

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

Life Care Plan

Melissa Wingerd

Projected Evaluations

DOB: Mar 23, 1999
D/A: Sep 3, 1998
Date Prepared: Aug 19, 2004
Primary Disability: Developmental Delay / Hydrocephalus

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Rehabilitation Long-Term Needs Assessment</i>	Beginning 5 6/9/04	4 X Only	Assess Handicapping Conditions	Per Unit	One time already conducted as of 6/9/04 evaluation. Follow-up evaluations will be needed at age 10, 16 and 21.	Paul M. Deusch, Ph.D., C.R.C. CCM. CLCP, FIALCP Licensed Mental Health Counselor (Licensed under Chapter 491 Psychology Practices Act.)
	Ending 21 2020			Per Year		
<i>Developmental Psychology</i>	Beginning 5 2004	1 X / 2-3 Years to age 21; then 1 X / 4-6 Years thereafter for caregiver instructions.	Evaluate developmental levels and monitor for behavioral problems	Per Unit		Paul M. Deusch, Ph.D., C.R.C. CCM. CLCP, FIALCP Licensed Mental Health Counselor (Licensed under Chapter 491 Psychology Practices Act.)
	Ending Life Exp.			Per Year		

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

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

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

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

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

Growth Trend To Be Determined By Economist.

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Psychological Evaluation</i>	Beginning 5 2004	1 X Only	Assess family's needs and formulate a counseling program to address them.	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Licensed Mental Health Counselor (Licensed under Chapter 491 Psychology Practices Act.)
	Ending 5 2004			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. 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>Physical Therapy</i>	Beginning 5 2004	2 X / Year through age 21; thereafter 1 X / year	Assess physical therapy program	Per Unit	1 X / year evaluations should be covered by the school system through age 21 (2020) at no cost to the parents.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP, Andrea Zotovas, M.D. and Guillermo Ospina, M.D.
	Ending Life Exp.			Per Year		
						4

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

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Occupational Therapy	Beginning 5 2004	2 X / Year through age 21; thereafter 1 X / 3 years	Assess occupational therapy program.	Per Unit	1 X / year evaluations should be covered by the school system through age 21 (2020) at no cost to the parents. Evaluations post age 21 will be needed to monitor home program and evaluate for new technology.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP, Andrea Zotovas, M.D. and Guillermo Ospina, M.D.
	Ending Life Exp.			Per Year		
						5

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

Speech Therapy	Beginning 5 2004	2 X / Year	Assess speech therapy program.	Per Unit	1 X / year evaluations should be covered by the school system through age 21 (2020) at no cost to the parents.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP, Andrea Zotovas, M.D. and Guillermo Ospina, M.D.
	Ending 21 2020			Per Year		
						6

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

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Nutritional Evaluation	Beginning 5 2004	2 X / Year through age 18; then 1 X / year thereafter	Monitor nutritional needs and make recommendations	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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

Vocational Evaluation	Beginning 16 2015	1 X at age 16 to start process, then again at age 18 for full evaluation.	Assess vocational potential and make placement recommendations.	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 18 2017			Per Year		
Handicapped Driver Evaluation (Best Case Scenario)	Beginning 21 2020	1 X Only	Assess ability to safely operate a motor vehicle.	Per Unit	The need for this evaluation will depend on her developmental progress and ultimate level of maturity.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending 21 2020			Per Year		

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Developmental / Behavioral Psychology</i>	Beginning 5 2004	1 X / week for 3 months now; then 2 X / month for 3 months at ages 6, 8, 10, 12, 14, 16, 18, and 21; thereafter 4-6 X / year to help with crisis intervention.	Implement a developmental stimulation and behavioral modification program for caregivers to follow.	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Licensed Mental Health Counselor (Licensed under Chapter 491 Psychology Practices Act.)
	Ending Life Exp.			Per Year		
						10

