

In The Matter of:
Charles D. Hunt, et al.
VS
City of Cleveland, et al.

Maryanne Cline, B.S., R.N., CLCP

March 16, 2017

Videotaped Deposition



780 Skylight Office Tower	720 Akron Centre
1660 West 2 nd Street	50 South Main Street
Cleveland, Ohio 44113	Akron, Ohio 44308
216.241.900	330.535.7300
Fax 216.621.0050	330.535.0050 Fax

www.MandH.com 800.822.0650 Schedule@MandH.com

IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

CHARLES D. HUNT, et al.,

Plaintiffs,

-vs-

JUDGE MATIA

CASE NO. CV-11-755540

CITY OF CLEVELAND, et al.,

Defendants.

- - - -

Videotaped deposition of

MARYANNE CLINE, B.S., R.N. CLCP, taken as if upon
direct examination before Pamela S. Greenfield, a
Registered Diplomate Reporter, Certified Realtime
Reporter and Notary Public within and for the
State of Ohio, at the offices of Mehler &
Hagestrom, 1660 West Second Street, Suite 780,
Cleveland, Ohio, at 10:28 a.m. on Thursday,
March 16, 2017, pursuant to notice and/or
stipulations of counsel, on behalf of the
Plaintiffs in this cause.

- - - -

MEHLER & HAGESTROM
Court Reporters

CLEVELAND
780 Skylight Office Tower
1660 West 2nd Street
Cleveland, Ohio 44113
216.241.9000
FAX 621.0050

AKRON
720 Akron Centre
50 South Main Street
Akron, Ohio 44308
330.535.7300
FAX 535.0050

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1 APPEARANCES:

2 Robert F. DiCello, Esq.
3 Mark Abramowitz, Esq.
4 The DiCello Law Firm
5 7556 Mentor Avenue
6 Mentor, Ohio 44060
7 (440) 953-8888
8 RFDiCello@DiCelloLaw.com
9 MAbramowitz@DiCelloLaw.com,

10 On behalf of the Plaintiffs;

11 Willa M. Hemmons, Esq.
12 City of East Cleveland Department of Law
13 14340 Euclid Avenue
14 East Cleveland, Ohio 44112
15 (216) 681-2393
16 WHemmons@EastCleveland.org,

17 On behalf of the Defendant
18 City of East Cleveland.

19 ALSO PRESENT:

20 Peter Graves, CLVS, Videographer
21
22
23
24
25

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1 MR. ABRAMOWITZ: Are there any 10:27:51
2 preliminary matters that we want to put on 10:27:56
3 the record? 10:27:56

4 MS. HEMMONS: No, just that I 10:27:57
5 would request that the tape be unedited 10:27:59
6 before it goes to the judge before he makes 10:28:02
7 any rulings. So just give him the whole 10:28:04
8 thing without any edits. 10:28:06

9 THE VIDEOGRAPHER: We are now 10:28:12
10 ready to begin the deposition. Will the 10:28:22
11 court reporter please swear in the witness. 10:28:24

12 MARYANNE CLINE, B.S., R.N., CLCP, of lawful
13 age, called by the Plaintiffs for the purpose of
14 direct examination, as provided by the Rules of
15 Civil Procedure, being by me first duly sworn, as
16 hereinafter certified, deposed and said as
17 follows:

18 DIRECT EXAMINATION OF

19 MARYANNE CLINE, B.S., R.N., CLCP

20 BY MR. ABRAMOWITZ: 10:28:33

21 **Q. Good morning.** 10:28:33

22 A. Good morning. 10:28:36

23 **Q. Can you please state and spell your name for the**
24 **jury.** 10:28:37

25 A. My name is Maryanne, M-A-R-Y-A-N-N-E, Cline, 10:28:37

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5

1 C-L-I-N-E.

10:28:42

2 **Q. And where do you live?**

10:28:44

3 A. I live in Berea, Ohio.

10:28:44

4 **Q. Do you have any children?**

10:28:45

5 A. I do. I have two adult children.

10:28:47

6 **Q. What do you enjoy doing in addition to your work**
7 **life?**

10:28:49

10:28:51

8 A. I have a little dachshund. She's a miniature
9 dachshund, a piebald, and she is a therapy dog.

10:28:52

10:28:57

10 We went through therapy dog training together,

10:29:00

11 she and I. I'm her handler now and she's also my

10:29:02

12 pet, my baby, and I take her to visit residents

10:29:06

13 in nursing homes as well as there's a school I

10:29:08

14 take her to in Canton and she goes to, we

10:29:11

15 basically instruct kids on how to take care of a

10:29:16

16 dog and we also go to their carnival to the pet,

10:29:19

17 puppy booth, so Sissy has her own booth there.

10:29:23

18 **Q. That's very nice.**

10:29:27

19 **What can you tell us about your career as a**
20 **life care planner?**

10:29:27

10:29:29

21 A. Well, I consider myself a rehabilitation nurse
22 foremost.

10:29:30

10:29:37

23 A rehabilitation nurse is someone who, we

10:29:38

24 take care of folks that have chronic illnesses or

10:29:44

25 disabilities and our job is to try to get them to

10:29:48

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1 optimum function because there is a disease
2 process or an injury and so I have been a
3 certified rehabilitation nurse since 1992.

4 As a life care planner, I became certified as
5 a life care planner in 2012. Prior to that, I
6 did research for VoCare Services as a research
7 assistant on life care plans, so I essentially
8 have the, I'm trying to think, 2012, five years
9 and then probably another four; so about nine
10 years working exclusively with life care
11 planning.

12 **Q. Can you describe your education and training to**
13 **get the certificate to be a life care planner and**
14 **to be a nurse?**

15 A. Well, first of all, you need to, for a certified
16 nurse, nursing life care planner, you need to
17 have a nursing license so, and also for the CLCP,
18 you need to have some sort of a medical
19 background.

20 I have, I've been a registered nurse since
21 2015. I went to Onondaga College in Syracuse,
22 New York and then in -- I'm going to have to look
23 at my CV because sometimes I get confused with
24 all this stuff here.

25 Then I went to Franklin University and I got

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1 a Bachelor of Science in healthcare management 10:31:27
2 and that was in 2005. 10:31:30

3 I became certified in life care planning in 10:31:33
4 2012 and prior to that I took a postgraduate 10:31:36
5 course that was about a year long working on it 10:31:41
6 every Sunday and every Wednesday night and I had 10:31:44
7 to prepare a life care plan that was peer 10:31:48
8 reviewed; so I am certified both as a life care 10:31:52
9 planner and a case manager and a certified 10:31:56
10 rehabilitation nurse and those are just basically 10:31:58
11 subspecialties of nursing. 10:32:02

12 If you think about physicians who are board 10:32:04
13 certified, in the nursing world that's what these 10:32:06
14 things are. 10:32:10

15 **Q. Excellent.** 10:32:11

16 **What do you find difficult about your job?** 10:32:13

17 A. The things that are difficult about my job I 10:32:15
18 would say when people come to me, when I get a 10:32:22
19 referral for a life care plan, people don't come 10:32:24
20 to me if they're in generally good health or if 10:32:27
21 they just have a small malady. 10:32:30

22 People that come to me are, they've been in a 10:32:33
23 catastrophic type injury or they have some sort 10:32:37
24 of chronic illness that their life is not the 10:32:39
25 same anymore. 10:32:43

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1 So that makes me sad and I take that home 10:32:44
2 with me every night. I think about my people 10:32:48
3 that I do life care planning for. 10:32:50

4 MS. HEMMONS: Objection as to what 10:32:53
5 she thinks. 10:32:54

6 A. Oh, I'm -- 10:32:57

7 **Q. That's okay. You can keep going.** 10:32:57

8 A. All right. 10:32:59

9 And so I would say because the individuals 10:33:01
10 that I see are very ill, that it's sad. 10:33:05

11 **Q. And what type of patients do you typically see?** 10:33:11

12 I know you talked about how that's the hard part 10:33:14

13 but can you describe your typical patient for me? 10:33:17

14 A. I've seen folks that have been, there's all kind 10:33:19
15 of folks, various injuries but I see folks that 10:33:22
16 have had brain injuries, spinal cord injuries, 10:33:26
17 folks that have been through multiple motor 10:33:29
18 vehicle accidents, folks that have been through 10:33:33
19 other kind of accidents, industrial accidents 10:33:36
20 and, like I said, their life has been altered in 10:33:39
21 some way that it will never be the same for them. 10:33:41
22 The day of the accident, there is quite a change 10:33:50
23 in their lifestyle. Their independent lifestyle 10:33:53
24 is no longer independent for many of them. 10:33:58

25 **Q. Now, that, you know, is very hard to deal with** 10:34:03

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1 every day. I'm sure there's something you must
2 like about your job, though.

