



[Attendant Care Impact - Episode #139](#)

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Hosted by: John Czuba, Managing Editor

Guest Expert: Dan Thompson of [DeeGee Rehabilitation Technologies, Ltd.](#)

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John Czuba: Welcome to *The Insurance Law Podcast*, the broadcast about timely and important legal issues affecting the insurance industry.

I'm John Czuba, Managing Editor of *Best's Recommended Insurance Attorneys, Including Expert Service Providers*. We are pleased to have with us expert service provider Dan Thompson, President and CEO of [DeeGee Rehabilitation Technologies](#) with offices in Ontario and Arizona.

Dan has worked with litigation arena for over 13 years. He is a registered rehabilitation professional, registered vocational professional, and a certified life care planner. His company services include providing expert opinion to insurance carriers, attorneys, and medical professionals by assessing the needs and vocational capabilities for people with disabilities.

Dan, we're very pleased to have you with us again today.

Dan Thompson: Thank you, John. I appreciate it. Thanks for the opportunity.

John: Today's topic is attendant care and the impact that attendant care has on insurance claims. Dan, for our first question today, can you tell us what is attendant care and what impact does that have on insurance claims?

Dan: Sure. Typically, attendant care is the type of assistance that an individual will receive as a result of their disability or injury. That can manifest itself in many ways. For example, you could have a CNA, which is a certified nursing assistant, or you could have more skilled assistants or skilled nursing, such as an RN.

Typically, it's the most expensive service within a life care plan. As someone's disability isn't going to go away, it occurs every day. They're going to need that cost for the rest of someone's life.

If you believe some of the plaintiff's life care plans that are produced out there, the cost can be as high as over \$250,000 annually. If we're talking about a person who's injured as a child that could be a lifelong cost that could impact on insurance claims.

As I'm sure you appreciate, that could have a very profound impact on what that total cost might be.

John: On the average, what is the annual or lifetime cost of attendant care?

Dan: As I mentioned before, those costs can be as high \$250,000 per year. Of course, that is directly related to how many years that person will live. In addition, I think it's also predicated on the type of injury.

For example, if someone sustained a severe burn, they probably would require attendant care and assistance at the beginning of their injury, because there would be debridement surgery and things like that.

However, especially with today's advancements in medical care, in essence, they do not need attendant care going down the road whereas someone with severe brain injury, or someone with a spinal cord injury, such as myself, may need that care for the rest of their life.

In the United States, the minimum wage is \$7.55, which may cover some of that CNA work that we talked about earlier, but if you're getting into skilled nursing those costs could run as high as \$55 or \$60 an hour, which again, could heavily increase the cost over someone's lifetime.

John: Are there any alternatives out there, Dan?

Dan: Sure. I think, really, what you want to look at is some people use agencies. The reason they use agencies is that it takes away the hassle of recruiting, managing, and firing their attendants. However, it's been my personal and professional experience that hiring people yourself is probably the best alternative, because even if you're not the best at explaining what your needs are or if that individual is non-verbal, if you were to establish how-to videos they could be established. That would be used as a training tool for new recruits.

It's also been my experience that if you hire people directly they're more likely to be loyal to you than they are to the third-party agency. This way, when they send people in they may not necessarily be privy to your specific care.

The other alternative we could look at is automation. For example, there's a bed out there called the Freedom Bed. It automatically turns people to eliminate complications such as pressure sores. Another integration might be environmental control units so that an individual can just say, "Lights on. Lights off. Open doors. Close doors," if you have those type of automation systems in place.

Of course, you can have lift systems that could be operated by one attendant instead of, perhaps, having two or three attendants.

Another alternative might be if the person becomes vulnerable, where their safety is in question or they're fragile then you could put them in a skilled nursing facility, but the objective is always to try to put somebody in the community to improve their quality of life. That judgment call, of course, should be made with the individual and their treating physician.

John: Dan, your company, DeeGee Rehabilitation Technologies, has offices in both Ontario, Canada and in Arizona. Can you tell our audience about some of the differences between attendant care in relation to Canada and the United States?

Dan: Sure. As I mentioned before, you could have a certified nursing assistant, which is a term that's used here in the United States quite a bit. You also have what they call health care aides, whereas in Canada, we have what they call personal support workers. In essence, a "po-tay-to" "po-tah-to." I think it's the same occupation with different titles.

The problem with unskilled care is that some of those individuals may not have the qualifications, which varies from state to state or province to province, to do invasive care such as digital stimulation, to insert indwelling catheters. Whereas if you hire your own people and you teach them how to do those types of procedures then, in essence, the responsibility is there and you don't have to pay that \$50 an hour that I mentioned before for skilled nursing.

John: Dan, overall, who should cover these types of costs?

Dan: Typically, this is where, obviously, an insurance claim would come in. If you look at it from the collateral source rule, which, in essence, this is where the government or some type of insurance policy will cover it. If an individual sustained a catastrophic injury, the injuries we talked about before. Severe brain injury, perhaps a spinal cord injury, or an amputation.

Let's say they do not have an insurance policy, then the attendant care can be covered by Medicare or Medicaid. In essence, what they'll do under those programs is that after a "qualifying hospital stay," and that's going to be determined by Medicare or Medicaid, the services can be provided for up to seven days a week for no more than eight hours a day.

However, they can get up to 35 hours per week. Of course, as I mentioned before, those Medicare and Medicaid limits can vary by state.

In Ontario, which is the largest province in Canada, we have a program called the Ontario Disability Support Plan. What they do is they give the money directly to the individual and then it's up to them to govern their own attendants.

They take on the hiring and recruiting process. They take on the management of those attendants, and of course, take on the payroll. I think the nice thing about that is that you have control as to who you're hiring and who you're bringing in your house which, of course, increases your dignity and your quality of life.

The problem with some of these government run programs is that you may not have a choice as to who they send into your house.

John: What do you see for the future with attendant care?

Dan: I think the future, what's interesting about that, is that unless there are clear medical changes, such as stem cell research or things like that where they can mend a spinal cord injury. Unless those catastrophic conditions can be lessened then you're still going to need attendant care in the future.

I can speculate about the advancements with robotics and how they may be able to eliminate some of the care. However, there's so many activities that require intrinsic hand function, in other words, very skilled hand function, intuitiveness, and other human traits that may or may not be accomplished in our lifetime with robotics.

I cannot see machines doing all the necessary care to improve the quality of life for people with disabilities. Similarly, people do use support dogs or they use support animals already. However, again, they cannot complete all of the duties.

For someone to live independently in the community, I can only see the cost going up. I think it's important, or it's incumbent, for that individual to take on that responsibility so that they can maximize or improve their quality of life.



John: Dan, thank you very much for joining us today.

Dan: John, thank you. I really appreciate the opportunity. I hope that was helpful for your listeners.

John: That was Dan Thompson, President and CEO of [DeeGee Rehabilitation Technologies](#) with offices in Arizona and Ontario. Special thanks to today's producer, Frank Vowinkel.

Thank you all for joining us for the *Insurance Law Podcast*. To subscribe to this audio program, go to our web page, www.ambest.com/claimsresource. If you have any suggestions for a future topic regarding an insurance law case or issue, please email us at lawpodcast@ambest.com. I'm John Czuba, and now this message.

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