

EXHIBIT “31”

I. General Information

Child's Name K. M. [REDACTED] Date 5/23/11

County of Residence Cook

Currently Institutionalized? Yes No If yes, name of facility _____

Ventilator? Yes No

II. Institutional Costs

Institution/Hospital Children's Memorial Hospital Federal ID/Suffix # [REDACTED]

Rate Per Month of Alternative to Home Care \$ 55,867.13

Exceptional Care Rate Minutes/Day (SNF Only) _____

III. Home Care One-Time Costs (Attach page if necessary.)

<u>Funding For</u>	<u>One-Time Cost</u>
Training	<u>0</u>
Additional Nursing	<u>0</u>
Counseling	<u>0</u>
Equipment/Supplies	<u>0</u>
Environmental Modifications	
Home Vehicle Access	<u>0</u>
Utilities	<u>0</u>
Home Environment	<u>0</u>
Other	<u>0</u>
Total One-Time Cost	<u>0</u>
One-Time Cost Per Month = (Total One-Time Cost / 12)	<u>\$ 0</u>
Comments _____	

IV. Home Care Recurring Monthly Cost

<u>Funding For</u>	<u>HFS Cost</u>	<u>HFS Monthly Cost</u>
	\$36/Hour RN	
	\$32/Hour LPN	
Home Nursing	<u>\$34/hour x 126 x 4.3</u>	<u>\$18,421.20</u>
	\$36/Hour RN	
	\$32/Hour LPN	
Respite	<u>\$34/Hour x 336/12</u>	<u>\$952.00</u>
Medical Daycare	<u>N/A</u>	<u>N/A</u>
Equipment/Supplies	<u>Insurance</u>	<u>Insurance</u>
Physician's Visits	<u>Insurance</u>	<u>Insurance</u>
Lab Work	<u>Insurance</u>	<u>Insurance</u>
Medications	<u>Insurance</u>	<u>Insurance</u>
Physical Therapy (PT)	<u>Insurance</u>	<u>Insurance</u>
Occupational Therapy (OT)	<u>Insurance</u>	<u>Insurance</u>
Speech Therapy (ST)	<u>Insurance</u>	<u>Insurance</u>
Transportation	<u>N/A</u>	<u>N/A</u>
Other	<u></u>	<u></u>
Total Recurring Cost Per Month		<u>\$ 19,373.20</u>
(One-Time Cost From Page 1)		<u>\$</u>
Grand Total Costs		<u>\$ 19,373.20</u>
Comments	<u></u>	
	<u></u>	
	<u></u>	
	<u></u>	

V. Cost Comparison Analysis

Institutional	<u>\$ 55,967.13</u>
Home Care	<u>\$ 19,373.20</u>
Potential Difference	<u>\$ 36,593.93</u>

VI. Other Funding Sources

Blue Cross Blue Shield PPO covers the cost of equipment, supplies, MD visits, lab work, and medications. Therapies are provided by the school district.

EXHIBIT “32”



COST ESTIMATE

DIVISION OF SPECIALIZED CARE FOR CHILDREN

I. General Information

Child's Name X...N... Date 6/21/10
County of Residence COOK
Currently Institutionalized? [X] Yes [] No If yes, name of facility Children's Memorial Hospital
Ventilator? [X] Yes [] No

II. Institutional Costs

Institution/Hospital Children's Memorial Hospital Federal ID/Suffix #
Rate Per Month of Alternative to Home Care \$ 55,967.13
Exceptional Care Rate Minutes/Day (SNF Only) N/A

III. Home Care One-Time Costs (Attach page if necessary.)

Table with 2 columns: Funding For, One-Time Cost. Rows include Training (\$544.00), Additional Nursing (\$884.00), Counseling (N/A), Equipment/Supplies (\$6,712.76), Environmental Modifications (Home Vehicle Access N/A, Utilities N/A, Home Environment \$1,930.00), Other, Total One-Time Cost (\$10,070.76).