3 A. I like helping people and this is just an
4 extension of that.

5 When I can go through and determine what
6 needs they have and try to help them by putting
7 those needs in a life care plan, that is
8 rewarding for me.

9 Q. What are the two big issues that you need to
10 address for a patient when you're creating a life
11 care plan for them?

12 A. The two things that I look at, I look at safety
13 is the number one thing. Anything I put in a
14 life care plan, I want it to be safe for the
15 patient and I also look at pain. Those are my
16 two big things, safety and pain.

17 Q. Why do you look at pain?

18 A. Because pain alters someone's lifestyle.

19 When someone's in pain, they can't fully
20 enjoy their life. They can't go on and do all
21 the things they were once doing; so pain is a
22 very important component.

23 Q. Can you tell us the steps you took in this case
24 to create a life care plan?

25 A. Yes.

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10

1 The first thing I do is an assessment and by 10:35:11
2 doing an assessment -- well, an evaluation really 10:35:15
3 would be the word I would use first and in the 10:35:18
4 evaluation portion, I review the medical records 10:35:24
5 that have been given to me and once I've done 10:35:28
6 that, I make an appointment to go see the client 10:35:33
7 and then I'll go to their home or sometimes they 10:35:36
8 come to me. 10:35:40

9 In this case, I went to see Mr. Hunt and I 10:35:41
10 have a form that I go through, just make an 10:35:48
11 assessment of what, you know, what his needs are 10:35:49
12 and then I enter those things into my life care 10:35:52
13 plan. 10:35:54

14 **Q. What are some of the needs that you must** 10:35:55
15 **determine or did in this case for Charlie?** 10:35:58

16 A. Well, essentially we're looking at the medical 10:36:01
17 surveillance is one of the things, physicians 10:36:08
18 that he would need to see along the way, 10:36:11
19 diagnostics would be another one that we would 10:36:15
20 have to look at. 10:36:19

21 In addition to that, we have therapeutic 10:36:21
22 modalities, physical therapy or occupational 10:36:24
23 therapy, counseling because many times folks 10:36:27
24 have, we call it adjustment to disability 10:36:36
25 counseling. It essentially is to help someone be 10:36:39

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1 more accepting of their new lifestyle because, 10:36:43
2 you know, one day they were at their baseline and 10:36:47
3 then another day they're not there anymore. They 10:36:50
4 have a new baseline, so that's what we like to 10:36:53
5 look at so that we put in counseling for many of 10:36:55
6 them. 10:36:59

7 **Q. And you did those things for Charlie?** 10:36:59

8 A. I did. 10:37:01

9 **Q. And then after that you took that stuff and made** 10:37:01
10 **a narrative?** 10:37:04

11 A. I did. I went back and I put together a 10:37:05
12 narrative report from my notes that I had taken 10:37:07
13 and then I gave my costing information to my 10:37:14
14 research assistant so she could get the prices 10:37:20
15 for me of all this care. 10:37:24

16 **Q. Okay. And upon what information did you rely on** 10:37:26
17 **to create this life care plan? Specifically what** 10:37:29
18 **medical records did you look at when you were --** 10:37:31

19 A. Those are listed at the last page of my report I 10:37:33
20 believe. I had the Cleveland Clinic Foundation 10:37:37
21 records, Jody Pickle, Ph.D. She is a 10:37:41
22 neuropsychologist. I have her records. 10:37:47
23 Dr. Bonfiglio's report of 3/11/13 and then I was 10:37:49
24 able to also review a recent report of 2017, 10:37:53
25 January of 2017, Dr. Bonfiglio report, as well as 10:37:57

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1 a life care plan that was put together by VoCare
2 Services in 2013.

10:38:02

10:38:07

3 **Q. And do you rely on your experience, training and**
4 **education as well?**

10:38:11

10:38:14

5 A. Yes, I do. Those are the things that, I look at
6 that, I base my findings on other similarly
7 disabled individuals, as well as collaborating
8 with the physician and any other treaters that
9 are on the, on the case.

10:38:15

10:38:19

10:38:25

10:38:27

10:38:31

10 **Q. On the topic of collaboration, you said you**
11 **worked with a research assistant --**

10:38:32

10:38:34

12 A. Yes.

10:38:36

13 **Q. -- to find the prices.**

10:38:36

14 A. Yes.

10:38:37

15 **Q. What sort of work did your research assistant do**
16 **to find those prices?**

10:38:37

10:38:40

17 A. Well, we know that Mr. Hunt is going to the
18 Cleveland Clinic for some of his care, so we
19 obtained costs from the Cleveland Clinic.
20 Luckily in the State of Ohio, hospitals are
21 required to put their costs on-line. Sometimes
22 they're difficult to find if you don't know where
23 you're looking; but typically if you go under
24 patient and visitors, you'll find it in there,
25 somewhere in there and typically it lists the

10:38:42

10:38:46

10:38:48

10:38:51

10:38:55

10:38:59

10:39:01

10:39:04

10:39:07

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13

1 most popular I guess pricing for various
2 procedures that are the ones that folks get most.

3 I also had her contact, for things that
4 aren't on there, I had her contact the Cleveland
5 Clinic under my direction to get those costs or
6 pricing, I guess is a better term for it.

7 And then we also utilize the American
8 Hospital Association -- and I should turn this
9 off. I'm sorry.

10 The American Hospital Association, you can
11 also get costs from them. That's an on-line
12 source that we have as well as the centers for
13 Medicare and Medicaid, they provide numbers
14 on-line as well.

15 We use another thing called Med Fees in the
16 United States and that is something that
17 physicians use. It's put out by the AMA and it
18 lets doctors know how much to charge for various
19 services.

20 **Q. Excellent.**

21 So you go through all these things. You met
22 with Charlie. You reviewed the medical records
23 and other reports from doctors.

24 Then you need to choose some items that
25 Charlie needs?

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14

1 A. Yes.

10:40:33

2 **Q. When you choose those items of care for Mr. Hunt,**
3 **what principles are you relying on?**

10:40:33

10:40:37

4 A. I'm trying to be as fair as I can be with this.

10:40:39

5 I'm also trying to use pricing, you know, use the

10:40:42

6 fair pricing, the pricing that has been put out

10:40:48

7 there for me and we just need to be as honest as

10:40:52

8 we can be about this.

10:40:58

9 **Q. And would you also use your experience as well?**

10:41:01

10 A. I do. I use my experience, education and

10:41:03

11 training as a registered nurse and a certified

10:41:05

12 rehabilitation nurse and also as a life care

10:41:07

13 planner.

10:41:11

14 **Q. And are all the, are all the opinions that you've**

10:41:11

15 **expressed and will express today held to a**

10:41:14

16 **reasonable degree of professional certainty?**

10:41:17

17 A. Yes.

10:41:18

18 **Q. You have a report that mentions ten categories of**

10:41:21

19 **care that are necessary and essential for Charlie**

10:41:25

20 **Hunt.**

10:41:28

21 A. Yes.

10:41:28

22 **Q. Starting with the first one, can you please**

10:41:28

23 **explain what it is --**

10:41:31

24 A. Okay.

10:41:32

25 **Q. -- what it involves and why you're recommending**

10:41:32

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15

1 **it?**

10:41:36

2 A. Okay. I'm just going to go through my report and
3 it will be easier for me that way.

10:41:36

10:41:39

4 Medical surveillance, that is essentially the
5 physician visits that Mr. Hunt will need every
6 year.

10:41:42

10:41:46

10:41:48

7 Mr. Hunt has cognitive, mobility and
8 functional impairment, so he needs to see,
9 according to Dr. Bonfiglio, some specialists and
10 his regular doctor several times during the year,
11 so I included seven physician visits. We're back
12 to the fairness principle.