Standards of Care for Children with Cerebral Palsy. Psychosocial: (age appropriate) to achieve age-appropriate socialization skills; positive expressions of self-esteem and recreational activities; and educational/vocational goals including training. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

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>Family Counseling</i>	Beginning 5 2004	1 X / week for 3 months now; thereafter 2 X / month for 3 months at ages 6, 8, 10, 12, 14, 16, 18, and 21.	To help the family cope with the situation and becoming stronger advocates.	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Licensed Mental Health Counselor (Licensed under Chapter 491 Psychology Practices Act.)
	Ending 21 2020			Per Year		
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Family therapy typically focuses on the parent's identification and support of their child's strengths and independence and the provision of opportunities for success. Concrete advice in management and resource finding is important, as well as help in obtaining educational supports to which the child is entitled. Parents of adolescents and young adults need help in coming to terms with emergent sexuality, and in emotionally separating and preparing them to move to out-of-family living in the community. *Source: American Academy of Child and Adolescent Psychiatry. Practice parameters for the assessment and treatment of children, adolescents, and adults with mental retardation and comorbid mental disorders. American Academy of Child and Adolescent Psychiatry Working Group on Quality Issues. Journal of American Academy of Child and Adolescent Psychiatry 1999 Dec.; 38 (12 Suppl): 5S-31S. www.guidelines.gov*

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Physical Therapy	Beginning 5 2004	2 X / week to supplement school through age 21 (48 weeks / year); thereafter 4 - 6 X / year to train caregiver.	Enhance muscular development and prevent contractures.	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP, Andrea Zotovas, M.D. and Guillermo Ospina, M.D.
	Ending Life Exp.			Per Year		

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

Occupational Therapy	Beginning 5 2004	2 X / week to supplement school through age 21 (48 weeks / year); thereafter 4 - 6 X / year to train caregiver.	Cognitive and Visual Stimulation and introduce adaptive technology to enhance functioning.	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP, Andrea Zotovas, M.D. and Guillermo Ospina, M.D.
	Ending Life Exp.			Per Year		

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

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Speech Therapy	Beginning 5 2004	2 X / week to supplement school through 21 (48 weeks / year)	Address speech, language and cognitive deficits.	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP, Andrea Zotovas, M.D. and Guillermo Ospina, M.D.
	Ending 21 2020			Per Year		

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

Handicapped Driver Training (Best Case Scenario)	Beginning 21 2020	3-5 hours	Train to operate a vehicle safely.	Per Unit	The need for this training will depend on her developmental progress and ultimate level of maturity. Driving would be limited to short distances only.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending 21 2020			Per Year		

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Diagnostic/Educational Testing

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Educational Testing (for use by supplemental therapists)</i>	Beginning 5 2004	1 X / Year	To assist supplemental therapist in coordinating with school sponsored program	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending 21 2020			Per Year		

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Standards of Care for Children with Cerebral Palsy: Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs. Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.

Age 3-5 years: Evaluation for preschool and early primary grades, promotion of educational, social and recreational interaction and attainment of ability to perform appropriate ADLs. Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.

<i>Special Education Program</i>	Beginning 5 2004	Weekly educational program.	Educational and Therapeutic program	Per Unit	Special Education provided at the cost of the county, state, and federal governments.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP and Broward County School Records.
	Ending 21 2020			Per Year		

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Life Care Plan

Melissa Wingerd

Home Furnishings and Accessories

DOB: Mar 23, 1999

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Primary Disability: Developmental Delay / Hydrocephalus

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Nebulizer	Beginning 5 2004	1 X / 3-4 Years	Treatment for Bronchial Pulmonary Dysplasia	Per Unit		Eric Reid, M.D.
	Ending Life Exp.			Per Year		

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Growth Trend To Be Determined By Economist.

