

ADULT COST PROJECTION OUTLINE

ADULT RESIDENTIAL PLACEMENT AGE 21-LE

SAMPLE

1. **Placement**
2. **Medical Care**
3. **Therapeutic Modalities**
 - a. **Physical Therapy**
 - b. **Occupational Therapy**
 - c. **Speech/Cognitive Therapy**
 - d. **Nutritional Evaluation**
4. **Supplies & Equipment**
 - a. **Mobility**
 - b. **Activities of Daily Living/Self Care**
 - c. **Communication/Assisted Technology**
 - d. **Nutrition**
 - e. **Respiratory**
 - f. **Bladder/Bowel/Skin**
 - g. **Medications**
5. **Laboratory Studies/Diagnostic Tests**
6. **Medical/Rehabilitation Management**