10:41:49

10:41:54

10:41:58

10:42:04

10:42:10

10:42:15

13 He sees -- well, Dr. Bonfiglio recommended a
14 physiatrist, which is a physical medicine and
15 rehabilitation doc, neurologist, orthopedic
16 surgeon, pulmonologist, pain management
17 specialist and a psychiatrist and that's in
18 addition to his primary care physician and that
19 is, if I'm counting this correctly, ten doctor --
20 ten different specialties.

10:42:17

10:42:22

10:42:25

10:42:28

10:42:30

10:42:34

10:42:37

10:42:42

21 I only included seven physician visits
22 because in my experience people have a hard time
23 getting to doctors' appointments. No one wants
24 to go to ten different specialists; so I cut it
25 down to seven because I think that's a reasonable

10:42:44

10:42:47

10:42:51

10:42:55

10:42:59

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1 amount for him, that he would keep those
2 appointments then.

3 **Q. Excellent.**

4 **What's the next category?**

5 A. Diagnostics. Also working with Dr. Bonfiglio, he
6 will need some blood work done a couple times a
7 year, the metabolic profile, chest x-ray,
8 pulmonary function tests and those things. One
9 of the things that Dr. Bonfiglio recommended was
10 a sleep study and that's only included once
11 because Charlie, Mr. Hunt, sleeps an awful lot
12 and in my experience we do see that in brain
13 injury but he sleeps during the day for quite a
14 few hours. He sleeps at night. Sometimes he has
15 difficulty sleeping at night and he reports that
16 that is because he is in pain.

17 The sleep study is included one time only for
18 him.

19 **Q. So let me get this straight so we can understand**
20 **this right now.**

21 **There are some costs that are going to be or**
22 **prices that are a one-time price and others that**
23 **are reoccurring?**

24 A. That's correct.

25 **Q. Okay.**

10:43:02

10:43:04

10:43:05

10:43:06

10:43:08

10:43:16

10:43:20

10:43:28

10:43:35

10:43:36

10:43:38

10:43:45

10:43:48

10:43:53

10:43:56

10:43:59

10:44:04

10:44:08

10:44:08

10:44:10

10:44:11

10:44:12

10:44:15

10:44:15

10:44:16

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17

1 A. Some of them are, you know, for instance, the 10:44:16
2 CBC, that's complete blood count, that is twice a 10:44:24
3 year. The comprehensive metabolic profile is 10:44:27
4 twice a year. The chest x-ray, we would do one 10:44:32
5 of those every two years. The sleep study is 10:44:34
6 just once and a CT scan or an MRI is once every 10:44:39
7 three years. 10:44:43

8 **Q. The next category, what is the next category of** 10:44:43
9 **care?** 10:44:47

10 A. As we move along here: That is therapeutic 10:44:48
11 modalities. 10:44:58

12 **Q. And what is that?** 10:44:58

13 A. Therapeutic modalities are things like physical 10:44:59
14 therapy, occupational therapy, speech therapy and 10:45:02
15 we included some physical therapy for him because 10:45:06
16 of the fact that he does have mobility and 10:45:11
17 functional deficits; so we included that to 10:45:15
18 assist him with, just to keep his function, for 10:45:21
19 maintenance of function so that he could be as 10:45:29
20 independent as we could possibly, you know, have 10:45:32
21 him be. 10:45:36

22 Dr. Bonfiglio recommended this and I included 10:45:37
23 it in the life care plan. 10:45:41

24 **Q. What's the next category?** 10:45:43

25 A. A brain injury program. 10:45:44

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1 A brain injury program is something that 10:45:49
2 Mr. Hunt has not yet had and this would be a 10:45:52
3 place like ReMed or Rainbow. We really don't 10:45:56
4 have a whole lot of those in the State of Ohio. 10:46:02
5 It would be a place like that where he would go 10:46:04
6 to receive some in-depth treatment for his brain 10:46:07
7 injury. He would live there and receive 10:46:12
8 treatment to assist him to get to that point in 10:46:16
9 life where he is as functionally independent as 10:46:19
10 he, as he can possibly be. 10:46:23

11 **Q. What's the next category?** 10:46:25

12 A. Counseling. 10:46:26

13 **Q. And what is that?** 10:46:28

14 A. I included counseling. As I mentioned 10:46:29
15 previously, it's essential that individuals are 10:46:35
16 able to get to a point where they accept their, I 10:46:38
17 guess it's new self would be a good way of 10:46:43
18 explaining it because they in general will note 10:46:46
19 that they have some difficulties with dealing 10:46:50
20 with their new self. They're not able to do all 10:46:58
21 the things that they once did. 10:47:01

22 Sometimes they can't maintain relationships. 10:47:03
23 They just note that they are having difficulty, 10:47:05
24 you know, getting through day to day. 10:47:14

25 So we like to include someone who is an 10:47:16

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19

1 experienced psychologist who has dealt with
2 individuals with injuries and so we included
3 counseling sessions for him.

10:47:20

10:47:22

10:47:26

4 **Q. Would that help Charlie?**

10:47:29

5 A. I believe it will, yes.

10:47:32

6 **Q. The next category is, what is it?**

10:47:32

7 A. As I go through, the next category is case
8 management.

10:47:41

10:47:43

9 **Q. What's that?**

10:47:44

10 A. Case managers, I'm a case manager and essentially
11 you assist people to navigate through the
12 healthcare system and this would be someone that
13 would help arrange his appointments, assist him
14 with obtaining rides to these appointments,
15 assist him with any equipment that he might need
16 and just make sure that he is staying on top of
17 things.

10:47:44

10:47:48

10:47:51

10:47:57

10:47:59

10:48:06

10:48:11

10:48:14

18 Also the case managers many times will attend
19 physician appointments with the client, if it's
20 okay with the client, and then explain to the
21 client exactly what they need to do because
22 sometimes people get very -- maybe I shouldn't
23 say it that way.

10:48:15

10:48:19

10:48:21

10:48:23

10:48:26

10:48:29

24 In my experience I find that people get real
25 nervous and forget things at doctors'

10:48:33

10:48:35

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20

1 appointments so the case manager can assist with 10:48:39
2 that. 10:48:41

3 **Q. What's the next category?** 10:48:41

4 A. These are, this is equipment and medications that 10:48:43
5 Charlie currently has and some of the things are 10:48:47
6 things that I recommended and Dr. Bonfiglio 10:48:51
7 agreed that they were helpful as well. 10:48:56

8 I included a Tempur-Pedic bed for him because 10:49:00
9 he has a difficult time positioning himself in 10:49:05
10 bed at night and he's in pain quite a bit he 10:49:08
11 tells me. I excluded a scooter for long distance 10:49:13
12 locomotion because he tells me he has difficulty 10:49:18
13 walking distances and by having a scooter, he 10:49:23
14 would be able to go out into the community even 10:49:26
15 more. 10:49:31

16 Dr. Bonfiglio recommended that he have a 10:49:31
17 manual wheelchair so we included that. He 10:49:35
18 currently has a TENS unit so we just have a 10:49:38
19 replacement for that and some supplies. We have 10:49:41
20 a cane for him to assist him with ambulation and 10:49:46
21 the other things here: He has a nebulizer 10:49:52
22 already. That's a replacement cost. The raised 10:49:55
23 toilet seat with arms is a safety issue and a 10:49:58
24 shower chair with back and arms so that he's safe 10:50:01
25 in the shower. 10:50:05

