

Researching Costs

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The moment a referral source contacts the life care planner, research begins. During the intake, the file is opened, where at minimum, the basics of sex, age, disability, current location, and a general narrative will be recorded. The journey from referral to presentation of a life care plan can stall the practitioner in a potentially overwhelming congested roadway of facts, figures, and statistics. Without resources that are patient-specific, promptly accessible, easily understood, quickly verified, and regularly updated, the task of completing a competent, thorough, and accurate life care plan is nearly impossible.

Effective life care planners must cultivate a dynamic knowledge base in the ever-evolving and expansive field of rehabilitation. Each life care plan developed is a unique, patient-specific document. Because of the individualistic and comprehensive nature of a life care plan, it is essential for planners to develop an organized system in which to:

- Identify and define patient-specific information;
- Cultivate effective resources to locate information;
- Organize, store, and retrieve valuable information.

Identifying and Defining Patient Specific Information

Medical Records. When the client is referred and the file is opened, the life care planner will request a complete set of medical and health-related professionals' records. It is important that these records include a detailed medical billing history.

Begin combining methodically through the recorded history outlining the patient's experience.

Clinical Interview. Having researched and summarized the client's medical records, it is now time to collect data from a clinical interview and history with the patient and family. To ensure that the client and caretakers come to the evaluation prepared, develop an initial contact packet to be mailed weeks in advance of the scheduled interview. Ask the patient to prepare and organize an inclusive list of all present medical treatments, supplies, services, and providers. The list should include all contact information the research will require.

Throughout the interview process, keep a vigilant watch for information needed to research the patient-specific plan. The more quality information is

cultivated and recorded in the interview, the less footwork will be required later.

Narrowing the Scope. Once the medical summary is complete and the patient interview and history have been taken, the life care planner can look at the specific profile of the patient and begin to narrow the research scope.

Patient Specifics.

- Injury/disability
- Environment/location

Patient Needs Based on the Disability.

- Medical services
- Nursing/ assistance
- Residential needs
- Education/ vocation
- Miscellaneous services
- Supplies/ equipment
- Allied health services

By defining patient needs, you are simultaneously identifying those areas for inclusion in the life care plan.

Research Road Map- Locating Information

Having judiciously developed a complex understanding of the patient's specific needs and abilities, the life care planner can now construct the research roadmap that will lead to the information needed to complete the plan.

Here is an example of one such roadmap- the area cost analysis form.

In using this or a similar form, the planner can begin to mentally construct the plan. By checking off those items requiring cost research, the planner is also identifying various recommendations contained within the plan and flagging the present treating professionals who will need to be contacted for consultation.

Area Cost Analysis

Patient Name: _____ **DOB:** _____ **Sex:** M F
Disability: _____ **Plaintiff:** **Defense:**
City: _____ **Area Code:** _____
Nearest Metro Area: _____

Allied Health Professionals:

- Dentist
- Gastroenterologist
- GP/Internist
- Neuroophthalmologist
- Neuropsychologist
- Neurosurgeon
- Neurologist
- Ophthalmologist
- Orthopedist
- Ortho Surgeon
- Otolaryngologist
- Pain Specialist
- Pediatrician
- Physiatrist
- Plastic Surgeon
- Podiatrist
- Psychiatrist
- Psychologist
- Psychologist
- Pulmonologist
- Rheumatologist
- Urologist
- Other

Home Health

Staffing:

HHA: per hour: _____, per visit _____

LPN: per hour: _____, per visit _____

Live-in (available/definition/last time staffed this level?)