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Life Care Plan

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Aids for Independent Function

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Primary Disability: Developmental Delay / Hydrocephalus

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Computer System with Educational Software</i>	Beginning 5 2004	1 X / 5-7 Years	Educational programs, and recreational value	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₁₉
	Ending 60 2059			Per Year		
<i>Maintenance and Update of Computer Software</i>	Beginning 6 2005	1 X / Year	Maintain and operate equipment	Per Unit	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ₂₀
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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Life Care Plan

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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 5 2004	Annual cost	As prescribed by physician	Per Unit	Melissa's current medications are: Albuterol and antibiotics needed prior to dental visits secondary to heart condition.	As prescribed by treating physicians.
	Ending Life Exp.			Per Year		

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This represents her current needs which are subject to change throughout the course of her lifetime. Dr. Martins, Neurosurgeon, indicates that she will remain at risk for seizure development throughout the course of her life. Additionally, the pediatric cardiologist office indicates that she will remain at risk for future heart problems which require long-term prescriptions.

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Life Care Plan

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Home Care / Facility Care

DOB: Mar 23, 1999
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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
PRE-AGE 21 <i>Respite Care (HHA)</i>	Beginning 5 2004	1 night per week for 4 hours; 1 weekend / month for 36 hours (640 hours / year)	Prevent parental burnout	Per Unit	From ages 10 through 18, deduct 40 hours / year to avoid overlap with summer camp.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending 21 2020			Per Year		

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

PRE-AGE 21 <i>Case Management</i>	Beginning 5 2004	3 - 4 hours per month (36 - 48 hours / year)	Coordinate and oversee care	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending 21 2020			Per Year		

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POST AGE 21 <i>Option #1</i> <i>Live-In Attendant</i>	Beginning 22 2021	10 hours of direct services, then available in the home 8 hours during the night for emergencies.	Provide personal care and supervision	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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An option to hiring a live-in through an agency would be to "privately hire" HHAs to provide Melissa's care. They would be paid on a hourly basis to cover a 24-hour period of time. HHAs in Melissa's geographical area earn a mean hourly wage of \$8.83 (Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2003 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, (See attached Private Hire article). Therefore, the total hourly rate would be \$11.03 per hour. The annual cost would be based on 7,320 hours per year to age 65 to avoid overlap with sheltered work. Annual cost from age 21 through age 65 would be \$80,740. Annual cost from age 66 to life would be \$96,623 for 8,760 hours/year.

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<u>POST AGE 21</u> <i>Option #1</i> Supplemental Attendant Care	Beginning 22 2021	6 hours / day 125 days / year through age 65 (750 hours); then 6 hours / day 365 days / year thereafter (2,190 hours)	Provide care during periods of time not covered by live-in or work program.	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		
<u>POST AGE 21</u> <i>Option #1</i> Sheltered Work	Beginning 22 2021	5 days per week, 6 hours/day, 48 weeks per year (240 days)	Activity	Per Unit	Unit cost is daily rate.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending 65 2064			Per Year		
<u>POST AGE 21</u> <i>Option #1</i> Case Management	Beginning 22 2021	3 - 4 hours per month (36 - 48 hours / year)	Coordinate and oversee care	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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

<u>POST AGE 21</u> <i>Option #1</i> Housekeeper / Homemaker	Beginning 22 2021	Regular weekly service	Housecleaning, laundry and grocery shopping	Per Unit		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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Home Care / Facility Care

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D/A: Sep 3, 1998
Date Prepared: Aug 19, 2004
Primary Disability: Developmental Delay / Hydrocephalus

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
POST AGE 21 <i>Option #1</i> Interior/Exterior Home Maintenance	Beginning 22 2021	Regular weekly service	Maintain home	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information, 29
	Ending Life Exp.			Per Year		

POST AGE 21 <i>Option #2</i> ICF/DD - Group Home	Beginning 22 2021	24 hour residential care	Residential care to include day programming.	Per Unit	The per diem includes room, board, supervision and supervised work/day activity programs.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D. 30
	Ending Life Exp.			Per Year		

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

POST AGE 21 <i>Option #2</i> Case Management	Beginning 22 2021	3 - 4 hours per month (36 - 48 hours / year)	Coordinate and oversee care	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D. 31
	Ending Life Exp.			Per Year		

POST AGE 21 <i>Option #3</i> Assisted Living Facility (Best Case Scenario)	Beginning 22 2021	365 days per year (Unit cost includes room & board and assistance with one to three ADLs.)	Provide a semi-independent living environment.	Per Unit	This is a best case scenario, and will depend heavily on Melissa's ability to reach certain developmental milestones and a level of maturity that will allow her to live at this level of supervision safely.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D. 32
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Melissa Wingerd

Home Care / Facility Care

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<u>POST AGE 21</u> <i>Option #3</i> <i>Supported Work (Best Case Scenario)</i>	Beginning 22 2021	Initial job coaching, placement and onsite supervision for 12 months; then follow-up 2 X / week to reinforce training and maintain placement.	Activity	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending 65 2064			Per Year		
<u>POST AGE 21</u> <i>Option #3</i> <i>Case Management</i>	Beginning 21 2020	3 - 4 hours per month (36 - 48 hours / year)	Coordinate and oversee care	Per Unit		Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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

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Life Care Plan

Melissa Wingerd

Future Medical Care Routine

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Pediatrician / Internist	Beginning 5 2004	4 X / Year for 15 years; then 2 X / year thereafter.	Care required in addition to the routine care all children require.	Per Unit		Guillermo Ospina, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		
35						

Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Psychiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Neurologist	Beginning 5 2004	1-2 X / Year	Monitor for seizure disorder and other neurological problems	Per Unit		Andrea Zotovas, M.D. and Guillermo Ospina, M.D.
	Ending Life Exp.			Per Year		
36						

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Orthopedics	Beginning 5 2004	2-4 X / Year through age 18; then 1 X / year thereafter	Monitor bone development and contractures.	Per Unit		Guillermo Ospina, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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

Ophthalmologist	Beginning 5 2004	2-5 X / Year for 10 years; then 1 X / year thereafter.	Monitor eyes, vision, and strabismus.	Per Unit		Hiram Kleinman, M.D., Guillermo Ospina, M.D., Clyde Martins, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

38

Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident.

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Physiatrist	Beginning 5 2004	2 X / Year	Monitor habilitation plan, need for treatment of spasticity, orthotics, etc.	Per Unit		Guillermo Ospina, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Cardiologist	Beginning 5 2004	1-2 X / Year	Monitor heart condition	Per Unit		Pediatric Cardiology, Chris Evert Children's Hospital, Guillermo Ospina, M.D. and Andrea Zotovas, 40
	Ending Life Exp.			Per Year		
Pulmonologist	Beginning 5 2004	2 X / Year	Monitor bronchial pulmonary dysplasia and pulmonary insufficiency.	Per Unit		Eric Reid, M.D., Guillermo Ospina, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

41

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Otolaryngologist</i>	Beginning 5 2004	2 X / Year through age 14; then 1 X / 2-3 years through age 21.	Monitor PE tubes, ear infections and hearing.	Per Unit	Auditory screen one time per year, included in the cost.	Guillermo Ospina, M.D. and Andrea Zotovas, M.D.
	Ending 21 2020			Per Year		

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Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include the following: Pediatrician, Child Neurologist, Physiatrist, Psychologist, Nurse, Social Worker/Case Manager, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Dietitian, Educator, Orthopedist, Ophthalmologist, Dentist, Pediatric Radiologist, and Audiologist. Visits to the treatment team are recommended a minimum of every four months or as determined by the treatment plan. As the child grows and develops, additional needs with other disciplines become evident.

<i>Neurosurgeon</i>	Beginning 5 2004	1-2 X / year through age 20; then 1 X / year thereafter.	Monitor VP Shunt	Per Unit		Clyde Martins, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		
<i>Pathology Lab Work</i>	Beginning 5 2004	2-3 X / Year	Monitor functions	Per Unit \$98	CBC, Comp Metabolic Profile, Draw fee	Pediatric Cardiology, Chris Evert Children's Hospital, Guillermo Ospina, M.D. and Andrea Zotovas, 44
	Ending Life Exp.			Per Year \$196 - \$294		

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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
Neurological Diagnostics	Beginning 5 2004	1 X / year	Monitor Shunt	Per Unit	Shunt Series, EEG, CT of Head, MRI of Brain	Guillermo Ospina, M.D., Clyde Martins, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$4033		

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Radiology: Standards of care for children with Cerebral Palsy include a multidisciplinary team approach: Initially, a Comprehensive Diagnostic Evaluation is required to include Pediatric Radiologist. *Source: Ohio Department of Health, Bureau for Children With Medical Handicaps. Standards of Care and Outcome Measures for Children With Cerebral Palsy. Developed by: The Committee on Children With Disabilities of the Bureau for Children with Medical Handicaps and Ohio Chapter, American Academy of Pediatrics.*

Cardiac Diagnostics	Beginning 5 2004	See individual test for frequency.	Monitor heart functioning.	Per Unit	Chest X-ray (1 X / year), EKG (2 X / year), Echocardiogram (1 X / year), 24-hour Holter (1 X / year), Stress Test (1 X / 2 years, beginning at age 14)	Pediatric Cardiology, Chris Evert Children's Hospital and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		
Pulmonary Function Testing	Beginning 6 2005	2 X / Year	Monitor pulmonary functions	Per Unit	This testing will begin at age 6, then be done at follow-up visits to assess functioning.	Eric Reid, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Replacement of PE Tubes</i>	Beginning 5 2004	1 X / 2-3 Years	Maintain drainage and prevent excessive ear infections.	Per Unit		Guillermo Ospina, M.D. and Andrea Zotovas, M.D.
	Ending 14 2013			Per Year		
<i>Strabismus Surgery</i>	Beginning 7 2006	1 X Only	Realign eyes	Per Unit	Dr. Kleinman indicates that there is a 50% chance that Melissa will require strabismus surgery a second time; therefore the cost has been included. The begin date is estimated.	Hyrman Kleinman, M.D.
	Ending 7 2006			Per Year		
<i>VP Shunt Revisions</i>	Beginning 16 2015	2-4 times over course of life. (For calculating cost estimate at age 16, 25, 35 and 55)	Replace and/or revise shunt due to malfunction or development of infection.	Per Unit	Dr. Martins notes that VP shunt revisions will be done on an as needed basis to address malfunction or infection, but the frequency is unpredictable.	Clyde Martins, M.D., Guillermo Ospina, M.D. and Andrea Zotovas, M.D.
	Ending 55 2054			Per Year		
<i>Cardiac Catheterization</i>	Beginning 35 2034	2-3 times over course of life. (For calculating cost estimate at age 35, 45 and 55)	Monitor heart function and heart defect	Per Unit		Pediatric Cardiology, Chris Evert Children's Hospital and Andrea Zotovas, M.D.
	Ending 55 2054			Per Year		

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Life Care Plan

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Transportation

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
AAA (Best Case Scenario)	Beginning 21 2020	Annual membership fee.	Roadside assistance	Per Unit	This will only be needed if Melissa is able to safely operate a motor vehicle independently.	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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Life Care Plan

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Leisure Time/Recreational

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Adaptive / Educational Toys</i>	Beginning 5 2004	1 X / year through age 18	Education and sensory stimulation	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on evaluation and review of medical information ⁵³
	Ending 18 2017			Per Year		
<i>Summer Camp for Special Needs Children</i>	Beginning 10 2009	12 days each summer.	Allow participation in camp for educational and recreational experience.	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview ⁵⁴
	Ending 18 2017			Per Year		

Growth Trend To Be Determined By Economist.