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21

1	Q. So you don't just recommend things to get new.	10:50:06
2	If he has it already, your goal is to just	10:50:08
3	maintain what he has?	10:50:11
4	A. Yes. Yes. We typically replace what they have	10:50:12
5	because things do wear out.	10:50:15
6	Q. And is that a fairness principle that you use	10:50:16
7	there? Why get him a new one?	10:50:18
8	A. I believe it is a fairness principle, yes.	10:50:20
9	Q. And what's the next category?	10:50:22
10	A. The next category that we have is medications.	10:50:24
11	Now the only medications I include in a life care	10:50:29
12	plan are the medications that are related to	10:50:31
13	whatever injury or disease process the case is	10:50:39
14	referring to and I included the Albuterol	10:50:44
15	inhalant solution which is used with his	10:50:49
16	nebulizer. He currently uses a Lidoderm patch	10:50:52
17	for pain, I included that, and he uses Capsaicin	10:50:55
18	which is a topical cream that he applies and I	10:51:03
19	included that.	10:51:06
20	Q. What's the next category?	10:51:09
21	A. The next category is transportation. Mr. Hunt is	10:51:10
22	currently driving very short distances to places	10:51:14
23	that he is familiar, familiar with; so I included	10:51:21
24	a driver's evaluation just to make sure that this	10:51:27
25	is safe for him to be doing this.	10:51:34

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22

1 The driver's evaluation, once that is 10:51:37
2 complete, the person that does that evaluation, 10:51:39
3 and it's typically an occupational therapist, 10:51:42
4 will opine whether or not he needs any adaptive 10:51:47
5 equipment in the vehicle. 10:51:51

6 I did not include the costs for those in the 10:51:52
7 life care plan but I did make reference to them. 10:51:55

8 If he would need hand controls or training, 10:51:59
9 if he needs training with the vehicle, it's \$140 10:52:05
10 on hour but I didn't include that. I only 10:52:08
11 included a one-time evaluation. 10:52:11

12 **Q. Because we don't know what the evaluation is** 10:52:13
13 **going to be yet?** 10:52:15

14 A. We don't know. 10:52:16

15 **Q. Okay. And what's the, I believe it's the last** 10:52:16
16 **category?** 10:52:19

17 A. Yes, it is. 10:52:19

18 This is attendant or facility care. 10:52:20

19 Dr. Bonfiglio indicated to me that after he 10:52:28
20 goes through the brain injury program, they'll 10:52:35
21 need to make recommendations at the brain injury 10:52:42
22 program as to what Mr. Hunt will need. He may be 10:52:45
23 able to go back into his own home with supports 10:52:49
24 and by supports I mean a nursing assistant or a 10:52:52
25 caregiver who would provide one-on-one care for 10:52:57

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23

1 him two to four hours per day at his current age 10:53:02
2 and that would increase in time to six to ten 10:53:07
3 hours by the time he is 65 years old and at this 10:53:14
4 point in time, his girlfriend -- actually, she's, 10:53:20
5 I guess just a friend now, Tracy, is providing 10:53:26
6 some of his care as his, as is his son; so I 10:53:29
7 included that and -- 10:53:34

8 **Q. What, what sort of care were they providing?** 10:53:37

9 A. They assist him with his laundry. They cook his 10:53:39
10 meals. He can go in and cook one item at a time 10:53:43
11 but when I spoke with Tracy on the phone, she 10:53:47
12 says she doesn't believe that he's safe; so of 10:53:51
13 course we need to look at other things. 10:53:53

14 He is unable to do anything around his house. 10:53:57
15 He is able to dress himself. He is able to 10:54:02
16 provide his own hygiene but it takes him quite a 10:54:04
17 long time to do this. 10:54:09

18 He needs someone there to cue him, you know, 10:54:10
19 now you've got to, you know, are you still in the 10:54:13
20 shower, Charlie? You need to, you know, continue 10:54:17
21 washing up and come on out because, you know, he 10:54:19
22 just loses track of time. 10:54:22

23 - - - - 10:54:22

24 (Thereupon, Plaintiffs' Exhibit 20 was marked 10:54:22
25 for purposes of identification.) 10:54:22

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Q. Can we put up Exhibit 20 onto the screen right now?

A. Oh, I am going to need the glasses for that one.
I have it.

Q. I have it here, too.

A. Can you bring that closer to me? Can we do that?
Can you do that? Okay. I'll just do the best I
can. I need to get a new prescription here.

Q. All right.

A. This is basically outlining the one-on-one care
for him and that care is --

Q. Well, first let me ask you a question more basically for that.

Does this fairly and accurately represent the prices that you came to in this case for one-on-one care?

A. Yes. Yes, it does. I can tell you where the prices came from if you'd like me to.

The prices, we used vendors, local vendors for home care costs in this area and also a publication called Genworth. Genworth is a company that provides long-term health insurance for folks and they basically, it is their long -- it is their business to know how much home care

10:54:26
10:54:26
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10:54:43
10:54:46
10:54:49
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10:55:28
10:55:32
10:55:37

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25

1	costs are; so they provide a report, I believe	10:55:42
2	it's every year, so that is what we used and	10:55:47
3	those costs come out to, interim healthcare --	10:55:51
4	Q. Well, let's look at this first.	10:55:55
5	A. Oh, you don't want me to do that?	10:55:56
6	Q. No, that's all right. I just want to make sure	10:55:58
7	we have all the numbers on here.	10:56:01
8	A. Okay.	10:56:01
9	Q. On the first line it says "one time price" and it	10:56:02
10	says \$344,702.	10:56:06
11	A. Yes.	10:56:09
12	Q. Does that accurately reflect the one-time costs	10:56:09
13	that --	10:56:12
14	A. Yes, it does.	10:56:13
15	Q. Now, we talked before when we were going over the	10:56:15
16	categories, you were saying that if it's	10:56:17
17	one-on-one care, Charlie will need from a certain	10:56:19
18	age, from 55 to 64, is that the first chunk of	10:56:23
19	years?	10:56:27
20	A. Yes.	10:56:27
21	Q. He would need several hours of care?	10:56:27
22	A. Two to four hours per day is what I included.	10:56:31
23	Q. And the total for that yearly cost would be	10:56:35
24	\$435,140?	10:56:39
25	A. That's correct.	10:56:40

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26

1 Q. And I see there's another line for 65 to 80.

10:56:40

2 What happens in that, in those years?

10:56:45

3 A. The care is bumped up to six to ten hours per day
4 and that's where that cost comes from, price
5 comes from.

10:56:48

10:56:53

10:56:55

6 Q. And what is the total over, yearly cost over his
7 life, is that number correct --

10:56:56

10:57:00

8 A. Yes.

10:57:01

9 Q. -- the \$1,173,58?

10:57:01

10 A. Yes.

10:57:05

11 Q. And the total price for one-on-one at-home care?

10:57:05

12 A. Yes.

10:57:10

13 Q. Is that number correct?

10:57:10

14 A. Yes, one million nine fifty-two and some change,
15 yes. Yes.

10:57:11

10:57:14

16 Q. Does this exhibit fairly and accurately represent
17 the prices in your opinion that you came to for
18 one-on-one care?

10:57:20

10:57:21

10:57:23

19 A. Yes, it does.

10:57:25

20 - - - -

10:57:25

21 (Thereupon, Plaintiffs' Exhibit 21 was marked
22 for purposes of identification.)

10:57:25

10:57:25

23 - - - -

10:57:25

24 Q. I'm going to go to the next exhibit now, the
25 other option we had talked about, the brain

10:57:25

10:57:28

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1	injury facility.	10:57:30
2	First off, can you see it?	10:57:32
3	A. I can see it.	10:57:34
4	Q. Does this fairly and accurately represent the	10:57:35
5	work that you did on this --	10:57:39
6	A. Yes.	10:57:39
7	Q. -- plan of care?	10:57:43
8	A. That is, yes, it is a fair and accurate cost for	10:57:44
9	him.	10:57:48
10	Q. So let's go over it again like we did last time.	10:57:49
11	The first line has a one-time price and it	10:57:52
12	looks like it's the same as the last exhibit	10:57:54
13	that's \$344 -- \$344,702; is that correct?	10:57:56
14	A. Yes.	10:58:02
15	Q. And the next line, this would be the yearly --	10:58:02
16	well, what is the next line representing?	10:58:05
17	A. The next line represents the yearly cost for	10:58:07
18	that.	10:58:13
19	Q. And over his lifetime?	10:58:14
20	A. Or, excuse me, no. It's the -- excuse me.	10:58:16
21	That is the lifetime cost.	10:58:19
22	Q. And just to make sure we're clear as to what's	10:58:22
23	that lifetime cost represent? Is that for the	10:58:25
24	residential?	10:58:28
25	A. Yes. He would be in a residential facility,	10:58:28