Request state regulations

Therapy:

- PT
- OT
- ST
- Respiratory

Invasive Procedures Required: (Yes/No) Such as:

- Catheter
- Suction
- IV Therapy
- Trach Care

_____ Tube Feeding
_____ Bowel Program

Facility- Based Outpatient Therapy

_____ PT _____
_____ OT _____
_____ ST _____
_____ Respiratory Therapy
_____ Aquatic Therapy
_____ Therapeutic Riding
_____ Recreational Therapy
_____ Work Hardening Program
_____ Disabled Driver: ____ Eval _____ Training
_____ Augmentative Communication: ____ Eval _____ Training
_____ Assistive Technology: .Eval _____ Training
_____ Other: _____

Miscellaneous Services

_____ Handyman
_____ Health Club
_____ Home Modification
_____ House Cleaning
_____ Massage Therapy
_____ Nutritionist
_____ Support Group
_____ Other: _____

Educational Programs

_____ Public School
_____ Private School
_____ College Aid
_____ Tutor
_____ Camp
_____ Vocational/technical: _____
_____ College: AA _____ BA: _____

Vocational Services

_____ Vocational Evaluation
_____ Vocational Counseling
_____ Job Coaching
_____ Adult Day Training
_____ Supported Work

Wage Data Research Required (if providing loss of earnings report):

Occupation: _____

Programs/Facilities

Facility Care Level Required:

- _____ Level of Disability
- _____ # Hrs Supervision
- _____ Activities of Daily Living (ADLs): cues (yes/no)
- _____ Aggressive
- _____ Ambulatory
- _____ Continent
- _____ Verbal
- _____ PVS
- _____ Trach
- _____ Vent
- _____ Dependent
- _____ Tube Fed
- _____ Bowel Program
- _____ Day Program
- _____ Work Program

Type of Program/Facility

- _____ Adult day care
- _____ Day Program _____ABI _____ MR
- _____ Assisted Living Facility (request state regulations)
- _____ ICF/MR or group home
- _____ Long-term head injury
- _____ Skilled nursing facility
- _____ Supported living
- _____ Transitional living ___SCI___ABI
- _____ Neuro-behavioral Inpatient
- _____ Chronic Pain: _____ inpatient _____ outpatient
- _____ SCI rehab: _____ inpatient _____ outpatient
- _____ SCI eval: _____ inpatient _____ outpatient
- _____ Other _____

Diagnostics

- _____ EEG
- _____ EKG
- _____ Evoked potential audio
- _____ Evoked potential visual
- _____ Pulmonary functions
- _____ Renal scan
- _____ Renal ultrasound
- _____ Sleep study

- _____ Urodynamic studies
- _____ Bronchoscopy
- _____ Colonoscopy
- _____ Cystoscopy
- _____ Endoscopy
- _____ CT: _____
- _____ MRI: _____
- _____ X-Ray: _____

Routine Labs:

- _____ Cardiac Profile
- _____ CBC (w/diff)
- _____ Complete metabolic panel
- _____ Creatinine
- _____ C & S
- _____ LFT
- _____ Lipid Panel
- _____ UA
- _____ Chemical levels for medication: _____

Surgeries and Procedures

- _____ Botox
- _____ Bio-feedback
- _____ FES
- _____ Epidural Block
- _____ SCI
- _____ Fertility program M F
- _____ Gastrostomy
- _____ PEG Tube
- _____ Trach revision
- _____ Shunt revision
- _____ Hip subluxation
- _____ Hip replacement
- _____ Knee replacement
- _____ Baclofen pump
- _____ Morphine pump
- _____ Spinal stimulator
- _____ Scoliosis surgery
- _____ Discectomy (cervical/thoracic/lumbar)
- _____ Laminectomy (cervical/thoracic/lumbar)
- _____ Spinal fusion (cervical/thoracic/lumbar)
- _____ Scar revision: length of scar: _____
- _____ Stump revision: _____
- _____ Arthroscopy: _____

_____ Contracture release: _____
_____ Tendon release: _____
_____ Hardware removal: _____

Equipment

_____ ECU
_____ Stenders
_____ Cushions
_____ Ramp/lift
_____ Van conversion
_____ Wheelchair (manual/power)
_____ Assistive technology _____
_____ Augmentative communication devices _____
_____ Pediatric equipment _____
_____ Orthotics _____
_____ Prosthetics _____
_____ Visual Aids _____
_____ Specialized Equipment _____

Supplies

Medications: _____
DME: _____

The above illustrates a sample form that can be used as a roadmap for life care plan research. With the Area Cost Analysis as your roadmap, it is time to drive the research vehicles.

