

CLIENT

LIFE CARE PLAN

DOB: 9/12/97

DOI: 9/12/97

Primary Disability: Cerebral Palsy

PROJECTED EVALUATIONS

TYPE	PURPOSE	YEAR INITIATED/ SUSPENDED	FREQUENCY	BASE COST	ANNUAL COST	RECOMMENDED BY
Physical Therapy Evaluations	Assess home and school program-make recommendations. Assess wheelchair needs and bracing needs	2008/LE	Four times per year until age 21 Twice per year after age 21	\$165.00	\$660.00 until age 21 Then \$330.00 after age 21	Valerie V. Parisi RN CRRN CLCP based on disability and current status
Occupational Therapy Evaluation	Assess home program and need for adaptive aids and splinting	2008/LE	One time per year after age 21	\$165.00	\$165.00	Valerie V. Parisi RN CRRN CLCP based on disability and current status
Speech Therapy Evaluation	Assess need for augmentative device and prescribe feeding exercises	2008/LE	One time per year after age 21	\$165.00	\$165.00	Valerie V. Parisi RN CRRN CLCP based on disability and current status
Low Vision Evaluation	Assess for visual aids and therapy to assist with vision	2008/LE	One time per year	\$250.00	\$250.00	Current status
Nutritional Evaluation	Assess nutritional status due to feeding concerns	2008/LE	One time per year after age 21	\$115.00	\$115.00	Valerie V. Parisi RN CRRN CLCP based on disability and current status

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PROJECTED THERAPEUTIC MODALITIES

THERAPY	PURPOSE	YEAR INITIATED/ SUSPENDED	FREQUENCY	BASE COST	ANNUAL COST	RECOMMENDED BY
Physical Therapy	Mandated services for gross motor development	2008/2018	Three times per week	No charge	\$0.00	Current schedule
Occupational Therapy	Mandated services for fine motor development	2008/2018	Three times per week	No charge	\$0.00	Current schedule
Speech Therapy	Mandated services for speech development	2008/2018	Three times per week	No charge	\$0.00	Current schedule
Swim Therapy	Exercise program for muscle coordination and range of motion	2008/2018	Yearly membership	\$500.00- \$600.00/year \$550.00 median	\$550.00	

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THERAPY	PURPOSE	YEAR INITIATED/ SUSPENDED	FREQUENCY	BASE COST	ANNUAL COST	RECOMMENDED BY
Physical Therapy	Intermittent aggressive physical therapy for post operative periods, post injections, times of illness, deconditioning and as age combines with disability.	2008/LE	Allow three times per week for 12 weeks	\$165.00	\$5940.00	Based on disability and projected surgical care.

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FUTURE MEDICAL CARE ROUTINE

TYPE	PURPOSE	YEAR INITIATED/ SUSPENDED	FREQUENCY	BASE COST	ANNUAL COST	RECOMMENDED BY
Ophthalmology Evaluation	Evaluation of strabismus and nystagmus	2008-LE	Yearly	\$250.00	\$250.00	Current Schedule
Neurologist	Evaluation of neurological status and shunt	2008/LE	Twice per year	\$300.00	\$600.00	Current Schedule
Dentist	Evaluation of teeth due to drooling/swallowing issues	2008/LE	Two additional visits per year (in addition to well care and cleaning)	\$200.00	\$400.00	Current Schedule
Physiatrist	Evaluation of musculoskeletal status- prescribe rehabilitation and equipment	2008/LE	Every six months	\$150.00	\$300.00	Current Schedule
Orthopedic Surgeon	Evaluate hip dislocation with x- rays	2008/LE	Yearly	\$600.00	\$600.00	Current Schedule
Pediatrics/Internal Medicine	Make referrals as needed and treat disability related conditions	2008/LE	Two visits per year in addition to well care and episodic sick care	\$90.00	\$180.00	Current Schedule

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TYPE	PURPOSE	YEAR INITIATED/ SUSPENDED	FREQUENCY	BASE COST	ANNUAL COST	RECOMMENDED BY
Neurosurgeon	Evaluate shunt	2008/LE	Yearly	\$350.00	\$350.00	Current Schedule

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MEDICATIONS

ITEM	PURPOSE	USAGE	BASE COST	ANNUAL COST
Trileptal	Anticonvulsant	180 mg every 12 hours 300 mg/5 ml	\$2.04/unit \$4.08/day	\$1489.20
Diastat	For emergency use	Allow three suppositories per year	\$957.88/three	\$957.88
Total				\$2447.08

NOTE: Exact medication and dosage may change throughout lifetime.