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1 typically they are either cottages or sometimes a 10:58:31
2 group home type setting. They're with 10:58:36
3 individuals caring for him that are trained to 10:58:39
4 assist folks in brain, with brain injuries. 10:58:41

5 **Q. And the cost for that, just to make sure, I'm 10:58:46**
6 **sorry, I've been jumping, I want to keep the rest 10:58:48**
7 **of it more organized. My apologies. 10:58:50**

8 That line for residential, the price is, what 10:58:53
9 is that again? 10:58:55

10 A. It's \$6,672,500 -- 672,540. 10:58:56

11 **Q. 10. That's a 10? 10:59:04**

12 A. 10. Okay. See, I told you. 10:59:06

13 **Q. Fair enough. 10:59:08**

14 Does this fairly and accurately represent 10:59:09
15 your opinions and price for Charlie to be in a 10:59:11
16 brain injury facility for his life? 10:59:14

17 A. It does. 10:59:16

18 **Q. Do you hold all of the opinions in this case to a 10:59:20**
19 **reasonable degree of professional certainty and 10:59:23**
20 **probability? 10:59:25**

21 A. I do. 10:59:25

22 **Q. And did Exhibits 20 and 21 fairly and accurately 10:59:26**
23 **depict your analysis, calculations and opinions 10:59:30**
24 **in this case? 10:59:32**

25 A. Yes, they did. 10:59:33

**Maryanne Cline, B.S., R.N., CLCP
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1	MR. ABRAMOWITZ: I have no further	10:59:35
2	questions at this time.	10:59:36
3	I think Ms. Hemmons might have	10:59:37
4	some questions.	10:59:39
5	- - - -	
6		
7		
8		
9	CROSS-EXAMINATION OF	
10	MARYANNE CLINE, B.S., R.N., CLCP	
11	BY MS. HEMMONS:	10:59:43
12	Q. I have a few.	10:59:43
13	A. Could I have a quick drink of water?	10:59:45
14	MR. ABRAMOWITZ: You want a quick	10:59:48
15	break perhaps?	10:59:50
16	THE WITNESS: Huh-huh. I am just	10:59:51
17	fine.	10:59:52
18	MR. ABRAMOWITZ: All right.	10:59:52
19	Q. Let's see.	10:59:52
20	A. Yes, ma'am.	10:59:53
21	Q. Okay. You are Maryanne Cline?	10:59:55
22	A. Yes.	10:59:59
23	Q. A rehabilitation nurse?	10:59:59
24	A. Yes, ma'am.	11:00:01
25	Q. Now, I didn't get when you graduated and became a	11:00:02

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1 registered nurse. I thought I wrote down 2015, 11:00:07

2 but that was -- 11:00:12

3 A. No. That was 1985. 11:00:12

4 Q. 1985. 11:00:13

5 A. Yes. 11:00:15

6 Q. Okay. So did you become a registered nurse and a 11:00:16

7 rehab nurse at, in 1985? 11:00:22

8 A. No. I became a registered nurse in 1985 and then 11:00:23

9 I took postgraduate courses, core curriculum to 11:00:27

10 become a certified rehabilitation registered 11:00:32

11 nurse and that was completed in 1992. 11:00:34

12 Q. Oh, I had 2005. 11:00:37

13 But it was 1992? 11:00:39

14 A. Right. 11:00:41

15 Q. Okay. So from 1985 to 1992 you actually worked 11:00:41

16 hands on with patients? 11:00:47

17 A. Yes. 11:00:48

18 Q. Okay. Now -- 11:00:49

19 A. No. Actually, I was working on, 1985 to 19 -- I 11:00:53

20 got to look at my resumé again, I was working at 11:00:58

21 the Cleveland Clinic until 1997, so, yeah, I was 11:01:04

22 doing hands-on care with patients. 11:01:08

23 Q. Okay. And what happened after 1997? 11:01:09

24 A. I became a Certified Case Manager. 11:01:11

25 Q. Okay. And what exactly did you do as a Certified 11:01:14

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1 Case Manager?

11:01:18

2 A. I worked for a company called Crawford & Company.
3 They no longer do case management in the area but
4 I was managing Bureau of Workers' Compensation
5 claims assisting injured workers in getting back
6 to work and essentially navigating the healthcare
7 system with them.

11:01:18

11:01:22

11:01:25

11:01:30

11:01:32

11:01:37

8 **Q. Okay. So you haven't worked hands on with**
9 **patients for about 20 years, since 1997?**

11:01:38

11:01:40

10 A. You know that's really not -- no, that's really
11 not true. I currently have a position at
12 Pleasantview Care Center where I've been since
13 2012. I do intake coordination and assessment as
14 needed for nursing home, skilled nursing
15 facility.

11:01:43

11:01:46

11:01:48

11:01:51

11:01:55

11:01:59

16 **Q. And that's more like a consultant?**

11:01:59

17 A. No. Actually I determine where in the facility
18 folks need to be. I go in and I work there.

11:02:01

11:02:05

19 **Q. So you no longer have to take temperatures and**
20 **blood pressures, though?**

11:02:09

11:02:11

21 A. No. But you know what? Usually the temperatures
22 and blood pressures aren't done by nurses any
23 longer. Those things are done by CNAs.

11:02:12

11:02:14

11:02:17

24 **Q. Oh.**

11:02:21

25 A. Someone on the floor.

11:02:21

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1	Essentially nurses that, the thing that sets	11:02:23
2	nursing apart from nursing assistants or any, or	11:02:27
3	any L.P.N.s, registered nurses provide	11:02:32
4	assessment. That's the number one thing that	11:02:36
5	sets us apart and so when I see those folks at	11:02:38
6	the nursing home, I'm doing an assessment to	11:02:42
7	determine what kind of care they need, if they	11:02:45
8	would benefit from the skilled nursing unit that	11:02:49
9	they have, can they do all the therapy that's	11:02:52
10	required of them, do they have, because they	11:02:55
11	would be required to do physical therapy and	11:02:59
12	occupational therapy every day because we want to	11:03:01
13	use, we don't want -- I want to utilize their	11:03:06
14	healthcare benefit in the best way possible, so	11:03:14
15	maybe they're not ready for skilled nursing.	11:03:17
16	Maybe they need to go somewhere else.	11:03:19
17	Q. Okay.	11:03:21
18	A. And then come back up to skilled nursing because	11:03:21
19	maybe they just can't do physical therapy yet and	11:03:24
20	these are essentially folks that are on Medicare.	11:03:27
21	Sometimes younger folks come in there if they've,	11:03:30
22	you know, a long-term sort of individual getting	11:03:32
23	antibiotics and physical therapy, IV antibiotics.	11:03:37
24	We might have those so I do still provide	11:03:40
25	assessment and that is the, I provide assessment	11:03:42

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1 when I go into a person's home to do, you know, 11:03:45
2 to put together a life care plan, I do assessment 11:03:49
3 when I'm working as a case manager. 11:03:51

4 **Q. So you don't have to do direct care anymore for** 11:03:53
5 **patients?** 11:03:57

6 A. You mean like handing out medicines and those 11:03:59
7 kind of things? No, I don't do that any longer. 11:04:02

8 **Q. Okay. You don't do, say, any direct intervention** 11:04:05
9 **to facilitate a person's back, coming back to** 11:04:09
10 **health?** 11:04:15

11 A. I provide recommendations. 11:04:17

12 **Q. So most --** 11:04:19

13 A. I don't do any hands-on care, that is correct. 11:04:20

14 **Q. Most of your work is based on paper pushing and** 11:04:22
15 **opinion and hypothetical assessments or** 11:04:29
16 **evaluations based on what reports have given you?** 11:04:37

17 A. No. I would say that most of my work is based on 11:04:41
18 doing an assessment where I'm sitting there, just 11:04:47
19 like we are sitting here now, and I do a 11:04:50
20 one-on-one assessment with them and I go through 11:04:52
21 and I ask them about how they're able to get 11:04:55
22 around in their home. I watch them as they walk 11:04:59
23 through their home. I pay close attention. 11:05:02