Research Vehicles

For every recommendation in the life care plan, there must be support, and for every cost there must be verification. The means planners use to obtain support and verification range from the low-tech letter and conventional telephone to the wide-open spaces of the Internet.

The Internet has developed into the most easily accessible reference for up-to-date resources. As professionals, we must keep abreast of technology in order to benefit from what it can offer. This principle means being willing to investigate new technology, new data storage, and new retrieval systems. This approach does not mean planners should discard a proven, successful method of data collection, retrieval, and the like; however, they must keep an open mind regarding the alternatives that are continually being developed.

Although the Internet has certainly changed and shaped the way we research, the telephone is still an important link to specific information. Keep

in mind, however, that not everyone contacted by telephone will be forthcoming and generous with time or information. The life care planner with the competitive edge is the one who understands how best to extract pertinent and beneficial data from sometimes- unwilling sources.

The Art of Obtaining Information by Telephone

First Impressions Count: Be humble, not demanding. Convey the importance of your call to the patient, yet be relaxed enough to avoid eliciting cautious replies. Ask your questions with clarity and sincerity. Have a rehearsed, ingratiating 30-second introduction speech for the inevitable question “What is a life care planner and why should I talk to you?”

Be Optimistic and Positive: Do not let the person on the other end of the line try to dismiss you by claiming that he or she does not know the answer. If the person is unable to answer your question, quickly regroup and ask it in a slightly different way. Assume the person you are calling knows the answer, but might not know he or she knows. Be persuasive, but kind and optimistic.

Be Complimentary: “I understand you are the area expert on...?”

Be Persistent and Patient: Do not give up. Continue to follow-up on your contacts and respect their time restrictions. Beg for their help, when necessary, and return the favor, when possible.

Be Personable: No one enjoys talking to someone who is stiff and all business. To make both of you feel more at ease, throw in a bit of small talk. If the other person can feel your “pain,” so to speak, you have a much better chance of acquiring the needed information.

Be Flexible: Go with the flow. If you are referred to yet another number to call, do so cheerfully. Eventually, you will be rewarded.

Now that we have reviewed the vehicles used to drive the research and have our roadmap, in the form of an Area Cost Analysis, let’s look at some of the destinations on the map.

Locating Health Care and Other Professionals

When preparing a comprehensive plan spanning the period from the date of evaluation through life expectancy, it is best to have at least three sources for the major cost items. Therefore, not only will you be using the names and contacts for the patient’s present sources, you will also have to search out additional and corroborating sources.

The first service referenced on the Area Cost Analysis form is physicians. Locating common specialties such as ophthalmologists, orthopedists, pediatricians, and so on, is as simple as looking them up using the online yellow pages. Here are two simple, yet effective websites:

Online Yellow Pages

- ❖ Infospace: <http://www.infospace.com>
- ❖ The Real Yellow Pages: www.yellowpages.com

Finding certain specific specialists sometimes requires more precise sites. Many medical disciplines have a professional association. Locate specialists in your patient's area of service through the association's online member directory. Here are some commonly used directory sites.

- ✓ Directory sites for medical specialties
Physiatrists: *The American Academy of Physical Medicine and Rehabilitation* <http://www.aapmr.org>
- ✓ Neuropsychologists: *The American Board of Clinical Neuropsychology* <http://www.theabcn.org/>
- ✓ Neurosurgeons: *The American Association of Neurological Surgeons* <http://www.aans.org/>
- ✓ Nutritionists: *The American Dietetic Association* www.eatright.org
- ✓ Pain Specialists: *The American Academy of Pain Medicine* <http://www.painmed.org/>
- ✓ Rehab driver specialists: *The Association for Driver Rehabilitation Specialists* www.driver-ed.org
- ✓ Therapeutic riding specialists: North American Riding for the Handicapped Association <http://www.narha.org/>

If you are unsure of the exact association, consult the *National Trade and Professional Associations* journal. This text provides detailed contact and background information on more than 7,600 trade associations, professional societies, technical organizations, and labor unions in the United States.

The journal is available from:

Columbia Books, Inc.

P.O. Box 4668

Chestertown, MD 21690

Phone: (888) 265-0600

Fax: (410) 810-0911

E-mail: info@columbiabooks.com

Homepage: <http://www.columbiabooks.com/servlet/StoreFront>

Locating Miscellaneous Services

Online yellow pages are also useful when attempting to locate the following services:

- Handyman
- Health clubs
- House cleaning
- Massage therapy

Locating Schools/Educational Services

You can locate preschools, public schools, private schools, and school boards easily through the online yellow pages: www.infospace.com.

Colleges and universities typically have detailed websites listing not only their current fees and tuition but also degrees and certificate program requirements. TO locate a college by state, go to: <http://www.collegescolleges.com/>.

A fast, nationwide resource for locating a tutor is Sylvan Learning Centers, 1800-Educate: <http://tutoring.sylvanlearning.com/>.

Often a life care plan calls for a special needs camp. *The American Camping Association* maintains a Camp locator at: <http://www.acacamps.org/>.

Home Health Care

Because of their quality of care and longevity, national agencies are the first place you should look when researching the cost of home health services and providers. Home health providers are regulated by national, state, and county agencies; therefore, it is important to know not only the city and state but also the county in which the patient resides. It is also advisable to develop a home health service/needs checklist.

Nursing Research Format

Provider: _____
 Telephone #: _____ Fax #: _____
 Contact: _____ Title: _____

Areas of Service (Counties): _____

HHA/Hr: \$ _____ \$ _____ \$ _____
 HHA/Visit: \$ _____ \$ _____ \$ _____
 LPN/Hr: \$ _____ \$ _____ \$ _____
 LPN/Visit: \$ _____ \$ _____ \$ _____
 RN/Hr: \$ _____ \$ _____ \$ _____
 RN/Visit: \$ _____ \$ _____ \$ _____

Case Manager: \$ _____/hour

Mileage charged in addition to hourly rate? _____ Yes _____ No

If Yes, _____/mile

Rates: (Private Pay for all costs: ____ Yes ____ No)

Minimum # Hours/visit: _____
Live-in: _____ Yes _____ No Daily Rate: \$ _____
Number of hands- on care hours per day with a live-in: _____
Number of uninterrupted sleep hours for a live-in per night: _____
Definition of live-in services as defined by this specific agency: _____

When was the last time this agency actually supplied a live in? _____

Therapies:

PT: _____ Yes _____ No \$ _____/visit
OT: _____ Yes _____ No \$ _____/visit
ST: _____ Yes _____ No \$ _____/visit
Recreational Therapy: _____ Yes _____ No \$ _____/visit

Transportation:

Can staff member transport patient? _____ Yes _____ No
Personal car? _____ Yes _____ No Patient's car? _____ Yes _____ No

Skill Responsibilities:

Can aide level:

Administer medications: _____ Yes _____ No
Perform bowel stimulation: _____ Yes _____ No
Administer G-tube feeds: _____ Yes _____ No
Insert catheter: _____ Yes _____
No
Trim finger/toe nails: _____ Yes _____ No

Can LPN level:

Perform trach care: _____ Yes _____ No
Perform vent care: _____ Yes _____ No
Trim finger/toe nails: _____ Yes _____ No

An agency may have a policy that aides, trained by RNs can do certain invasive procedures such as bowel stimulation, catheter changes, and so on. Under this arrangement, it is the specific RN training that the aid is ultimately liable and responsible for the activities of the aide. Therefore, in this agency, in practice, are aides performing such services in their day-to-day activities? _____

Is RN supervision (included with):

Live-in or aide care: One visit per _____
(wk/month/qtr)

LPN care: One visit per _____ (wk/month/qtr)

Is there an additional charge for the RN supervision visit?

_____ Yes _____ No

If Yes: \$ _____/visit

Comments: _____

Research by: _____ Date: _____

Locating Home Health Care

To locate national home health agencies that serve a patient’s geographic area, check the locators at these websites:

Gentiva Home Health: <http://www.gentiva.com/index.asp>

Click on “Locations”

Interim Home Health: <http://www.interimhealthcare.com/>

Click on “Locations”

Kelly Assisted Living:

<http://www.kellyassistedliving.com/web/us/khc/en/pages/>

(1) Click on “About Us”

(2) Then click “Our Locations”

Maxim Home Health: <http://www.maximhealthcare.com/>

Click “Locations”

Nurse Finders: <http://www.nursefinders.com/>

(1) Choose “Nurse Finders Overview” Under “About Nursefinders” to view general information

(2) Then click “Find An Office Location”

If your search requires further resources, search the database at the *Case Management Resource Guide* website: <http://www.cmrg.com/>. This guide can provide information for a number of programs and facilities, such as:

- Home Care
- Rehabilitation
- Sub-acute care
- Nursing Facilities
- Assisted living facilities
- Hospice

Long-term acute care
Hospitals
Psychiatric and addiction care/facilities

Locating Vocational Rehabilitation Services

You can locate vendors for vocational rehabilitation evaluations, job coaching, and other supportive work services through the patient's local Department of Vocational Rehabilitation. The Pennsylvania Rehabilitation Council website offers a complete list of DVR offices by state at

<http://www.parac.org/svrp.html>.

Geographically specific wage data can be downloaded and printed from the Bureau of Labor Statistics at:

<http://www.stats.bls.gov/oes/2001/oessrcma.htm>.

The following publications are published on the Bureau's website:

Metropolitan Area Occupational Employment and Wage Estimates:

Employment and wage estimates by occupation, divided into seven tables: managerial, professional, sales, clerical, service, agricultural, production.

(1) Go to http://www.stats.bls.gov/oes/oes_data.htm

(2) Go to correct year

Occupational Outlook Handbook: Revised every two years, the handbook describes what workers do on the job, working conditions, the training and education needed, earnings, and expected job prospects. Go to:

<http://www.bls.gov/oco/home.htm>.

Facilities and Programs

When you are researching availability and costs for facilities and programs that offer services to catastrophically injured patients, you may find the yellow pages online or offline of little use. Many times, patients will be forced to seek services outside of their geographic area. Therefore, you may need to consult national databases.

Useful Websites for National Facilities and Services

Commission on Accreditation of Rehabilitation Facilities (CARF):

<http://www.carf.org/>

Case Management Resource Guide: <http://www.cmrg.com/>

Miami Project: <http://www.themiamiproject.org/>

National Spinal Cord Injury Association: <http://www.spinalcord.org/>

Spinal Cord Rehab Centers:

<http://www.spinalcord.uab.edu/show.asp?durki=21810>

Shepherd Center (A Catastrophic Care Hospital): <http://www.shepherd.org/>

Brain Injury Society of America: <http://www.biausa.org>

United Cerebral Palsy (UCP): <http://www.ucp.org/>

To locate an intermediate care facility for the developmentally disabled (IFC/DD), visit the state regulations and licensing site for the state in which you patient resides. Here, you will find a complete listing of facilities licensed and inspected by state.

Assisted living facilities (ALFs) are also licensed and regulated by the state. Because of the evolving demographics served by ALFs, you may find it necessary to locate and download the state's regulations. Become familiar with the state government's websites in all the geographic areas in which you work.

Labs and Diagnostic Testing

It can be hard to keep track of all the abbreviations used for labs and diagnostics. For example,

- ECG, EKG: Electrocardiogram
- ECHO: Echocardiography
- EEG: Electroencephalogram
- EGD: Esophagogastroduodenoscopy

For an explanation of specific diagnostic tests, go to this website: *Harvard Medical Schools Guide To Diagnostic Tests and Procedures:* <http://www.health.harvard.edu/fhg/diagnostics.shtml>.

To better understand the many clinical lab tests that are part of the diagnosis and treatment of a broad range of conditions and diseases, go to *Lab Tests Online:* <http://www.labtestsonline.org/understanding>.

Miscellaneous Links to Equipment and Suppliers

- Able Net Inc.:* <http://www.ablenetinc.com/>
- Adaptivation Inc.:* <http://www.adaptivation.com/>
- Assistive Technology Inc.:* <http://www.pvcdme.com/>
- Global Resource for Orthotics and Prosthetics:* <http://www.oandp.com/>
- Invacare:* <http://www.invacare.com/cgi-bin/imhqprd/index.jsp>
- Mulholland Positioning Systems:* <http://www.mulhollandinc.com/>
- Prentke Romich Co.:* <http://www.prentrom.com/>
- Respiratory equipment:* <http://preciseflight.com/viewpage.php?PID=8>
- Ro Ho cushions:* <http://www.phc-online.com/>
- Scooters:* www.thescooterstore.com
- Sunrise Medical One-Stop:* <http://www.sunrisemedical.com/index.jsp>
- Words Plus:* <http://www.words-plus.com/>

Mattress systems and beds:

Mellenair: <http://www.mellenair.com/>

Progressive Medical Inc.: <http://www.progressivemedicalinc.com/>

Select Comfort: <http://www.selectcomfort.com/>

Craftmatic: <http://www.craftmatic.com/>

Adjustable Beds.com: <http://www.adjustablebeds.com/>

National medication pricing resources:

CVS: <http://www.cvs.com/CVSAApp/cvs/gateway/cvsmain>

Walgreens: <http://www.walgreens.com/>

Drugstore.com: <http://www.drugstore.com/>

Links to Federal Information

Federal Government: <http://www.firstgov.gov/>

Medicaid phone numbers: <http://www.cms.hhs.gov/>

Social Security Administration: <http://www.ssa.gov/>

Federal government directory: <http://www.lib.lsu.edu/gov/fedgov.html>

National Center for Dissemination of Disability Research:

<http://www.ncddr.org/>

National Clearinghouse of Rehabilitation Training: <http://ncrtm.org/>

National Library of Medicine, MEDLINE database:

<http://www.nlm.nih.gov/databases/>

U.S. Government Consumer Health Information (Healthfinder):

<http://www.healthfinder.gov/>

Storing and Retrieving Information

To present a life care plan that is indisputable and succinct, you must document your research carefully. To follow a strict, structured methodology of information retrieval, collection, and storage, you will need to create a life care plan database. Below are two products available to assist you in this effort:

(1) **LCP STAT.** Life Care Planning Case Management Software, by Randall Thomas, Ph.D., P.O. Box 1347, Rigeland, MS 39158; 601-991-0551, Fax 601-952-0072, Email: lcpstat595@aol.com.

This program comes in several modules and sizes, depending on the needs of the rehabilitation professional. Some of the highlights of the software capabilities include:

- Tracks patient information
- External/internal case management
- Cost summaries
- Production reports
- Resource management
- Complications

- Life care tables
- Payments
- Invoice

(2) **Life Care Planning for the PC.** This is a life care planning program designed to work with Microsoft Word and/or WordPerfect by Ann Maniha, RN, CLCP. The program can be purchased at Ahab Press at:
<http://www.ahabpress.com/lifecareplan.htm>.

Conclusion

The preceding discussion introduced the process of researching costs and patient-specific information. Each professional will develop his or her own system of organization and presentation. However, it is important that all life care planners adhere to the basic tenets and methodologies of the planning process.

Reference:

Deutsch, P. & Sawyer, H. (2002). *A Guide to Rehabilitation*. White Plains, NY: Ahab Press, Inc.