 6C, A Comprehensive Approach to Transportation Assessment, Guide to Rehabilitation, AHAB Press, 8/1999, White Plains, NY.

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Individual Counseling</i>	Beginning 18 12/2008	1 series now; 1 series at age 25; then supportive through life.	Aid in psychosocial adjustment	Per Unit \$120 - \$130	1X/week for 13-26 weeks now and at age 25 (\$1,625-\$3,250 each); then 4-6 X / year to life for supportive intervention \$500-\$750 /year. (Based on \$125 /session average)	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending Life Exp.			Per Year		

11

No characteristic pattern of adjustment exists for those with a SCI. Many of those with SCI are able to respond constructively to the enormous stressor with which they are faced. Group and individual psychological treatment, including a cognitive behavioral approach, may be conducive to positive adjustment. Significant depression occasionally occurs and may require pharmacologic intervention. Persons with SCI have an increased risk of death from suicide, particularly in the years immediately following injury. After 10 years, the rate of suicide approaches that of the general population. *Source: Saulino, M., MD, Ph.D., Vaccaro, A., MD. Rehabilitation of Persons with Spinal Cord Injuries. E-Medicine: Common Medical Problems; Functional Rehabilitation; Life in the Community, 12/8/03.*

<i>Family Counseling & Education</i>	Beginning 18 12/2008	1 X / week for 5-10 weeks (5-10 sessions)	Aid in psychosocial adjustment and adaptation to disability.	Per Unit \$120 - \$130	Based on \$125 /session average	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 19 2/2009			Per Year \$625 - \$1250		

12

Educate family on issues dealing with spinal cord injury and disability management. *Topics in Spinal Cord Injury Rehabilitation / Fall 1997, M.J. Mulcahey and Randal R. Betz).*

<i>Transitional Living Program - Accessible Solutions (Scheduled opening 2/2009)</i>	Beginning 19 2/2009	Anticipate a 4-5 month transitional living program (120-150 days)	Transitional living - to increase independence in ADL'S. This will not eliminate the need for caregivers but will add to the control she has over her environment.	Per Unit \$965	\$115,800 - \$144,750/year. Brittany was unable to participate fully in SCI rehabilitation during her time at Shepherd due to her inability to sit upright and other complications. \$965/day.	Andrea Zotovas, MD, Consulting Physiatrist
	Ending 19 7/2009			Per Year		

13

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Physical Therapy - Long Term</i>	Beginning 19 8/2009	Daily ROM exercises by attendant/nursing staff, with 4-6 visits per year for staff training.	Range of motion; strengthening. (To begin after discharge from Transitional Living Program).	Per Unit \$150 - \$250	4-6 times per year for staff training largely due to turnover. Costs for daily ROM included in attendant program services with 1 X / year evaluations. (Based on \$200/session)	Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$800 - \$1200		

14

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<i>Occupational Therapy - Long Term</i>	Beginning 19 12/2009	Daily OT included in care by attendant/nursing staff.	Enhance independence; recommend new equipment.	Per Unit \$0 - \$0	Costs included in nursing services with 1 X / year evaluations.	Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$0 - \$0		
<i>Career Guidance & Counseling</i>	Beginning 19 7/2009	3 series of programs between 19 7/2009 & age 45 . 1st program 3X/wk for 7-10 wks; then 10 sessions each for remaining 2.	Enhance vocational potential and options	Per Unit \$79	3 X / week @ \$79/visit [2 hours / visit] = \$474/week X 7-10 weeks = \$3,318 - \$4,740.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending 45 2035			Per Year		

15

16

Growth Trend To Be Determined By Economist.

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Diagnostic/Educational Testing

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Vocational/Technical Program</i>	Beginning 19 8/2009	1 X Only - Anticipated to begin upon completion of Transitional Living Program.	Enhance vocational potentials and options.	Per Unit \$6603	Books and supplies allowance for three years of study for a two year program: \$4,456 for tuition; \$25 application fee (1 X Only); Books/Supplies average: \$2,122 . Total: \$6,603.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 22 6/2012			Per Year		

Additional time is allotted for completion of a two-year vocational program.

Dr. Devon Lanty, in his neuropsychological evaluation report (5/6/08; 5/13/08 evaluations) indicated Brittany appeared to be making adequate progress at the high school level, but her scores on measures of new learning suggested she would have marked difficulties at the college level. He opined she would perform more effectively within a vocational-like program.