24 Sometimes when folks come to my office, I go 11:05:04
25 into our accountant's office and I watch them 11:05:07

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1	walk to their car, if they are able to walk to	11:05:10
2	the car so I can see, you know, how long it takes	11:05:12
3	them. I observe them the whole time they're	11:05:15
4	there and I'm essentially doing an assessment.	11:05:19
5	Just because I'm not, you know, laying hands on	11:05:22
6	them or using a stethoscope to listen to their	11:05:24
7	lungs, I'm still providing an assessment; and as	11:05:28
8	I mentioned to you before, assessment is the	11:05:31
9	paramount thing that nurses do, registered	11:05:34
10	nurses. It sets us apart from anyone else.	11:05:37
11	Q. Okay. So for approximately 12 years, from 1985	11:05:39
12	to 1997 you did direct service care and your	11:05:43
13	experience and training since that time is based	11:05:51
14	upon what you used to do, correct, as a direct	11:05:56
15	hands-on professional?	11:06:01
16	A. No. I wouldn't say that. I also do some	11:06:03
17	volunteer work where I am providing direct on,	11:06:05
18	direct care. I'm a member of St. Thomas	11:06:09
19	Episcopal Church in Berea, Ohio, and I am one of	11:06:16
20	the parish nurses and we sometimes hold health	11:06:17
21	fairs. If someone is sick in our parish	11:06:20
22	community, the nurses will go out and see if we	11:06:23
23	can assist them in any way, so yes, I do still	11:06:25
24	provide hands-on care. I'm just not getting paid	11:06:28
25	for it.	11:06:30

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1	Q. Okay. And your dog Sissy?	11:06:30
2	A. Sissy, my dog Sissy and I go.	11:06:33
3	Q. You provide some kind of therapy for students --	11:06:36
4	A. We, yes.	11:06:39
5	Q. -- and children?	11:06:39
6	A. Well, children that, they're lower income	11:06:40
7	students. The school that I go to is where my	11:06:43
8	daughter teaches and 99 percent of those children	11:06:46
9	are on free or reduced lunch so that should tell	11:06:48
10	you right there that, you know, there's a lot of	11:06:52
11	economic hardship with those families and I teach	11:06:55
12	them about how to care for a dog and that my, you	11:06:59
13	know, this is what you, you know, can expect if	11:07:02
14	you have a dog that's a pet.	11:07:04
15	Q. Okay.	11:07:07
16	A. And they pet her and they, you know, I think it	11:07:08
17	brings them a lot of comfort.	11:07:11
18	Q. How does low income relate to physical health or	11:07:13
19	mental health? How does being	11:07:19
20	socioeconomically --	11:07:21
21	A. You mean like the kids that I go to see?	11:07:22
22	Q. Yeah.	11:07:25
23	A. A lot of those kids have said to me that when I	11:07:26
24	bring Sissy in there -- Sissy weighs 10 pounds.	11:07:30
25	She's about this big. She's actually 12 inches	11:07:35

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1 from the nape of her neck to the base of her 11:07:38
2 tail. She's a foot long hotdog. She's a 11:07:40
3 dachshund and some of those kids have said to me 11:07:45
4 before, do you fight her and I found out that 11:07:47
5 they mean like dog fighting like people fight 11:07:51
6 with pit bulls. 11:07:56

7 **Q. Oh, dear.** 11:07:56

8 A. Yes. And so I bring that dog in there to show 11:07:57
9 them that dogs can be loving and sweet and that 11:08:00
10 you can pet her and I teach them the appropriate 11:08:02
11 way to pet her, that you always ask the owner if 11:08:05
12 you can pet the dog because sometimes it can be 11:08:08
13 deceiving. You might think you've got a nice dog 11:08:11
14 and it might bite you. 11:08:13

15 **Q. So in --** 11:08:15

16 A. So I try to teach them the right way to handle 11:08:16
17 being around an animal. 11:08:19

18 **Q. So since 1997 you've done more with enhancing** 11:08:21
19 **one's mental health and quality of life in terms** 11:08:24
20 **of assessments, talking to them, making them feel** 11:08:28
21 **good and helping them use different referral** 11:08:33
22 **services so that you, they can better adapt to** 11:08:38
23 **what you say is their new life?** 11:08:43

24 A. Partially, yes. 11:08:47

25 **Q. Okay. Now, when people come to you, do you know** 11:08:50

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1 **anything or anyhow about what brought them there** 11:08:53

2 **originally?** 11:08:57

3 A. Yes, because the first thing that happens is the 11:08:58

4 person that hires me, and it's typically an 11:09:02

5 attorney or a trust officer, they will send me 11:09:04

6 the medical records and I will go through those 11:09:09

7 medical records so I do have a good idea of 11:09:12

8 what's going on with that individual. 11:09:14

9 **Q. Okay. So you know what the result of the injury** 11:09:16

10 **is physically but you don't know how or what or** 11:09:24

11 **where the injury was brought on, correct?** 11:09:28

12 A. No. I, typically I will get medical records. It 11:09:34

13 all depends on the referral source and what they 11:09:36

14 send me. Sometimes I'll get medical records. 11:09:38

15 I'll get a police report. I will get -- 11:09:40

16 **Q. Did you get this? Did you get a police report or** 11:09:44

17 **medical records in this instance?** 11:09:47

18 A. I don't remember reviewing. If I had, I would 11:09:48

19 have had it in here. 11:09:51

20 But typically if I've gotten the hospital 11:09:52

21 records, the first emergency room, the trauma 11:09:54

22 note is going to indicate what happened to that 11:09:59

23 person. 11:10:00

24 **Q. But not how it happened, correct?** 11:10:01

25 A. I believe it said in this case that Mr. Hunt's 11:10:04

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1	car was T-boned.	11:10:10
2	Q. Okay. But you weren't there and that's what you	11:10:12
3	read from what kind of report?	11:10:17
4	A. The emergency room record.	11:10:18
5	Q. And where did the emergency room get their report	11:10:22
6	from?	11:10:25
7	A. You know, I don't know. I am just reading, you	11:10:25
8	know.	11:10:28
9	Q. Would it have been self-report by Mr. Hunt?	11:10:28
10	A. I don't know that it would have been self-report	11:10:32
11	because he came in with a Glasgow scale of nine	11:10:35
12	and I don't know that he would have been able at	11:10:37
13	that point to tell people what had happened to	11:10:39
14	him.	11:10:42
15	Q. So someone --	11:10:42
16	A. But --	11:10:43
17	Q. -- reported that to the emergency room?	11:10:43
18	A. It must have been but you need to understand --	11:10:45
19	Q. Okay.	11:10:47
20	A. -- me, ma'am, as a rehabilitation nurse, I don't	11:10:48
21	care about causation.	11:10:51
22	Q. Okay, very good.	11:10:52
23	A. I care only about function.	11:10:53
24	Q. That's very good.	11:10:54
25	A. I care about how he is now and I know that before	11:10:55

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1 this accident, injury, whatever we're going to 11:10:58
2 call it, before that he was playing baseball. 11:11:02

3 **Q. Okay. How do you know that?** 11:11:07

4 A. By going to his home. He spoke with me about 11:11:08
5 that and in his dining room he has trophies and 11:11:11
6 pictures and all sorts of things -- 11:11:14

7 **Q. Okay. And how --** 11:11:18

8 A. -- for baseball. 11:11:19

9 **Q. Okay. And what was his occupation?** 11:11:19

10 A. I believe at that time he was working for an 11:11:23
11 apartment complex where he was the person that's 11:11:27
12 on site and does maintenance. I don't know what 11:11:33
13 you call that. I'm not a job person but I know 11:11:35
14 that he had a position where he did the 11:11:37
15 maintenance and that sort of thing for an 11:11:44
16 apartment complex. 11:11:46

17 **Q. Okay. And how long after the accident did you** 11:11:47
18 **meet Mr. Hunt?** 11:11:50

19 A. I met Mr. Hunt on December 21st, 2016. 11:11:52

20 **Q. Oh, okay.** 11:12:01

21 **So that was, let's see. This occurred, this** 11:12:02
22 **accident occurred in 2011 so you met him** 11:12:05
23 **approximately five years after the accident?** 11:12:10

24 A. I don't know that I have an injury date here. 11:12:15

25 **Q. Okay. If you don't know, you don't have to be** 11:12:22

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1 responsive --

11:12:25

2 A. I don't know.

11:12:26

3 Q. -- to that.

11:12:26

4 Okay. So you don't know, you saw some
5 trophies but did you look at the years of the
6 trophies?

11:12:27

11:12:35

11:12:37

7 A. No, I didn't do that.

11:12:38

8 Q. Okay.

11:12:40

9 A. He was just very proud of them, though, and he
10 showed them to me.

11:12:40

11:12:42

11 Q. How old was Mr. Hunt when you met him?

11:12:43

12 A. 55.

11:12:47

13 Q. He was 55 --

11:12:48

14 A. Yes.

11:12:52

15 Q. -- at that time and so at the time of the
16 accident -- well, you don't know anything about
17 what happened five years earlier.

