

PEDIATRIC COST PROJECTION OUTLINE

PEDIATRIC HOME WITH SUPPORTIVE SERVICES

SAMPLE

1. **Medical Care**
2. **Therapeutic Modalities**
 - a. **Physical Therapy**
 - b. **Occupational Therapy**
 - c. **Speech/Cognitive Therapy**
 - d. **Assistive Technology**
 - e. **Neuropsychology**
 - f. **Psychological Counseling**
 - g. **Nutritional Evaluations**
 - h. **Audiology**
3. **Supplies Equipment**
 - a. **Mobility**
 - b. **Activities of Daily Living/Self Care**
 - c. **Communication/Assisted Technology**
 - d. **Nutrition**
 - e. **Respiratory**
 - f. **Bladder/Bowel**
 - g. **Medications**
4. **Laboratory Studies/Diagnostic Tests**
5. **Medical/Rehabilitation Management**
6. **Nursing Services**
 - a. **Skilled Nursing Care**
 - b. **RN Case Management**
7. **Modifications**
8. **Transportation**
9. **Security**
10. **Education**