<i>Tutoring for Vocational or Technical Program (To begin upon completion of Transitional Living Program)</i>	Beginning 19 8/2009	2 X / week for 36 weeks per year for three years. (72 hours per year, X 3 years = 216 hours.	Educational supports	Per Unit \$45 - \$50	1 X testing and enrollment fee: \$175-\$300; then \$45-\$50/hour.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 22 6/2012			Per Year \$9720 - \$10800		

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Life Care Plan

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Wheelchair Needs

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Manual Wheelchair</i>	Beginning 18 12/2008	1 X / 5-7 Years (Frequency of replacement reflects anticipated usage)	Mobility	Per Unit \$5010 - \$6021	Mobility unit and as a back-up to power chair. Current chair is an off-the-shelf stock chair in poor condition and not appropriate.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Power Wheelchair - Quantum 600</i>	Beginning 15 10/2005	1 X / 4-6 Years	Mobility	Per Unit \$24078	Reflects actual purchase price and purchase date.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Roll-In Shower Wheelchair</i>	Beginning 15 10/2005	1 X / 5-7 Years	Aid in bathing	Per Unit \$1495 - \$2395	Reflects actual purchase date and estimated purchase price.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		

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Wheelchair Accessories and Maintenance

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Manual Wheelchair Maintenance</i>	Beginning 19 12/2009	1 X / 2 Years	Maintain equipment	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$551 - \$662		
						22
<i>Power Wheelchair Maintenance</i>	Beginning 18 12/2008	1 X / Year	Maintain equipment	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$2400 - \$2889		
						23

Wheelchair Maintenance is estimated at 10%-12% per year. (Source: Midwest Association of Medical Equipment Services, Roni Burns 10/06, 651-351-5395)

Additional Maintenance Cost 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).

<i>Shower Wheelchair Maintenance</i>	Beginning 18 12/2008	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
	Ending Life Exp.			Per Year \$195 - \$233		
						24

Wheelchair Maintenance is estimated at 10%-12% per year. (Source: Midwest Association of Medical Equipment Services, Roni Burns 10/06, 651-351-5395)

Additional Maintenance Cost 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).

<i>Power Chair Battery (2)</i>	Beginning 18 12/2008	Included in annual maintenance fee	To power the chair	Per Unit \$0 - \$0		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$0 - \$0		
						25

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Battery Charger</i>	Beginning 18 12/2008	Included in power chair	Maintain batteries	Per Unit \$0 - \$0		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$0 - \$0		
<i>Battery Charger - Portable (Lightweight)</i>	Beginning 18 12/2008	1 X / 5-7 Years	Maintain batteries	Per Unit \$347 - \$354		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Wheelchair Cushions (2)</i>	Beginning 18 12/2008	1 X / 2 Years	Prevention of skin breakdown	Per Unit \$449 - \$469		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Shower Wheelchair Cushion</i>	Beginning 18 12/2008	1 X / 2 Years	Prevention of skin breakdown when using shower chair.	Per Unit \$409	Designed to fit shower chair.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Wheelchair Cushion Covers (2)</i>	Beginning 18 12/2008	1 X / 2 Years	Cushion covers for cushions that prevent skin breakdown.	Per Unit \$35 - \$45	Covers are required to protect the life of the cushion. \$35-\$45/2 years.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		

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<i>Backpack</i>	Beginning 18 12/2008	1 X / 2-3 Years	Convenience in carrying personal items.	Per Unit \$50 - \$55		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
						31
<i>Transfer Board (2)</i>	Beginning 18 12/2008	1 X / 2-3 Years	Aid in transferring.	Per Unit \$54 - \$60	Transfer boards provide ease in moving from chair to bed, etc. Unit cost is for one board.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
						32

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Life Care Plan

Brittany Newberry

Orthotics/Prosthetics

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Orthotics - Elbow Brace</i>	Beginning 18 5/2008	1 X / 2-3 Years	Enhance independence	Per Unit \$754.38	Represents actual purchase date and price. (Mackie Ortho Innovations)	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview.
	Ending Life Exp.			Per Year		

33

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Life Care Plan

Brittany Newberry

Home Furnishings and Accessories

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Power Home Bed (Full Electric)</i>	Beginning 18 12/2008	1 X / 10 Years (To begin at an older age)	Positioning and support	Per Unit \$2062 - \$2295		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP & A. Zotovas, MD, Consulting PM & R.
	Ending Life Exp.			Per Year		
<i>Power Bed Maintenance</i>	Beginning 19 12/2009	1 X / 1-2 Years	Maintain equipment	Per Unit \$227 - \$273	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>No-Turn Air Mattress (Lo-Air Loss)</i>	Beginning 18 12/2008	1 X / 4-6 Years	Skin care	Per Unit \$3787 - \$3987		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Hand Held Shower</i>	Beginning 18 12/2008	1 X / 5 - 7 Years	Enhance Independence	Per Unit \$30 - \$45		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Hoyer Lift</i>	Beginning 18 12/2008	1 X / 10 - 15 Years	Ease in transferring	Per Unit \$2487 - \$2520		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Home Furnishings and Accessories

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Hoyer Lift Slings (2)</i>	Beginning 18 12/2008	1 X / 2-4 Years	Replacement Slings	Per Unit \$110 - \$174	Slings are not included in initial purchase price.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Overbed Table</i>	Beginning 18 12/2008	1 X / 10 - 15 Years	Work and Activity Site	Per Unit \$211 - \$216		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Portable Ramps - Suitcase (Small)</i>	Beginning 18 12/2008	1 X / 10 Years	Enhance Independence	Per Unit \$265 - \$315	Changes in technology and materials indicate a replacement periodically.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Stander - EVOLV</i>	Beginning 18 3/2008	1 X / 10 Years	Enhance Independence	Per Unit \$4234	Reflects actual date of purchase and purchase price.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Home Furnishings and Accessories

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Stander - EVOLV - Maintenance</i>	Beginning 19 3/2009	1 X / 1-2 Years	Maintain equipment	Per Unit \$150 - \$434		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		

43

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Life Care Plan

Brittany Newberry

Aids for Independent Function

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Adaptive Clothing Allowance</i>	Beginning 18 12/2008	Yearly allowance	Aid in dressing	Per Unit	2008 Rate based on Department of Veterans Affairs allowance. Rate is changed every August.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$677		
<i>Environmental Control Unit</i>	Beginning 18 12/2008	1 X / 3-5 Years to age 70, then every 6-8 years.	Enhance independence	Per Unit \$7200 - \$8995		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		
<i>Maintain/Upgrade Environmental Control Unit</i>	Beginning 19 12/2009	1 X / Year	Maintain and/or Upgrade equipment	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$250 - \$350		
<i>Aids for Independent Function</i>	Beginning 18 12/2008	See Comment	Independence	Per Unit \$31	Leg straps (to pull legs up): \$2/month, prorated; Bed Ladder: \$1/month, prorated; Adapted Forks/Spoons: \$7/month, prorated 1X/4 yrs. Dycem Rolls: \$10/month, prorated; ADL Cuffs: \$6/month, prorated; ADL Cups and Plates: \$5/month, prorated-2X/year.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$372		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Supplies

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Supplies for ADLs and Bowel and Bladder</i>	Beginning	Yearly totals. (See note for monthly cost breakdown.)	Supplies	Per Unit	Actual costs based on prorated usage.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	18 12/2008			\$395 - \$400		
	Ending			Per Year		
	Life Exp.			\$4740 - \$4800		48

Surgilube: 4 oz. 1-2 per month: \$5-\$10/month; Gloves: 4 pair/day: \$7/Month; Sterile Water (48 bottles per case) 1 X / 6 months: \$7/month, prorated; Night Bags 1 X / week: \$10 each, \$43/month, prorated; Extension Tubing 1 X / week: \$17/month, prorated; Leg Bags every other day: \$105/month, prorated; Insertion Tray (Bard): \$16/month, prorated; Fiket Catheter: \$52/month; Pullups Medline "Dignity" 1/day: \$27/month, prorated; Underpads (Washable) 1 every 2 months: \$8/month, prorated; Chux Underpads (Disposable) 1 pack/week, 4/month: \$40/month, prorated; No Rinse Bodywash: 1/month; \$7/month; A & D Ointment, 1 large tub/2 months: \$6/month, prorated; Extra Garbage Bags: \$5/month; Baby Wipes 1 box every 3-4 days: \$50/month, prorated.

<i>Miscellaneous Supplies - Skin and Daily Care</i>	Beginning	Yearly costs given.	Daily Care	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	18 12/2008			\$13		
	Ending			Per Year		
	Life Exp.			\$156		49

Supplies Needed:

Positioning Pillows \$50/2 years (\$2/Month); Air Freshener \$3/month; Band-Aids (for bumping of upper and lower extremities) \$3/Month; Antibiotic cream (for skin abrasions) \$6/2 months; Flexible Drinking Straws: \$2/month. Total Monthly: \$13 /month, or \$156 /year.

<i>Skin Inspection Mirrors (2)</i>	Beginning	1 X / Year	Inspect Skin for Pressure Ulcers	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	18 12/2008			\$12		
	Ending			Per Year		
	Life Exp.			\$24		50

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Medications

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Routine Pharmaceuticals</i>	Beginning 18 12/2008	Yearly totals for current prescriptions.	Care	Per Unit \$1220	There is no allowance factored in for antibiotic usage for infections, etc. Should IV antibiotics be needed, costs could be \$1,000-\$3,000 per episode. Typical oral antibiotics range from \$45-\$100 per Rx.	As prescribed by treating physicians.
	Ending Life Exp.			Per Year \$14640		

51

Medications include: Reglan 5 mg 4/day: \$103/month; Adderall XR 30 mg & 20 mg tablets, 1/day of each: \$150 + \$150 = \$300/month; Tizanidize 4 mg 1/night: \$27/month; Nexium 40 mg 1/day: \$155/month; Wellbutrin 300 mg 1/day: \$130/month; Fioricet 1-2 tablets per month: \$50/year / 12 = \$4/month prorated; Oxytrol 3.9 mg patch, twice per week: \$123/month; Xyzal 5 mg 1/day: \$83/month; Coumadin 7.5 mg 1/day: \$54/month; Zoloft 100 mg 1/day: \$105/month; Kenalog Spray: \$66/year / 12 = \$6/month; Hiprex 1 gm 2/day: \$130/month.

<i>Over-The-Counter Pharmaceuticals</i>	Beginning 18 12/2008	Yearly totals for current consumption.	Care	Per Unit \$22 - \$24	Magnesium: \$3/month Nystatin Powder: \$8/month Magic Bullet Suppository: \$11-\$13/month	As recommended by treating physicians.
	Ending Life Exp.			Per Year \$264 - \$288		

52

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Life Care Plan

Brittany Newberry

Home Care / Facility Care

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Option #1: Private Hire Attendant Care Services</i>	Beginning 18 12/2008	24 hours per day	Care - Activities of Daily Living	Per Unit \$13.75	Economist to back out this care during Brittany's stay at Accessible Solutions.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$120450		

53

The term "privately-hired" indicates that one hires the caregiver staff directly without the assistance of a home health agency. This is sometimes a less costly alternative, but it is more time intensive. To privately hire a caregiver staff one must advertise, interview, solicit background checks and maintain payroll and accounting. An additional 25% factor must be added to the hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting/administrative costs. In order to assist in finding appropriate candidates and maintaining a proper schedule for the caregivers, additional case management will be required, as outlined below. Certified Nurse Aides in Brittany's geographic area earn a Mean wage of \$11 /hour. Add to that the 25% factor = \$13.75/hour.

<i>Option #1: Private Hire LPN Supervisory Visit</i>	Beginning 18 12/2008	1 visit per day, 2 hours each visit.	Medication set ups, skilled supervisory visits; bowel and bladder programming.	Per Unit \$22.7	(\$45.40/day X 7 days = \$318/week X 52 weeks = \$16,526/year.) Economist to back out this care during her stay at Accessible Solutions.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$16526		

54

The term "privately-hired" indicates that one hires the caregiver staff directly without the assistance of a home health agency. This is sometimes a less costly alternative, but it is more time intensive. To privately hire a caregiver staff one must advertise, interview, solicit background checks and maintain payroll and accounting. An additional 25% factor must be added to the hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting/administrative costs. In order to assist in finding appropriate candidates and maintaining a proper schedule for the caregivers, additional case management will be required, as outlined below. Certified LPNs in Brittany's geographic area earn a Mean wage of \$18.16/hour. Add to that the 25% factor = \$22.70/hour.

<i>Option #1: Private Hire Case Management Services</i>	Beginning 18 12/2008	8-10 hours per month to monitor and implement the Private Hire schedules and oversight of Plan.	Coordinate care and services; implement the Life Care Plan	Per Unit \$79 - \$98	Average of \$89/hour.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$8544 - \$10680		

55

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Home Care / Facility Care

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Option #1: Private Hire Housekeeping</i>	Beginning 19 8/2009	Every other week service to supplement what home health aides will provide	Regular Service (Initiated upon move to her own home)	Per Unit \$80		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$2080		
<i>Option #2: Agency Hire Attendant Care Services</i>	Beginning 18 12/2008	24 hours per day	Care - Activities of Daily Living	Per Unit \$16 - \$24	\$140,160 - \$210,240/year. Economist to back out this care during her stay at Accessible Solutions.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		

The term "agency hired" refers to soliciting the services of a home health agency to provide a staff of caregivers. Hiring an agency is typically more expensive; however, they handle all of the interviewing, screening, maintenance of staff and accounting. One of the benefits of hiring an agency to provide a caregiver staff is that it is their responsibility to provide a replacement for regular staff in case of illness or inability to present to work.

<i>Option #2: Agency Hire LPN Supervisory Visits</i>	Beginning 18 12/2008	1 visit per day	Medication set ups, skilled supervisory visits; bowel and bladder programming.	Per Unit \$55 - \$80	\$55-\$80/visit X 7 days = \$385-\$560/week = \$20,020 - \$29,120/year. Economist to back out this care during her stay at Accessible Solutions.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$20020 - \$29120		

The term "agency hired" refers to soliciting the services of a home health agency to provide a staff of caregivers. Hiring an agency is typically more expensive; however, they handle all of the interviewing, screening, maintenance of staff and accounting. One of the benefits of hiring an agency to provide a caregiver staff is that it is their responsibility to provide a replacement for regular staff in case of illness or inability to present to work.