11:12:52

11:12:57

11:13:00

18 Is this the first time you've worked for the
19 particular attorneys -- you say attorneys hire
20 you, hire you, correct?

11:13:01

11:13:04

11:13:07

21 A. Yes.

11:13:08

22 Q. So is this the first time you've worked for this
23 particular firm?

11:13:08

11:13:11

24 A. No. I've done some work for them in the past.

11:13:12

25 Q. Okay. Do you know how many cases they've

11:13:15

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1 referred you in the past?

11:13:18

2 A. Perhaps three or four in a, I became certified in
3 2012, so in a five-year period.

11:13:19

11:13:26

4 Q. Okay. And like I said, I remember you.

11:13:29

5 How long have you been doing this work as
6 referrals from attorneys?

11:13:31

11:13:34

7 A. Since 2012.

11:13:36

8 Q. Since 2012 and about how many such cases have you
9 evaluated?

11:13:37

11:13:43

10 A. I, I haven't counted my cases for quite a while.

11:13:44

11 But I am going to estimate between 50 and 70.

11:13:48

12 Q. Between 50 and 70?

11:13:56

13 A. Yes.

11:14:00

14 Q. Okay. And do you --

11:14:00

15 A. That's prior to -- or after I became a Certified
16 Life Care Planner.

11:14:01

11:14:06

17 Prior to that, I did research so I would say

11:14:06

18 I probably researched 100 cases or more.

11:14:10

19 Q. Okay. And in doing your life care planning for
20 the 60 or 70 cases that you did, do you do the
21 ten categories of care for all those other cases
22 as well?

11:14:13

11:14:17

11:14:22

11:14:25

23 A. My company, I have to explain this to you. It's
24 kind of complicated.

11:14:25

11:14:30

25 When I began working for them, they were

11:14:31

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1 VoCare Services --

11:14:33

2 **Q. Okay.**

11:14:33

3 A. -- and VoCare Services was sold to Paramount

11:14:34

4 Preferred Services it's called. It's part of

11:14:45

5 ProMedica Hospital Systems and ProMedica Hospital

11:14:47

6 Systems bought another life care planning company

11:14:51

7 called BalaCare Nursing Solutions and VoCare and

11:14:53

8 BalaCare combined and so now we have merged to

11:14:57

9 become BalaCare Solutions.

11:15:01

10 **Q. Oh, I have your card.**

11:15:02

11 A. Yeah. Yeah. So it's kind of confusing but I've

11:15:04

12 been at the same desk doing the same thing.

11:15:08

13 The format of the report has changed but it

11:15:10

14 is essentially the same thing.

11:15:13

15 **Q. For all 70 people?**

11:15:15

16 A. Yes.

11:15:18

17 **Q. Okay. So you in your assessment for anyone that**

11:15:19

18 **walks through the door you make the same kind of**

11:15:23

19 **categorical list and depending on the person's**

11:15:26

20 **needs make the appropriate referrals and**

11:15:31

21 **recommendations, correct?**

11:15:34

22 A. I, I don't make referrals. I make

11:15:36

23 recommendations; but not all people coming

11:15:38

24 through the door would require all of the

11:15:40

25 categories. I might get someone who doesn't need

11:15:45

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1 a driver's evaluation because they have someone 11:15:48
2 that drives them and they don't plan to drive 11:15:51
3 anymore. 11:15:53

4 Someone that isn't a brain injury isn't going 11:15:54
5 to need brain injury rehabilitation, so, yeah. 11:15:57

6 **Q. Okay. So you didn't meet Mr. Hunt until five 11:15:59**
7 **years after, assuming five years, that this 11:16:02**
8 **accident happened in 2011? 11:16:07**

9 MR. ABRAMOWITZ: I'm sorry, 11:16:09
10 counsel. I need to correct something. 11:16:10
11 This actually happened in 2008. 11:16:13

12 MS. HEMMONS: Oh, 2008. Okay. 11:16:15

13 MR. ABRAMOWITZ: So it's not just 11:16:17
14 five years, it's a little bit longer than 11:16:18
15 that. 11:16:20

16 MS. HEMMONS: Longer than that. 11:16:20
17 Okay. Thank you -- 11:16:21

18 MR. ABRAMOWITZ: No problem. 11:16:24

19 MS. HEMMONS: -- Mr. Abramowitz. 11:16:25

20 **Q. Okay. You met him eight years after the 11:16:26**
21 **accident, correct? 11:16:29**

22 A. Yes, ma'am. 11:16:29

23 **Q. December 2016? 11:16:29**

24 A. Yes. 11:16:31

25 **Q. Okay. Did, do you know how he had been 11:16:31**

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1 **ambulating around for eight years?**

11:16:36

2 A. He told me that -- and once again I'm doing that
3 one-on-one assessment with individuals -- he had
4 been getting around his house doing the very best
5 that he could. He had fallen a few times.

11:16:39

11:16:43

11:16:48

11:16:51

6 **Q. Okay. Well, if he had been roaming around for**
7 **eight years without your services, why were you**
8 **engaged eight years later?**

11:16:54

11:16:59

11:17:03

9 A. They had already engaged a life care planner
10 earlier on and I don't know what happened with
11 the case. That's legal and I don't worry about
12 that. Like I said, I worry about the functional
13 independence of the person and I don't worry
14 about causation. I don't worry about any of that
15 sort of thing. I do a needs assessment at the
16 time I meet with them.

11:17:05

11:17:09

11:17:13

11:17:18

11:17:23

11:17:25

11:17:28

11:17:30

17 **Q. Okay. So you said that you like to help people**
18 **and one of the reasons you like to help people is**
19 **because they've had a life altering experience,**
20 **correct?**

11:17:33

11:17:37

11:17:39

11:17:42

21 A. Yes.

11:17:43

22 **Q. So you met Mr. Hunt eight years after his life**
23 **altering experience, correct?**

11:17:43

11:17:46

24 A. Yes.

11:17:48

25 **Q. Okay. So he, he had been altered for some time**

11:17:50

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1 when you met him?

11:17:54

2 A. Yes.

11:17:56

3 Q. Okay. And you said the hard part about your job
4 is that when people come to you, they suffered a
5 catastrophic injury or a chronic illness.

11:17:59

11:18:04

11:18:07

6 You don't know why it took him eight years to
7 meet with you when his injury was supposedly so
8 catastrophic?

11:18:16

11:18:18

11:18:22

9 A. He had already had a life care plan and I believe
10 that has to do with, I think it's with the
11 courts. I really don't know.

11:18:23

11:18:25

11:18:30

12 Q. Okay. So you said that in response to your
13 query, to the attorney's query about there's two
14 big issues in creating a life care plan: Safety
15 and pain?