One-Time Cost Per Month = (Total One-Time Cost / 12) \$ 839.23

Comments Additional Nursing: 6 hrs/day x \$34/hr x 2 days + 4 hrs/day x \$34/hr + 2 hrs/day x 3 days = \$ 884.00
Training: 4 nurses x 4 hrs x \$34/hr = \$544.00 Electrical Modifications \$1,930.00
One time purchase: Ambu/Mask \$156.37 + Stethoscope \$27.65 + Step Down Trach \$53.83 + Nebulizer Comp \$96.62 + Ace Spacer \$13.77 = \$348.24
Rent to purchase: Heater Humidifier \$458.40 + Oximeter \$1243.10 + Apnea Monitor \$3016.32 + Feeding Pump \$750 + IV Pole \$74.50 + Portable Suct \$304.30 + Stationary Suct \$284.20 + Port O2 Tank \$233.70 = \$ 6,364.52

IV. Home Care Recurring Monthly Cost

<u>Funding For</u>	<u>HFS Cost</u>	<u>HFS Monthly Cost</u>
	RN \$36/hr LPN \$32/hr AVG \$34/hr	
Home Nursing	126 hrs/wk x 4.3 wks/mo	\$18,421.20
	RN \$36/hr LPN \$32/hr AVG \$34/hr	
Respite	336 hrs/yr or 28 hrs/mo	\$952.00
Medical Daycare	N/A	N/A
Equipment/Supplies	\$2,669.48	\$2,669.48
Physician's Visits	\$92.00 x 2	\$184.00
Lab Work	\$50.00 x 2	\$100.00
Medications	\$300.00	\$200.00
Physical Therapy (PT)	72.56 x 2/wk x 4.3wks/mo	\$624.02
Occupational Therapy (OT)	72.56 x 2/wk x 4.3 wks/mo	\$624.02
Speech Therapy (ST)	72.56 x 1/wk x 4.3 wks/mo	\$312.01
Transportation	N/A	N/A
Other		
Total Recurring Cost Per Month		\$ 24,086.73
(One-Time Cost From Page 1)		\$ 839.23
Grand Total Costs		\$ 24,925.96
Comments		
PT/OT/ST \$18.14/15min (\$72.56/hr) Early Intervention to provide homebased therapies.		

V. Cost Comparison Analysis

Institutional	\$ 55,967.13
Home Care	\$ 24,925.96
Potential Difference	\$ 31,041.17

VI. Other Funding Sources

BCBS PPO benefits for private duty nursing at 80% up to \$3000 maximum per forward-rolling 30 day period.

EXHIBIT “33”

I. General Information

Child's Name P [REDACTED], S [REDACTED] Date April 12, 2011

County of Residence DuPage

Currently Institutionalized? Yes No If yes, name of facility _____

Ventilator? Yes No

II. Institutional Costs

Institution/Hospital CMH Federal ID/Suffix # [REDACTED]

Rate Per Month of Alternative to Home Care \$ 55,967.13

Exceptional Care Rate Minutes/Day (SNF Only) _____

III. Home Care One-Time Costs (Attach page if necessary.)

<u>Funding For</u>	<u>One-Time Cost</u>
Training	<u>NE</u>
Additional Nursing	<u>NE</u>
Counseling	<u>NE</u>
Equipment/Supplies	<u>199.95</u>
Environmental Modifications	
Home Vehicle Access	<u>NE</u>
Utilities	<u>NE</u>
Home Environment	<u>NE</u>
Other	_____
Total One-Time Cost	<u>199.95</u>
One-Time Cost Per Month = (Total One-Time Cost / 12)	<u>\$ 16.66</u>
Comments <u>Trach Tube 3.5TTS cuffed, one time purchase.</u>	

IV. Home Care Recurring Monthly Cost

<u>Funding For</u>	<u>HFS Cost</u>		<u>HFS Monthly Cost</u>
	\$36/hr RN	\$32/hr LPN	
	140hrs/wk x 4.3wks = \$602		
Home Nursing	620 x \$34 = \$20,468		\$20,468
	336hrs		
	336hrs/12 = 28hrs/mth		
Respite	28hrs/mth x \$34 = \$952		\$952
Medical Daycare	NE		NE
Equipment/Supplies	\$3786.46		\$3786.46
Physician's Visits	Insurance		
Lab Work	Insurance		
Medications	Insurance		
Physical Therapy (PT)	Insurance		
Occupational Therapy (OT)	Insurance		
Speech Therapy (ST)	Insurance		
Transportation	NE		NE
Other			
Total Recurring Cost Per Month			\$ 25,206.46
(One-Time Cost From Page 1)			\$ 16.66
Grand Total Costs			\$ 25,223.12
Comments <u>Family's BC/BS covers 80% of durable medical equipment and supplies. Therapy is also covered at 80% with 24 visits per calendar year.</u>			

V. Cost Comparison Analysis

Institutional	\$ 55,967.13
Home Care	\$ 25,223.12
Potential Difference	\$ 30,744.01

VI. Other Funding Sources

EXHIBIT “34”



COST ESTIMATE

DIVISION OF SPECIALIZED CARE FOR CHILDREN

I. General Information

Child's Name C. W. ~~X~~ Date 11/1/10

County of Residence COOK

Currently Institutionalized? Yes No If yes, name of facility _____

Ventilator? Yes No

II. Institutional Costs

Institution/Hospital Children's Memorial Hospital Federal ID/Suffix # ██████████

Rate Per Month of Alternative to Home Care \$ 42,971.46

Exceptional Care Rate Minutes/Day (SNF Only) N/A

III. Home Care One-Time Costs *(Attach page if necessary.)*

<u>Funding For</u>	<u>One-Time Cost</u>
Training	<u>N/A</u>
Additional Nursing	<u>N/A</u>
Counseling	<u>N/A</u>
Equipment/Supplies	<u>Insurance</u>
Environmental Modifications	
Home Vehicle Access	<u>N/A</u>
Utilities	<u>N/A</u>
Home Environment	<u>NA</u>
Other	<u> </u>
Total One-Time Cost	<u> </u>
One-Time Cost Per Month = (Total One-Time Cost / 12)	<u>\$ 0</u>
Comments <u>Insurance benefits for equipment and supplies.</u>	

IV. Home Care Recurring Monthly Cost

<u>Funding For</u>	<u>HFS Cost</u>	<u>HFS Monthly Cost</u>
	RN \$36/hr LPN \$32/hr	
	AVG \$34/hr	
Home Nursing	112 hrs/wk x 4.3 wks/mo	\$16,374.40
	RN \$36/hr LPN \$32/hr	
	AVG \$34/hr	
Respite	336 hrs/yr or 28 hrs/mo	\$952.00
Medical Daycare	N/A	N/A
Equipment/Supplies	Insurance	0
Physician's Visits	Insurance	0
Lab Work	Insurance	0
Medications	Insurance	0
Physical Therapy (PT)	Insurance	0
Occupational Therapy (OT)	Insurance	0
Speech Therapy (ST)	Insurance	0
Transportation	N/A	N/A
Other		
Total Recurring Cost Per Month		\$ 17,326.40
(One-Time Cost From Page 1)		\$ 0
Grand Total Costs		\$ 17,326.40
Comments Insurance benefits for nursing, MD visits, labs, medications and therapies.		
PT/OT/ST \$18.14/15min (\$72.56/hr) Early Intervention to provide homebased therapies.		

V. Cost Comparison Analysis

Institutional	\$ 42,971.46
Home Care	\$ 17,326.40
Potential Difference	\$ 25,645.06

VI. Other Funding Sources

Insurance- private duty nursing is covered at 80% with pre-certification.