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SUPPLIES

ITEM	PURPOSE	USAGE	BASE COST	ANNUAL COST
Diapers	Incontinence Care	2 bags per month	\$84.60/month	\$1015.20
Wipes	Incontinence Care	One container per month	\$10.00/month	\$120.00
Fleet's Enema	Constipation	Allow four bottles per month	\$10.36/month	\$124.32

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LAB/DIAGNOSTICS

TYPE	PURPOSE	YEAR INITIATED/ SUSPENDED	FREQUENCY	BASE COST	ANNUAL COST	RECOMMENDED BY
Allowance for brain imaging	Assess shunt	2008/LE	Allow every 3-5 years Median every four years	\$2000.00	\$500.00	Based on current status

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MEDICAL EQUIPMENT/ADAPTIVE AIDS

ITEM	PURPOSE	YEAR INITIATED/ SUSPENDED	REPLACEMENT	BASE COST	ANNUAL COST	RECOMMENDED BY
Stander	Weightbearing exercise	2008/LE	Every five years after age 10	\$2500.00 with accessories	\$500.00	Current use
Roll in shower chair	For safe bathing	2008/2007	Every five years after age 10	\$1400.00	\$280.00	Current use
Adduction Wedge	For positioning	2008/LE	Every five years	\$150.00	\$30.00	Current use
Hospital Bed	For positioning and care	2007/LE	Every 10 years from age 10	\$2200.00	\$220.00	Current use

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WHEELCHAIR/MOBILITY

ITEM	PURPOSE	YEAR INITIATED/ SUSPENDED	REPLACEMENT	BASE COST	ANNUAL COST	RECOMMENDED BY
Tilt in Space Wheelchair with accessories	Seating	2007/LE	Every five years	\$7000.00	\$1400.00	Based on disability
Cushion	Skin protection	2007/LE	Every five years	\$450.00	\$90.00	Based on disability

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ORTHOTICS/PROSTHETICS

ITEM	PURPOSE	YEAR INITIATED/ SUSPENDED	REPLACEMENT	BASE COST	ANNUAL COST
Bilateral AFO's	For spasticity	2008/LE	Yearly until age 21 Every other year after age 21	\$1600.00 per pair	\$1600.00 until 2018 Then \$800.00 yearly
Bilateral hand splints	For positioning	2008/LE	Yearly	\$300.00	\$300.00

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AIDS FOR INDEPENDENT FUNCTION

ITEM	PURPOSE	YEAR INITIATED/ SUSPENDED	REPLACEMENT	BASE COST	ANNUAL COST	RECOMMENDED BY
Augmentative communication aids ¹	Switches or other mechanisms	2018/LE	Every five years	\$200.00	\$40.00	Education Team
Educational software	For communication aid	2008/LE	Every year	Allowance \$500.00	\$500.00	Education Team

¹ More elaborate computer based mechanisms may be appropriate and could cost up to \$1000.00

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TRANSPORTATION

ITEM/SERVICE	PURPOSE	YEAR INITIATED/ SUSPENDED	REPLACEMENT	BASE COST	ANNUAL COST
Van modifications	Transportation of patient	2008/LE	Every 7 years	For van tie downs, van lift, lowered floor \$20,000.00	\$2857.14

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HOME MODIFICATIONS

MODIFICATION	PURPOSE	FREQUENCY	BASE COST
Wheelchair accessible modifications-	Wheelchair Accessibility	Widened doorways, exit ramps front and back, widened bedroom for equipment and bathroom suite	\$50,000.00 \$50,000.00 median

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HOME CARE ALTERNATIVE

SERVICE	PURPOSE	AGE INITIATED/ SUSPENDED	FREQUENCY/ SCHEDULING	BASE COST	ANNUAL COST	RECOMMENDED BY
Home Health Aide Care until age 21	Respite for mother-follow through with home therapy program and feeding program	2008/LE	Four hours per day 28 hours per week	\$21.00/hour	\$30,576.00	Based on current status and disability, time mother puts into home therapy programs
Home Health Aide Care after age 21	Care of patient at home	2018/LE	16 hour care on weekdays (241 days) 24 hour care on weekends (104 days) and holidays and vacation (allow for 20 days per year)	\$21.00/hour	\$80,976.00 for weekdays \$62,496.00 for weekends and weekends \$143,472.00 total	Based on report of Dr. Adler and disability
Day Program	Stimulation activities out of the home	2018/LE	241 days per week- 8 hours	\$75.00/day	\$18,075.00 for day program	Based on disability

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FACILITY CARE/LONG TERM CARE ALTERNATIVE

FACILITY	PURPOSE	AGE INITIATED/ SUSPENDED	FREQUENCY	BASE COST	ANNUAL COST	RECOMMENDED BY
Residential Facility for Cerebral Palsy patients- includes room and board, nursing care, supplies, medications, and some durable medical equipment	24 hour supervision and stimulation/therapy	2018/LE	24 hour care	\$550.00	\$200,750.00 minus cost of food and housing for single person consumer unit- \$3073.00 for food and \$9835.00 for housing \$12,908.00 \$187,842.00 total	Based on report of Dr. Adler and disability

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SURGICAL INTERVENTION/AGGRESSIVE TREATMENT PLAN

SURGERY/ TREATMENT	PURPOSE	AGE INITIATED/ SUSPENDED	FREQUENCY	BASE COST	TOTAL COST	RECOMMENDED BY
Shunt repair and replacement	Blocked or infected VP shunt	Allow at least one time		\$116,000.00	\$116,000.00	Based on literature
Open adductor lengthening right hip, percutaneous adductor lengthening on the left, bilateral varus proximal femoral osteotomies with plate fixation and pelvic osteotomy with Allograft interposition on the right, hamstring lengthening on the left, application of hip spica cast	Hip subluxation	One time- to be determined	One time	Hospital LOS 5 days Robert Wood \$80,000.00	\$80,000.00	Dr. Therrein
Removal of hardware		One time- 6-18 months post hip surgery	One time	Hospital LOS 4 days Robert Wood Johnson- \$52,000.00	\$52,000.00	Dr. Therrein

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SURGERY/ TREATMENT	PURPOSE	AGE INITIATED/ SUSPENDED	FREQUENCY	BASE COST	TOTAL COST	RECOMMENDED BY
Allowance for alcohol and BoTox Injections		2008/LE	Allow two times per year allowance until age 21 Then allow one time per year allowance	\$1000.00- \$2000.00 per occurrence \$1500.00 median	\$3000.00 yearly cost until age 21 Then \$1500.00	Based on disability and current treatment
Rehabilitation/Subacute Stay for 42 days		To be determined	Post hip surgery	\$1800.00 \$750.00 average	\$75,600.00	Based on postoperative care projected

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POTENTIAL COMPLICATIONS

<ul style="list-style-type: none">• Shunt blockage and infection leading to further neurological damage
<ul style="list-style-type: none">• Falls
<ul style="list-style-type: none">• Seizures
<ul style="list-style-type: none">• Feeding problems and aspiration
<ul style="list-style-type: none">• Contractures and need for further orthopedic surgical intervention

NOTE: For Information Only. Frequency of occurrences cannot be predicted. The care projected in the life care plan should prevent or minimize complications.

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RESOURCES

Physician's Fee Reference 2007 Central Jersey Area

Children's Specialized Hospital outpatient charges

Robert Wood Johnson inpatient charges

VA allowance for housing modifications 2007

Home Health Aide/Day Program- Met Life Survey 2007 for New Jersey

Facility costs Bancroft Neurohealth

Supply/Equipment-allegromedical.com, spinlife.com, southwestmedical.com