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Life Care Plan

Brittany Newberry

Home Care / Facility Care

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Option #2: Agency Hire Case Management Services</i>	Beginning 18 12/2008	3-4 hours per month	Coordinate care and services; implement the Life Care Plan	Per Unit \$79 - \$98	Average of \$89/hour.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$3204 - \$4272		
<i>Option #2: Agency Hire Housecleaning</i>	Beginning 19 8/2009	Every other week service to supplement what the caregiver provides.	Regular Service (Initiated upon move to her own home)	Per Unit \$80		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$2080		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Future Medical Care Routine

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Out-Patient Spinal Cord Injury Re-evaluation @ Shepherd Center Atlanta, GA (4-day evaluation)	Beginning	1 X / Year through age 65, then 2 X / year as age combines with disability.	Routine re-evaluations @ a Model Systems Center Program, to decrease complications.	Per Unit	Transportation to/from Atlanta for Brittany and her attendant: \$375-\$434 per person (total round trip \$750-\$868); Hotel 5 days: \$825-\$1,000; Food/Misc. per diem: \$750-\$1,000. Total expenses: \$2,325-\$2,868 for one trip.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP, guidelines as noted.
	18 12/2008			\$7000		
	Ending			Per Year		
	Life Exp.					61

According to data collected by the National Spinal Cord Injury Statistical Center (NSCISC) at the University of Alabama in Birmingham, individuals who are involved with a model systems program (established in the 1970's by the National Institute of Rehabilitation and Research) experience great functional ability at discharge. *Mattson-Prince, J. (1997). A rational approach to long-term care: comparing the independent living model with agency-based care for persons with high spinal cord injuries. Spinal Cord, 35, 326-331.*

The Veteran's Administration (VA) annual exam for persons with SCI developed its list of 33 preventative procedures from research published by the U.S. Preventive Services Task Force (USPSTF), the Clinical Practice Guidelines published by the Consortium for Spinal Cord Medicine (CSCM), and MEDLINE. These include the following: **Medical History and Physical Exam** including Sensory and Motor level reflex functions, Skeletal Changes, ADL function changes, Skin Integrity, Cardiovascular assessment, Pulmonary Function; **Urinary testing** such as: Creatinine clearance, Renal Sonogram, Renal Scan (CT), IVP, Cystoscopy with biopsy, and Urodynamics; **General Medical Tests** including Chest X-ray, Electrocardiogram for asymptomatic coronary heart disease, CBC and Chemical Profile (including lipids), Urinalysis and Culture/Sensitivity to include acid phosphates/prostatic specific antigen for patients over age 40, Rectosigmoidoscopy (over age 40), or colonoscopy when indicated, Abdominal sonogram; **Functional and Other Evaluations** to include: Psychosocial Assessment, Vocational Rehabilitation, Sexuality, Rehabilitation evaluation to include changes due to aging, Dietary and Nutritional Assessment.

Itemized Charges May Include: Outpatient charge for facility, PM & R, Urology, PT/OT, Rec. Therapy; Rec. Therapy; and Nursing, as well as prorated cost for Seating Evaluation [evaluation done every 5 years]; Assistive Tech, Rehab Engineering Eval.; Pressure Mapping. Additional: Diagnostics and Testing: Urodynamics \$1,301 to \$1,927; Renal Scan \$761; Renal Ultrasound: \$544-\$651; Pulmonary Function \$400; LABS: Comprehensive Metabolic Panel: \$68-\$87, Creatinine: \$29-\$37; UA: \$23-\$28; EKG: \$88-\$106; X-Rays Chest and Long Bone: \$142-\$184 each X; Spine X-ray: \$110/section. **Anticipate approximately \$7,000 as outlined by Shepherd Center as average outpatient visit charge. [Not all of the above diagnostics are done with every clinic visit]. MRI and CT Scans are not included in the cost range. (MRI/CT Scans of C-Spine are itemized in a later item).**

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Future Medical Care Routine

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Physiatry Evaluation/Follow-up</i>	Beginning 18 12/2008	2 X / Year	Routine Care	Per Unit \$100 - \$250	See also the routine Spinal Cord Injury re-evaluations.	Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$200 - \$500		

62

The Veteran's Administration (VA) annual exam for persons with SCI developed its list of 33 preventative procedures from research published by the U.S. Preventive Services Task Force (USPSTF), the Clinical Practice Guidelines published by the Consortium for Spinal Cord Medicine (CSCM), and MEDLINE. These include the following: **Medical History and Physical Exam** including Sensory and Motor level reflex functions, Skeletal Changes, ADL function changes, Skin Integrity, Cardiovascular assessment, Pulmonary Function; **Urinary testing** such as: Creatinine clearance, Renal Sonogram, Renal Scan (CT), IVP, Cystoscopy with biopsy, and Urodynamics; **General Medical Tests** including Chest X-ray, Electrocardiogram for asymptomatic coronary heart disease, CBC and Chemical Profile (including lipids), Urinalysis and Culture/Sensitivity to include acid phosphates/prostatic specific antigen for patients over age 40, Rectosigmoidoscopy (over age 40), or colonoscopy when indicated, Abdominal sonogram; **Functional and Other Evaluations** to include: Psychosocial Assessment, Vocational Rehabilitation, Sexuality, Rehabilitation evaluation to include changes due to aging, Dietary and Nutritional Assessment.

<i>General Medical</i>	Beginning 18 12/2008	1-2 X / Year in addition to what is typically required.	Routine Care	Per Unit \$50 - \$120		Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$85 - \$170		

63

The Veteran's Administration (VA) annual exam for persons with SCI developed its list of 33 preventative procedures from research published by the U.S. Preventive Services Task Force (USPSTF), the Clinical Practice Guidelines published by the Consortium for Spinal Cord Medicine (CSCM), and MEDLINE. These include General Medical Evaluations.