11:18:32

11:18:44

11:18:47

11:18:51

16 A. Yes.

11:18:53

17 Q. Okay. You said that you helped him in his pain
18 management?

11:18:53

11:19:00

19 A. I made recommendations that would assist him with
20 pain management.

11:19:00

11:19:04

21 Q. As well as the safety of his immediate
22 environment?

11:19:04

11:19:08

23 A. Yes.

11:19:10

24 Q. Okay. But you don't know the genesis of his
25 pain, correct?

11:19:11

11:19:14

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1	A. I know what he told me and --	11:19:16
2	Q. It was self-reported?	11:19:19
3	A. Yes, it was self-reported and I do know the types	11:19:21
4	of injuries that he sustained --	11:19:25
5	Q. Based on the medical records --	11:19:26
6	A. -- from the medical record.	11:19:27
7	Q. -- that you read?	11:19:28
8	A. Yes.	11:19:29
9	Q. You weren't there, of course.	11:19:29
10	A. No. Of course I wasn't.	11:19:30
11	Q. Okay. Now, do you know if he had -- you had the	11:19:32
12	medical records from I'm told 2008 and subsequent	11:19:46
13	years, correct?	11:19:51
14	A. Yes. There were quite a few of them.	11:19:52
15	Q. Okay.	11:19:54
16	A. 2008 to 2016.	11:19:54
17	Q. Okay. Prior to that, do you know if he had had	11:19:57
18	any previous accidents that might have caused him	11:20:01
19	pain or injury?	11:20:04
20	A. Prior to 2008?	11:20:05
21	Q. You know, debilitation?	11:20:06
22	A. I don't know.	11:20:08
23	Q. Okay. Okay. And you have a costing expert,	11:20:12
24	correct?	11:20:16
25	A. Yes.	11:20:17

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1	Q. Okay.	11:20:18
2	A. She does pricing for me, yes.	11:20:18
3	Q. Oh, okay.	11:20:20
4	Now, isn't it true that the doctors don't	11:20:21
5	really themselves consult these charts provided	11:20:23
6	by Medicare and Medicaid and Med Fees in deciding	11:20:28
7	how much? Aren't there professionals who refer	11:20:34
8	to even the federal guidelines in terms of	11:20:37
9	determining these costs?	11:20:43
10	A. I'm just not sure I understand the question,	11:20:46
11	ma'am.	11:20:48
12	Q. What I'm asking is: The doctors themselves, just	11:20:48
13	like in providing interventive care, there are	11:20:55
14	CNAs, STNAs, practical nurses, sometimes med	11:21:00
15	techs, orderlies, there's a whole slew of people,	11:21:05
16	but the doctors themselves don't go into the	11:21:07
17	computer and assess it. They have professionals	11:21:11
18	who know the amounts that each procedure costs,	11:21:14
19	correct?	11:21:20
20	A. Yes, I would believe so.	11:21:20
21	Q. Okay. So when you said it lets the doctors know	11:21:22
22	how much to charge, that's kind of --	11:21:25
23	A. The doctors' offices.	11:21:28
24	Q. Okay.	11:21:30
25	A. It should be the doctors' offices.	11:21:30

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1 Q. Okay.

11:21:32

2 A. But it is a publication. When I spoke about Med
3 Fees in the United States --

11:21:33

11:21:36

4 Q. Yes.

11:21:36

5 A. -- it is a publication that is put out by the
6 American Medical Association.

11:21:37

11:21:39

7 Q. I'm aware of that.

11:21:40

8 A. Yeah.

11:21:41

9 Q. Isn't that somewhat driven by what the federal
10 agencies will approve?

11:21:41

11:21:47

11 A. Actually, the way that it works is -- and I'm not
12 sure that we even used it in this one -- but it's
13 one of my resources that I can use --

11:21:49

11:21:55

11:21:58

14 Q. Well, you were reporting what you had used for
15 Mr. Hunt.

11:22:01

11:22:03

16 A. No. I was reporting what, the kind of resources
17 that we use.

11:22:04

11:22:07

18 Q. Okay, so some of the testimony is just based on
19 your general experience with your 70 other
20 patients --

11:22:08

11:22:13

11:22:15

21 A. Yes, ma'am.

11:22:17

22 Q. -- correct? Okay.

11:22:18

23 So there's a lot of federal input in
24 determining how much it costs for each medical
25 procedure, correct?

11:22:19

11:22:21

11:22:25

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1	A. I'm not sure if there's federal input. I know	11:22:28
2	that there's a Medicare fee schedule.	11:22:31
3	Q. Right. That's --	11:22:33
4	A. Yeah.	11:22:34
5	Q. -- generated from the federal government.	11:22:35
6	A. Yes.	11:22:38
7	Q. And Medicare as well, correct?	11:22:38
8	A. Yes.	11:22:41
9	Q. Okay. Now, you said, you gave a schedule in	11:22:42
10	which there was, it was a maturational schedule,	11:22:56
11	meaning that over the years he is going to	11:23:05
12	degenerate, correct, in terms of his ability to	11:23:08
13	function?	11:23:12
14	A. In my experience, yes.	11:23:12
15	Q. Yeah. I mean isn't that true of everybody?	11:23:16
16	A. Yes and no. I know quite a few people in my	11:23:18
17	experience that are in their 90s that have no	11:23:23
18	care at home; but in my experience and education	11:23:26
19	and training, someone with a brain injury and	11:23:30
20	other physical injuries that he sustained will	11:23:34
21	more likely than not need assistance.	11:23:39
22	Q. Okay.	11:23:43
23	A. And Dr. Bonfiglio also, he supports that.	11:23:43
24	Q. Okay. But, again, the bottom line is: You read	11:23:49
25	from medical reports that any, that the injuries	11:23:55

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1	were purportedly from a particular accident that	11:24:01
2	was in or around 2008?	11:24:05
3	A. Yes.	11:24:07
4	Q. Okay. At that point he was in his 40s, correct?	11:24:08
5	A. Yes.	11:24:13
6	Q. Okay. So you don't know what had happened to him	11:24:13
7	four decades earlier, correct?	11:24:18
8	A. No, I don't.	11:24:21
9	Q. Okay.	11:24:21
10	A. You know, I have to take that back.	11:24:21
11	I do ask individuals when I meet with them if	11:24:23
12	they have a past medical history; so, and it	11:24:26
13	would be self-reported. Also sometimes those	11:24:29
14	things are listed in medical records.	11:24:33
15	Q. Oh, okay.	11:24:35
16	A. The past medical history.	11:24:36
17	Q. Did you ascertain any such past medical	11:24:37
18	problems --	11:24:41
19	A. You know, I --	11:24:42
20	Q. -- in the records you read?	11:24:43
21	A. I did not.	11:24:44
22	Q. Okay. Now, with reference to Mr. Hunt, you said	11:24:44
23	that sometimes he would forget to come out of the	11:24:48
24	shower; so isn't it possible that he might have	11:24:50
25	forgotten to report any previous injuries? You	11:24:54

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1 said that he was forgetful.

11:25:00

2 A. He is forgetful and Dr. Bonfiglio opines that

11:25:01

3 that is related to the brain injury.

11:25:05

4 Q. Okay.

11:25:09

5 A. Because he had the brain injury in 2008 and he's

11:25:09

6 really not gotten any treatment.

11:25:12

7 In my experience he should have gone to a

11:25:14

8 brain, you know, after all this acute treatment

11:25:17

9 that he received at the hospitals, he should have

11:25:19

10 gone to a brain injury rehabilitation and that

11:25:22

11 didn't happen for him.

11:25:25

12 Q. Okay. So you find that unusual that it's only

11:25:28

13 eight years, eight, nine years later that he's

11:25:31

14 seeking intervention in what you opine and

11:25:34

15 Dr. Bon -- what is it?

11:25:41

16 A. Bonfiglio.

11:25:43

17 Q. Bonfiglio opine are brain, brain injuries

11:25:43

18 stemming from a 2008 injury?

11:25:48

19 A. Yes, ma'am.

11:25:49

20 Q. Okay. So you said in response to another

11:25:51

21 question: We don't know what the eval is going

11:26:11

22 to be.

11:26:17

23 Has, like I indicated already, it's been

11:26:18

24 eight years and you still don't know what the

11:26:23

25 evaluation is going to be?

11:26:25

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1	A. No, because he hasn't had the evaluation.	11:26:27
2	Q. I thought that's what you did.	11:26:29
3	A. No. I can't do a brain rehabilitation	11:26:31
4	evaluation.	11:26:34
5	Q. Oh, you're speaking, you were speaking	11:26:34
6	generically overall evaluation --	11:26:37
7	A. