

Paul M. Deutsch & Associates, P.A.
 10 Windsormere Way, Suite 400
 Oviedo, FL 32765
 (407) 977-3223 Fax (407) 977-0311

Life Care Plan

Casey Jones

Projected Evaluations

DOB: Oct 7, 1996

D/A: Sep 23, 1997

Date Prepared: Jul 14, 2005

Primary Disability: Developmental Delay/
Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Rehabilitation / Long-Term Needs Assessment</i>	Beginning 8 6/27/05	2 X Only at ages 8 and 16.	Assess Handicapping Conditions	Per Unit	1 X already accomplished during 6/27/05 evaluation. Re-eval needed to assist with transition from school program to long term planning. \$4,500 - \$5,000 excluding expenses.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 16 2012			Per Year		
<i>Neuropsychological</i>	Beginning 8 7/2005	1 X / 3 years to age 16	Assess cognitive levels and educational attainment for school placement and adjustments to the teaching methodology.	Per Unit \$1800 - \$3200		Ellen Jansen, Ph.D. (6/7/04) and Dr. Kallan, Neurologist (7/7/04)
	Ending 16 2012			Per Year		

Multiple factors are associated with increased risk of behavioral problems in children with epilepsy. Additional neurological impairment, neuropsychological deficits, intractable seizures and problems within the family have been found most consistently. Studies have shown that children with epilepsy plus additional neurological impairment have approximately twice the rate of behavioral problems as children with uncomplicated epilepsy. Since behavioral disturbance occurs in both new-onset seizures and epilepsy, monitoring for emotional difficulties should begin as soon as the diagnosis is made and should be a part of ongoing care for the child with epilepsy. *Source: Dunn, David W.; Review Neuropsychiatric aspects of epilepsy in children. Department of Psychiatry and Department of Neurology, Indiana University School of Medicine, Indianapolis, IN, USA. Received 29 January 2003; accepted 29 January 2003. Epilepsy & Behavior 4 (2003) p. 101-106.*

Growth Trend To Be Determined By Economist.

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<i>Psychological Evaluation</i>	Beginning 8 7/2005	1 X Only	Evaluate family's need for counseling & instruction on disability management and parent effectiveness training with the special needs child.	Per Unit \$150 - \$200	Addressing behavioral & psychological issues before they become significant problems reduces costs and long term consequences.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 8 7/2005			Per Year		

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

<i>Speech Therapy</i>	Beginning 8 7/2005	1 X / Year (In addition to the school systems annual evaluation.)	Monitor therapy program in early years and communication needs through life.	Per Unit \$85 - \$325		Dr. Kallan, Neurologist (7/7/04) and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$85 - \$325		

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NCDS advocates that cochlear implant teams working with children, and others should: ensure a true multidisciplinary approach; provide parents and children with effective counseling and support, whether or not the child receives an implant; ensure that children with an implant receive the highest possible standards of life long care, with smooth transition to the adult cochlear services. *Source: The National Deaf Children's Society. (2003). Cochlear implants and children. Retrieved from http://www.ndcs.org.uk/about_ndcs/ndcs_policies_campaigns/ndcs_policies/cochlear_implant.html on December 9, 2004.*

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<i>Occupational Therapy</i>	Beginning 8 7/2005	1 X / Year (In addition to to the school systems annual evaluation.)	Monitor and evaluate therapy program and equipment needs.	Per Unit \$85 - \$125		Dr. Kallan, Neurologist (7/7/04) and Andrea Zotovas, M.D.
	Ending 65 2061			Per Year \$85 - \$125		
<i>Physical Therapy</i>	Beginning 8 7/2005	1 X / Year (In addition to to the school systems annual evaluation.)	Monitor therapy program.	Per Unit \$85 - \$125		Dr. Kallan, Neurologist (7/7/04) and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$85 - \$125		
<i>Audiological Evaluation</i>	Beginning 8 7/2005	2-4 X / Year	Reprogramming of Cochlear Implant and device checks.	Per Unit \$200 - \$300		Kara Natane, Audiologist (6/2/04) and Rita Yonit, MS, CCC-SLP (4/12/04)
	Ending Life Exp.			Per Year \$500 - \$1000		

NOTE: Estimate two additional times over life expectancy he will require replacement of cochlear implant. At time of failure will need 3-4 sessions to diagnose; then after re-implantation he will need 11 sessions in first year; then 4 sessions second year; then back to 2-4 sessions per year thereafter. This would be 11 to 12 additional sessions the year the implant is replaced; and 1-2 additional sessions the second year after re-implantation.

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<i>Vocational Rehabilitation</i>	Beginning 18 2014	1 X Only	Assess avocational potential, supported work placement or sheltered work placement.	Per Unit \$300 - \$1250		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 18 2014			Per Year		

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Play Therapy, Individual Counseling (As age appropriate)</i>	Beginning 8 7/2005	1 X / week for 3 months at age 8, 10, 12, 14, 16, 18 and 21; thereafter 2 - 4 X / year for support.	Aid in Psychosocial Adjustment	Per Unit \$130 - \$150	\$1,690 - \$1,950 for 13 sessions at ages 8, 10, 12, 14, 16, 18 and 21; thereafter \$280 - \$560 / year.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending Life Exp.			Per Year		

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Treatment of behavioral problems should begin with education. Once behavioral problems become established, individual, group or family therapies may be needed. Ziegler et al. suggest ongoing psychosocial assessment and treatment coordinated with neurological care. Psychopharmacology may be another option for therapy of behavioral problems in children with seizures. *Source: Dunn, David W.; Review Neuropsychiatric aspects of epilepsy in children. Department of Psychiatry and Department of Neurology, Indiana University School of Medicine, Indianapolis, IN, USA. Received 29 January 2003; accepted 29 January 2003. Epilepsy & Behavior 4 (2003) p. 101-106.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Family Counseling & Education	Beginning 8 7/2005	2 X / month for 3 months at ages 8, 10, 12, 14, 16, and 18.	Aid in disability management	Per Unit \$130 - \$150	\$780 - \$900 for 6 sessions at ages 8, 10, 12, 14, 16, and 18.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 18 2014			Per Year		

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Physical Therapy	Beginning 8 7/2005	1-2 X / week (48 weeks / year).	Assist with muscular strengthening, balance deficits, ambulation, etc.	Per Unit \$168 - \$232		Dr. Kallan, Neurologist (7/7/04), Brody Cort, M.D. (8/3/04) and Andrea Zotovas, M.D.
	Ending 16 2012			Per Year \$9600 - \$19200		
Occupational Therapy	Beginning 8 7/2005	1-2 X / week (48 weeks / year).	Address activities of daily living, right hemiparesis, etc.	Per Unit \$168 - \$232		Dr. Kallan, Neurologist (7/7/04), Brody Cort, M.D. (8/3/04) and Andrea Zotovas, M.D.
	Ending 16 2012			Per Year \$9600 - \$19200		

Growth Trend To Be Determined By Economist.

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Speech & Language Therapy	Beginning 8 7/2005	2 X / week for 48 weeks per year to age 21; then 4-6 X / 3 years to work with new technology to age 65.	Address communication needs and language skills.	Per Unit \$168 - \$232	\$16,128 - \$22,272 / year to age 21; then \$800 - \$1,200 every 3 years to age 65.	Dr. Kallan, Neurologist (7/7/04), Brody Cort, M.D. (8/3/04), Ellen Jansen, Ph.D. (6/7/04) and Andrea Zotovas, M.D.
	Ending 65 2061			Per Year		

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Diagnostic/Educational Testing

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Educational Testing</i>	Beginning 8 7/2005	1 X / Year	Monitor educational development for special education needs and to assist therapist.	Per Unit \$250 - \$300		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.) 14
	Ending 21 2017			Per Year \$250 - \$300		
<i>Special Education Program</i>	Beginning 8 7/2005	Regular school year.	Educational program for students with hearing impairment.	Per Unit \$0 - \$0	No cost associated with special education services.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.) 15
	Ending 21 2017			Per Year \$0 - \$0		

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<i>Tutor</i>	Beginning 8 7/2005	2 hours / week (36 weeks within the school year).	Provide one-on-one tutoring of class work with a specialist trained to work with Cochlear Implants.	Per Unit \$25 - \$35		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.) 16
	Ending 21 2017			Per Year \$1800 - \$2520		

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Life Care Plan

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Wheelchair Needs

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Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Manual Wheelchair</i>	Beginning 8 7/2005	1 X / 5-7 Years	Mobility for longer excursions due to balance deficits and hemiparesis.	Per Unit \$1200 - \$1400	Unit cost reflects basic transport chair and not customized wheelchair.	Dr. Kallan, Neurologist (7/7/04) and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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 Hearing Impairment

Wheelchair Accessories and Maintenance

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>MAINTENANCE:</i> <i>Manual Wheelchair</i>	Beginning 10 7/2007	1 X / 2-3 Years	Maintain equipment	Per Unit \$120 - \$140	Maintenance to begin 2-3 years after purchase of new equipment.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending Life Exp.			Per Year		

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Orthotics/Prosthetics

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Right Ankle Foot Orthosis</i>	Beginning 8 7/2005	1 X / 1-2 Years to age 18; then 1 X / 3-4 years thereafter.	Foot positioning due to right hemiparesis.	Per Unit \$500		Dr. Kallan, Neurologist (7/7/04) and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Life Care Plan

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Aids for Independent Function

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Prescription Eye Glasses</i>	Beginning 8 7/2005	1 X / Year to age 16; then 1 X / 2-3 years thereafter.	Improve vision.	Per Unit \$125 - \$175		Dr. Davis, Ophthalmologist (4/19/04)
	Ending Life Exp.			Per Year		
<i>Personal FM System</i>	Beginning 8 7/2005	1 X / 4-6 Years	Personal hearing system that offers FM amplification.	Per Unit \$560 - \$671	This system supplements the performance of Cochlear implants.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 21
	Ending Life Exp.			Per Year		
<i>Computer</i>	Beginning 8 7/2005	1 X / 4-6 Years	Aid in school and avocational pursuits, and maximize development in these areas.	Per Unit \$900 - \$1000	Although helpful to any student it is a critical part of this plan for education, reinforcing task focus and improving skills with visual cueing.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 22
	Ending 65 2061			Per Year		
<i>Computer Maintenance and Software Update</i>	Beginning 9 7/2006	1 X / Year	Maintain equipment and update computer program.	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 23
	Ending 70 2066			Per Year \$100 - \$150		
<i>Good Vibrations Deluxe Receiver Kit by Silent Call Communications</i>	Beginning 8 7/2005	1 X / 4-6 Years	Alert system which receives signals from the transmitters in the household environment.	Per Unit \$586	Kit comes with receiver, telephone transmitter, doorbell transmitter, sound monitor transmitter, smoke detector with transmitter, sleep alert charger and bed vibrator.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 24
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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<i>TDD/TYY Telephone</i>	Beginning 8 7/2005	1 X / 4-6 Years	Telephone communication system.	Per Unit \$339		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 25
	Ending Life Exp.			Per Year		

NOTE: Many states offer a telecommunication relay system, free of charge, which provides a Communications Assistant to act as a link between people who use standard telephone equipment and those who use TDD/TYY.

<i>Compact Portable TTY/TDD</i>	Beginning 8 7/2005	1 X / 4-6 Years	Portable telephone communication system.	Per Unit \$229 - \$329		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 26
	Ending Life Exp.			Per Year		
<i>Environmental Signaling Devices</i>	Beginning 8 7/2005	Allowance for additional equipment and new technology 1 X / 4-6 Years	Accessibility and safety.	Per Unit \$401 - \$500		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 27
	Ending Life Exp.			Per Year		

These are examples of additional equipment available to assist the person with hearing impairment: Knock Sensor - \$35; Portable smoke detector - \$175; Sonic Boom travel clock - \$35; Battery backup - \$125; Battery Charger - \$16; Rechargeable 9V battery - \$15 / each; etc.

<i>Cochlear Implant Processor</i>	Beginning 18 2014	2 over life expectancy	Process speech.	Per Unit \$6000		Rita Yonit, MS, CCC-SLP (4/12/04)
	Ending 38 2034			Per Year		

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Cochlear Implant Processor Repair</i>	Beginning 8 7/2005	1 X / Year	Maintain equipment	Per Unit		Rita Yonit, MS, CCC-SLP (4/12/04)
	Ending Life Exp.			Per Year \$700		
<i>Cochlear Implant Processor Insurance</i>	Beginning 8 7/2005	Annual cost	Replace processor if lost or stolen.	Per Unit		Rita Yonit, MS, CCC-SLP (4/12/04)
	Ending Life Exp.			Per Year \$380		

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Supplies

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Cochlear Implant Supplies</i>	Beginning 8 7/2005	Annual allowance	Maintain and operate implant.	Per Unit		Rita Yonit, MS, CCC-SLP (4/12/04)
	Ending Life Exp.			Per Year \$1710		

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The supplies used with the implant device consists of AA batteries (\$540 / year), Cables (\$480 / year); Headpiece (\$250 / year); Miscellaneous supplies i.e. ear hooks, testers (\$100 / year); Battery pack (\$340 / year).

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Medications

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Prescription Medications</i>	Beginning 8 7/2005	Annual allowance	Anti-seizure medications and occasional respiratory problems.	Per Unit	Trileptal - \$96.02 / month; Lamictal - \$550.86 / month; Albuterol - \$18.99 (2 X / year)	As prescribed by treating physicians.
	Ending Life Exp.			Per Year \$7801		

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Home Care / Facility Care

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
PRE-AGE 21: <i>Respite Care - Private Hire</i>	Beginning 8 7/2005	1 night / week for 4 hours 50 weeks / year (200 hours / year) and 1 weekend / month 11 months / year for 36 hours (396 hours / year) 596 total / year	Prevent parental burnout.	Per Unit \$11.28	Hiring an attendant through an agency would cost \$15.75 to \$24 per hour or \$9,387 - \$14,304 / year.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 33
	Ending 21 2017			Per Year \$6723		

HHAs in Casey's geographical area earn a mean hourly wage of \$9.03 (Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2004, State Occupational Employment and Wage Estimates, Florida. www.bls.gov.) We must also add in an additional 25% factor to that hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting/administrative costs. Therefore, the total hourly rate would be \$11.28 per hour.

<i>Case Management</i>	Beginning 8 7/2005	3 - 4 hours per month (36 - 48 hours / year)	Offer support and assist in coordination of care.	Per Unit \$79 - \$125		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 34
	Ending 21 2017			Per Year \$3672 - \$4896		

POST AGE 21 Option #1 <i>Attendant Care - Private Hire</i>	Beginning 22 2018	24 hour supervision. See comments.	Home Care. Casey will not need awake care during the night, but he will require someone to be in the home and available in case of need.	Per Unit \$11.28	From age 22 to age 65 annual hours would be 7,200 per year to avoid overlap with work program at an annual cost of \$81,216. From age 65 through life expectancy the annual hours would be 8,760 at a cost of \$98,813 / year.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 35
	Ending Life Exp.			Per Year		

An option to privately hiring an attendant would be to hire a live-in through an agency, provided one would be available. A live-in will provide 10 hours of direct patient care and will sleep in the home eight hours at night for emergencies. The remaining six hours per day would have to be covered by a work program and supplemental attendant care. A Live-In will cost \$188 to \$230 per day or a total of \$68,620 to \$83,950 per year. Supplemental attendant care hired through an agency would cost \$9,923 to \$15,120 per year to age 65, based on 105 days per year at \$15.75 to \$24 / hour. After age 65 when he is no longer in the work program he would require an additional 2,190 hours of attendant care at an annual cost of \$34,493 to \$52,560, based on \$15.75 to \$24 per hour. This would be a total of \$78,543 to \$99,070 / year to age 65; then \$103,113 to \$136,510 / year thereafter.

Growth Trend To Be Determined By Economist.

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Life Care Plan

Casey Jones

Home Care / Facility Care

DOB: Oct 7, 1996

D/A: Sep 23, 1997

Date Prepared: Jul 14, 2005

Primary Disability: Developmental Delay/
Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Skilled Nursing Visits - Private Hire</i>	Beginning 22 2018	1 X / Week (Estimate 2 hours each visit, 104 hours / year.)	Medication setup and patient monitoring.	Per Unit \$20.7	\$55 to \$90 per visit through an agency, or \$2,860 to \$4,680 / year.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 36
	Ending Life Exp.			Per Year \$2153		
<i>Sheltered Work Program</i>	Beginning 22 2018	260 days per year (6 hours / day) to age 65.	Avocational pursuit	Per Unit \$45		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 37
	Ending 65 2061			Per Year \$11700		
<i>Interior/Exterior Home Maintenance</i>	Beginning 22 2018	Regular weekly service.	To include house cleaning (assumes own home).	Per Unit \$65 - \$85		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 38
	Ending Life Exp.			Per Year \$3380 - \$4420		
<i>Case Management</i>	Beginning 22 2018	8-10 hours / month (96 - 120 hours / year)	Assist with coordinating services and offer support.	Per Unit \$79 - \$125		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 39
	Ending Life Exp.			Per Year \$9792 - \$12240		

<u>POST AGE 21</u> <u>Option #2</u> <i>ICF/MR or Group Home</i>	Beginning 22 2018	24 hour residential care.	Residential care	Per Unit \$271	This includes room, board, and attendant care. An economist would need to calculate an offset for these items which would normally come out of wages.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 40
	Ending Life Exp.			Per Year \$98915		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Casey Jones

Home Care / Facility Care

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Primary Disability: Developmental Delay/
Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Case Management</i>	Beginning 22 2018	2-4 hours / month (24 - 48 Hours / year)	Coordinate and oversee care.	Per Unit \$79 - \$125		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 41
	Ending Life Exp.			Per Year \$2448 - \$4896		
<i>Sheltered Work Program</i>	Beginning 22 2018	260 days per year (6 hours / day)	Avocational pursuit	Per Unit \$45		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 42
	Ending 65 2061			Per Year \$11700		

Growth Trend To Be Determined By Economist.

Life Care Plan

Casey Jones

Future Medical Care Routine

DOB: Oct 7, 1996

D/A: Sep 23, 1997

Date Prepared: Jul 14, 2005

Primary Disability: Developmental Delay/
Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Neurologist</i>	Beginning 8 7/2005	1 X / 3-6 months	Monitor neurological condition.	Per Unit \$68 - \$143		Dr. Gi, Neurologist (5/4/05), Dr. Kallan, Neurologist (7/7/04) and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$211 - \$422		
43						

The Pediatric Health Encyclopedia indicated that oral anticonvulsants prevent or minimize the number of future seizures. Response is individual, and the medications used and dosage may have to be adjusted repeatedly. Follow-up for re-evaluation should occur at least yearly. Monitoring of plasma drug levels is important for the continued control of seizures and the reduction of side effects. Seizure disorder (epilepsy) is a chronic, usually lifelong condition. *Source: Epilepsy; Pediatric Health Encyclopedia; <http://www.healthcentral.com/peds/top/000694>.*

<i>Neurosurgeon</i>	Beginning 8 7/2005	2 X / Year	Monitor shunt function.	Per Unit \$67 - \$171		Dr. Kallan, Neurologist (7/7/04), Brody Court, M.D., Neurologist (8/3/04) and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$134 - \$342		
44						

In the pediatric age group, the diagnosis of hydrocephalus is based on head circumference and CT scanning which shows ventriculomegaly with enlarging head, or in patients with closed sutures, symptomatic ventricular enlargement. The initial management of this is placement of a shunt diversion system (generally from the ventricles to the abdominal cavity). Alternatively, the shunt can be placed into the atrium of the heart or the pleural cavity, but these are much less common. Once a shunt is in place, yearly follow-up and examination by the PCP is recommended. These patients should also be examined by a neurosurgeon every 2 years primarily to make sure the child is not outgrowing the length of the shunt tubing. The primary objective in a patient with a VP shunt is to ensure, on a regular basis, that the shunt continues to function. In general, this is a clinical diagnosis based on the patient's complaints and shunt dynamics at the time of testing the shunt. In some severely impaired patients, the diagnosis of continued shunt functioning must be correlated with CT scan. *Source; Madigan Army Medical Center. Ventriculoperitoneal Shunts Referral Guideline. Developmental Pediatrics, Neurosurgery. www.mamc.amedd.army.mil/referral/guidelines/dev_ped_ventricul.htm.*

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 children 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 pediatric neurosurgeon and the families, as well as the child's pediatrician, to provide the best comprehensive evaluation of a shunt problem and recognize at an early stage. *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

Casey Jones

Future Medical Care Routine

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Primary Disability: Developmental Delay/
Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Otolaryngologist</i>	Beginning 8 7/2005	1 X / Year	Monitor Cochlear Implant and hearing impairment.	Per Unit \$99 - \$100		Brody Court, M.D., Neurologist (8/3/04); Kara Natane, Audiologist (6/2/04), Rita Yonit, MS, CCC-SLP (4/12/04) and 45
	Ending Life Exp.			Per Year \$99 - \$100		

NCDS advocates that cochlear implant teams working with children, and others should: ensure a true multidisciplinary approach; provide parents and children with effective counseling and support, whether or not the child receives an implant; ensure that children with an implant receives the highest possible standards of life long care, with smooth transition to the adult cochlear services. *Source: The National Deaf Children's Society. (2003). Cochlear implants and children. Retrieved from http://www.ndcs.org.uk/about_ndcs/ndcs_policies_campaigns/ndcs_policies/cochlear_implant.html on December 9, 2004.*

<i>Ophthalmologist</i>	Beginning 8 7/2005	1 X / Year	Assess and monitor strabismus and vision.	Per Unit \$65 - \$140		Dr. Davis, Ophthalmologist (4/19/04) and Andrea Zotovas, M.D. 46
	Ending Life Exp.			Per Year \$65 - \$140		
<i>Orthopedist</i>	Beginning 8 7/2005	1 X / Year	Monitor bone development.	Per Unit \$70 - \$300		Dr. Kallan, Neurologist (7/7/04) and Andrea Zotovas, M.D. 47
	Ending Life Exp.			Per Year \$70 - \$300		
<i>Physiatrist</i>	Beginning 8 7/2005	1 X / Year	Monitor rehabilitation needs.	Per Unit \$60 - \$155		Dr. Kallan, Neurologist (7/7/04) and Andrea Zotovas, M.D. 48
	Ending Life Exp.			Per Year \$60 - \$155		

Growth Trend To Be Determined By Economist.

Life Care Plan

Casey Jones

Future Medical Care Routine

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Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Dentist	Beginning 8 7/2005	2 X / year in addition to 2 times everyone should be seen.	Provide additional oral hygiene care and monitoring of teeth due to medications.	Per Unit \$74 - \$87		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D. based on practice guidelines.
	Ending Life Exp.			Per Year \$148 - \$174		

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Practice Guidelines for Dental Care: Medications used for the treatment of systemic diseases can also influence risk for oral problems due to various side effects. Some medications can cause adverse oral effects such as salivary gland hypofunction (SGH), xerostomia, gingival overgrowth, lichenoid reactions, tardive dyskinesia (oral musculature movements) and problems with speech, swallowing and taste. Medications such as antipsychotics, antidepressants, tranquilizers, sedatives, diuretics, antihypertensives, anti-Parkinsonian agents, narcotic analgesics, anticonvulsants, antihistamines and antiemetics have the most severe dry mouth and SGH side effects. Low levels of saliva result in the oral environment becoming more acidic and together with decreased buffering capacity, result in dental caries.

Source: Oral hygiene care for functionally dependent and cognitively impaired older adults. Research Dissemination Core. Oral hygiene care for functionally dependent and cognitively impaired older adults. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center; 2002 Nov. 48 p. www.guidelines.gov

Podiatrist	Beginning 8 7/2005	2 X / Year	Monitor and treat chronic ingrown toenail.	Per Unit \$35 - \$70	This recommendation is based on the mother's report of chronic ingrown toenail.	Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$70 - \$140		
Audiogram	Beginning 8 7/2005	2 X / Year	Monitor implant	Per Unit \$135 - \$204		Kara Natane, Audiologist (6/2/04) and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$270 - \$408		

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Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Pathology Laboratory Work</i>	Beginning 8 7/2005	2 X / Year	Monitor medication levels and side effects.	Per Unit \$176	CBC with Diff - \$33; Comp Metabolic Panel - \$50; Trileptal and Lamictal levels - \$78 and Draw Fee - \$15	Brody Cort, M.D., Neurologist (8/3/04), Dr. Gi, Neurology (6/18/04) and Andrea Zotovas, M.D. 52
	Ending Life Exp.			Per Year \$352		
<i>Electroencephalogram</i>	Beginning 8 7/2005	1 X / every other year	Evaluate and monitor seizure disorder.	Per Unit \$918 - \$1150		Brody Cort, M.D., Neurologist (8/3/04), Dr. Gi, Neurology (6/18/04) and Andrea Zotovas, M.D. 53
	Ending Life Exp.			Per Year		
<i>Spinal X-Rays</i>	Beginning 8 7/2005	1 X / 2-3 Years	Monitor for scoliosis.	Per Unit \$258 - \$363		Brody Cort, M.D., Neurologist (8/3/04) and Andrea Zotovas, M.D. 54
	Ending 18 2014			Per Year		
<i>Scanogram</i>	Beginning 8 7/2005	1 X Only	Check for leg length discrepancy.	Per Unit \$135 - \$201		Brody Cort, M.D., Neurologist (8/3/04) and Andrea Zotovas, M.D. 55
	Ending 8 7/2005			Per Year		

Growth Trend To Be Determined By Economist.

Life Care Plan

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DOB: Oct 7, 1996

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Primary Disability: Developmental Delay/
Hearing Impairment

Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Repeat Strabismus Surgery</i>	Beginning 8 7/2005	1 X Only	Repeat surgery to realign eyes.	Per Unit \$7580 - \$9297		To be determined by treating physician. Recommendation added based on report by Mrs. Jones. 56
	Ending 8 7/2005			Per Year		

When strabismus surgery is recommended, the earlier in life it is done the better the chance of your child achieving normal binocular vision. Despite having the appropriate surgery, some patients may require further eye muscle surgery in the months or years following their initial operation to further refine their ocular alignment. *Source: Strabismus Surgery. Copyright 1992-1999 Pediatric Ophthalmic Consultants. <http://www.pedseye.com/StrabSurg.htm>.*

<i>Repeat Right Heel Cord Lengthening</i>	Beginning 8 7/2005	1 X Only	Prevent contracture of foot and facilitate ambulation.	Per Unit \$11038 - \$11387		To be determined by treating physician. Recommendation added based on report by Mrs. Jones. 57
	Ending 8 7/2005			Per Year		
<i>Shunt Diagnostics</i>	Beginning 18 2014	2 X over course of life with failure of shunt.	Monitor shunt	Per Unit \$876 - \$1076	CT of head (\$700 - \$900) and shunt series x-rays (\$176).	Dr. Kallan, Neurologist (7/7/04) 58
	Ending 38 2034			Per Year		

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 children. 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. *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

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Hearing Impairment

Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Shunt Revisions</i>	Beginning 18 2014	2 X over course of life expectancy.	Replace or revise VP shunts.	Per Unit \$19355 - \$30404		Dr. Kallan, Neurologist (7/7/04), Brody Cort, M.D., Neurologist (8/3/04) and Andrea Zotovas, M.D.
	Ending 38 2034			Per Year		

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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 children 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 pediatric neurosurgeon and the families, as well as the child's pediatrician, to provide the best comprehensive evaluation of a shunt problem and recognize at an early stage. *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>.*

<i>Replace Cochlear Implant</i>	Beginning 18 2014	2 X over course of life expectancy.	Hearing implant	Per Unit \$45000 - \$55000		Kara Natane, Audiologist (6/2/04) and Rita Yonit, MS, CCC-SLP (4/12/04) and Andrea Zotovas, M.D.
	Ending 38 2034			Per Year		

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Life Care Plan

Casey Jones

Leisure Time/Recreational

DOB: Oct 7, 1996

D/A: Sep 23, 1997

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Primary Disability: Developmental Delay/
Hearing Impairment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Summer Camp for Special Needs Children</i>	Beginning 8 7/2005	2 weeks, once per year.	Summer camp for children with multiple handicaps.	Per Unit \$500 - \$1050		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending 21 2017			Per Year		

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