Life Care Plan

Brittany Newberry

Future Medical Care Routine

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Urology	Beginning 18 12/2008	2 X / Year	Routine Care for neurogenic bladder and suprapubic catheterization.	Per Unit \$50 - \$150	See also the routine Spinal Cord Injury re-evaluations.	Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$100 - \$300		

64

Urinary Follow-up and Testing: The Veteran's Administration (VA) annual exam for persons with SCI developed its list of 33 preventative procedures from research published by the U.S. Preventive Services Task Force (USPSTF), the Clinical Practice Guidelines published by the Consortium for Spinal Cord Medicine (CSCM), and MEDLINE. These include Urinary follow-up.

Diagnostics	Beginning 18 12/2008	See Note	Routine Care to Decrease Complications	Per Unit		Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$859 - \$1004		

65

Lab Testing (Urinary and General): The Veteran's Administration (VA) annual exam for persons with SCI developed its list of 33 preventative procedures from research published by the U.S. Preventive Services Task Force (USPSTF), the Clinical Practice Guidelines published by the Consortium for Spinal Cord Medicine (CSCM), and MEDLINE. These include the following: **Urinary testing** such as: Creatinine clearance, Renal Sonogram, Renal Scan (CT), IVP, Cystoscopy with biopsy, and Urodynamics; **General Medical Tests** including Chest X-ray, Electrocardiogram for asymptomatic coronary heart disease, CBC and Chemical Profile (including lipids), Urinalysis and Culture/Sensitivity to include acid phosphates/prostatic specific antigen for patients over age 40, Rectosigmoidoscopy (over age 40), or colonoscopy when indicated.

Renal Ultrasound; Renal Scan: (these two done alternating years and are included in the SCI re-evaluation); Cystoscopy - included in SCI re-evaluation; X-Ray: Included in SCI re-evaluation; Pneumonia Immunization (1 X / year): \$35-\$40/yr.; Influenza injections yearly: \$20-\$22; UA: \$15 - \$18 (4/yr) = \$60-\$72/Year [routine]; Culture/Sensitivity @ \$64, 4/yr. = \$256/year [routine]; CBC @ \$50, 1/year [routine]; Comp. Metabolic Panel 1/yr. @\$62 /year [routine]; VP Shunt Series: \$376-\$502/year. Total: \$859-\$1004/year.

MRI	Beginning 18 12/2008	3 X over life.	Monitor status and check for syringomyelia	Per Unit \$1540 - \$3245		Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year		

66

Growth Trend To Be Determined By Economist.

Life Care Plan

Brittany Newberry

Future Medical Care Routine

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Podiatry Treatment</i>	Beginning 18 12/2008	6-8 X / Year	Routine Care	Per Unit \$40 - \$100	Based on an average of \$70 /visit.	Andrea Zotovas, MD, Consulting Physiatrist & Guidelines as noted.
	Ending Life Exp.			Per Year \$420 - \$560		

67

Foot conditions considered to be trivial can become life threatening in some patients with SCI. Neurological events associated with an ingrown toenail, for example, can threaten life and become the causative factor in inducing a hypertensive crisis in patients who experience autonomic dysreflexia (AD). AD is a syndrome unique to patients with SCI at or above the level of T6 once spinal shock has worn off. There is dysfunction of the autonomic nervous system, which is caused by simultaneous sympathetic and parasympathetic activity. This neurological disorder produces an immediate increase in blood pressure in response to noxious stimuli below the level of the lesion, which can lead to a CVA and death during an attack.

Onychocryptosis (ingrown toenail) is well documented as a triggering factor in almost all the literature. After the main triggers for AD, ingrown nails were the highest reported uncommon cause. A far greater percentage of the SCI population have ingrown nails as compared to the non SCI population. Other causes of referrals to podiatry for the SCI included overgrown nails, septic toes, localized infection and paronychia (inflammation involving the folds of tissue surrounding the nail).

Treatment for AD is a multifactoril approach. Appropriate bowel and bladder programs, together with meticulous skin care are a high priority in management to prevent AD. Appropriate skin and wound care to prevent noxious stimuli should be sought by the patient, and SCI units do encourage the use of podiatrists (Freestone, 1996). SCI patients are encouraged to use a podiatrist and to seek meticulous skin care. Overgrown toenails, infection, hemorrhage as a result of treatment, an unusually high incidence of ingrown toenails and associated problems resulting from the use of local anesthetic, make this patient group one of special concern to the podiatrist.

Sources:

- * Brad, R.I.P., Rocco, J.F. (1991): Autonomic Dysreflexia. A survey of current treatment. AMJ Phys Med Rehab. 70 (5) pp. 234-41.
- * Comar, A.E. (1984): Autonomic Dysreflexia (Hyperreflexia). Paraplegia Society, 7, pp. 53-7.
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- * Lindan, R. Joiner, E. Freehafer, A.A. Hazel, C. (1980): Incidence and clinical features of autonomic dysreflexia in patients with SCI. Paraplegia. 18, pp. 285-92.
- * McClain, W. A., Shields, C.P. Sixsmith, D.M.

Clinical Practice Guideline: Spinal Cord Medicine: Acute Management of Autonomic Dysreflexia: Adults with SCI Presenting to Health-Care Facilities. Consortium for Spinal Cord Medicine. 1997, Paralyzed Veterans of America. Some of the more common causes of Autonomic Dysreflexia (AD) include: Pressure Ulcers, Ingrown Toenail, Blisters, Constrictive clothing, shoes or appliances. Because of the loss of sensation, individuals with SCI can have significant pathology with minimal symptoms. These may include problems such as acute abdominal pathology, long bone fractures and ingrown toenails (Brad and Rocco, 1991).

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Life Care Plan

Brittany Newberry

Future Medical Care Routine

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Neurosurgeon Follow-Up</i>	Beginning 18 12/2008	1 X / Year	Routine Care and follow-up related to the VP shunt.	Per Unit		Andrea Zotovas, MD, Consulting Physiatrist
	Ending Life Exp.			Per Year \$113 - \$242		

68

While it is certainly not the most glamorous neurosurgical operation, shunting is one of the basic neurosurgical procedures, and also has the highest failure rate. It has a relatively high complication rate and is probably the most common operation, which has to be redone for either malfunction or infection. These patients will require close follow-up to recognize at an early stage some of the complications of shunting, and to pick up on subtle signs of shunt dysfunction. A close working relationship needs to exist between the neurosurgeon and the families, as well as the PCP, to provide the best comprehensive evaluation of a shunt problem and recognize at an early stage.

Once a VP shunt is working properly, very close follow-up is needed, since a patient may develop subtle signs of decompensated hydrocephalus with change in behavior patterns, a falloff in school performance, so that careful CT, neurologic and neuropsychologic follow up is mandatory.

In most cases of shunt malfunction, the diagnosis is obvious because of the overt signs of elevated intracranial pressure, including headaches, vomiting and lethargy. This mode of presentation occurs in approximately 70% of shunted patients. The other 30%, however, may present with more subtle signs of deterioration, with neuropsychologic, cognitive and behavioral symptoms heralding their shunt dysfunction. When a shunt malfunction is suspected, the first step is to determine the site of the malfunction. Workup should begin with a CT scan or MRI scan to compare the ventricular size and show the most definitive signs of a malfunction: interval enlargement of the ventricles. A shunt series should also be done to look for continuity of the shunt, optimal placement of the shunt catheter or a distal shunt problem such as a short distal shunt. Most cases of shunt malfunction are due to occlusion of the proximal ventricular catheter. In these instances palpation of the shunt will show a valve that is slow to refill, or does not refill at all coupled with an imaging scan which shows ventricles large enough so that if the shunt were working properly, the valve should have refilled promptly.

Infection is an important cause of shunt malfunction. In cases where a suspected distal malfunction is present, the majority of this type of malfunction is due to a shunt infection (32). A preoperative CSF specimen from a shunt tap should be obtained to exclude this possibility. During shunt revisions an important principle is that the entire shunt system should be prepared and draped at the time of surgery, since unknown factors may become apparent in the course of a revision. The more proximal system can be tested by insuring free flow of CSF, whereas the more distal system can be tested by runoff using a manometer.

The treatment of shunt infections is somewhat controversial (21, 28, 32, 36, 41, 53). The gold standard treatment is to remove all of the shunt hardware system, and treat with appropriate antibiotics. Approximately 10 days later, a new shunt system can be placed. While the patient is on the systemic antibiotics, a temporary ventriculostomy may be necessary to control the hydrocephalus. Once the infection is cleared, we will place the new VP shunt in the same site, unless there are skin abnormalities which would necessitate placing the shunt on the opposite side. After a shunt has been externalized for approximately 7 days, and CSF cultures have cleared, then a completely new VP shunt is placed, and antibiotics are continued for an additional two days. The antibiotics can then be discontinued.

Source: Fried, Arno H., M.D., Epstein, Mel H., M.D. Childhood Hydrocephalus: Clinical Features, Treatment, and the Slit-Ventricle Syndrome. Treatment of Hydrocephalus: Shunts. <http://virtualtrials.com/shunts.cfm>

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Life Care Plan

Brittany Newberry

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Shunt Revision - For Information Only</i>	Beginning To be det.	Information Only		Per Unit	Unable to determine frequency with which this may occur. Physician Fees: \$5,878-\$7,874 (2007 data); Facility Fees: \$24,698-\$43,380 (2006 data); Anesthesia: \$2,200-\$3,300 (2007 data).	Andrea Zotovas, MD, Consulting Physiatrist
	Ending Life Exp.			Per Year		
						69
<i>Suprapubic Catheter Revision - For Information Only</i>	Beginning To be det.	Information Only	Revision of stoma	Per Unit	Facility Fees: \$17,254-\$25,734 (2006 data); Physician Fee: \$388-\$480 (2007 data).	Andrea Zotovas, MD, Consulting Physiatrist
	Ending Life Exp.			Per Year		
						70

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Transportation

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Modified Van to include lift, tie downs, rear A/C, raised roof, back-up battery</i>	Beginning 16 2006	1 X / 5 - 7 Years	Transportation	Per Unit \$60000	This van was purchased new for Brittany. It is a 2006 Dodge van with Ride-A-Way Conversion Package - fold up lift, rear A/C, and front tie-down system. This is not adapted for Brittany to drive.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year		

71

Trade-in value to be determined by economist. The average price of the average family automobile in the U.S. is \$28,800 (2007 Dollars) which should be offset against the price of the van. Approximate Costs: An evaluation needs to be completed prior to any firm pricing being established.

For most quadriplegics to be able to operate a vehicle, they will require an electronic drive aid, such as the Digidrive II a Digital Joystick Driving System designed to operate the steering, acceleration and braking of most vehicles with power brakes and automatic transmission. The Digidrive II system allows drivers to fully operate their vehicles from a convenient joystick control module. An additional system such as the Gold Edition Touchpad allows the driver to operate directionals, horn, headlights, ignition, gear shifter, windshield wipers, air conditioner and electric parking brake system from a touch pad. Additionally, the van would have to be fully modified for wheelchair driving. All of these types of adaptations are above the cost of the van itself. The cost associated just with such systems as the Digidrive II can run anywhere from \$24,000 to \$50,000 to more than \$100,000.

Sources:
 Pierce, Susan L., OTR, CDRS; A Comprehensive Approach to Transportation Assessment. A Guide to Rehabilitation, AHAB Press, Inc., Pub. 559 R. 14 8/99. Chapter 6C, p. 6C.01-6C.10.

NHTSA Adapting Motor Vehicles For People With Disabilities.

Drive Master. User Friendly Electronic Driving Aids For The "90'S" <http://www.drivemaster.net/edriveaids.htm>

<i>Van adaptations - Maintenance</i>	Beginning 18 12/2008	1 X / Year	Maintain Equipment	Per Unit	Maintenance on adaptations only.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$600 - \$720		

72

Growth Trend To Be Determined By Economist.

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Life Care Plan

Brittany Newberry

Transportation

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
AAA Membership	Beginning 18 12/2008	1 X / Year	Service Plan for emergency roadside assistance.	Per Unit \$56 - \$64	Monthly service minimums noted for emergency communications.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending Life Exp.			Per Year \$56 - \$64		

73

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Life Care Plan

Brittany Newberry

Architectural Renovation(s)

DOB: Feb 27, 1990

D/A: May 6, 2006

Date Prepared: Dec 30, 2008

Primary Disability: Tetraplegia, C6/C7
 Incomplete/TBI

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Architectural Renovations</i>	Beginning 19 7/2009	1 X Only - to begin after completion of transitional living program.	Accessible Housing - Assumes own home.	Per Unit \$50000	Cost based on one time grant available through the VA for Veterans, of \$50,000 for access to a home.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP
	Ending 19 7/2009			Per Year		

74

Extensive bathroom modifications can include Roll-in shower, shower head with 6' hose, Anti-scald device, Grab bars, Handicap toilet, Slip-resistant floor tile, and 36" doorway, Enlargement of bathroom size to accommodate wheelchair turning radius, 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. Typical kitchen modifications for wheelchair access would include: Slip-resistant tile or commercial grade vinyl flooring, Roll-under sink, with insulated pipes beneath the sink, Single-pull faucet with a retractable head, Lowered countertop area for food preparation; lowering all countertop areas, Lowered cabinets, with roll-out, pull-out, and/or revolving hardware and shelving; accessible cabinet-pulls, Accessible cooktops with side or front controls, Lowered oven and microwave, Side-by-side refrigerator, Dishwasher located adjacent to the sink, Hi-hats or fluorescent lighting, Accessible electrical switches and outlets. The average price of a door widening is \$850 each door. A concrete ramp with a 12" rise, with fill and sod to eliminate drop-offs, will usually cost between \$2400 - \$2800. Additional costs should be factored into these estimates to obtain as realistic a picture as possible.

Additional costs that should be expected and budgeted include: Any significant building code requirements mandated by the governing building department in which the new home will be located - requirements that are over and above mandates required for standard construction. Design consulting fees that will likely be charged by the professional architect, contractor, C.E.A.C., or other professional who is designing the new accessible home. Costs of any significant equipment purchases should also be factored into the base fee for accessible construction, as these costs can quickly expand the traditional 8% - 12% estimated increase for accessibility needs on top of new construction. Examples of "significant" equipment purchases that may be required to address the special accessibility needs of a disabled client would include but not be limited to: Ceiling mounted track lift systems, "Smart House" automated environmental control systems, Special order appliances, etc.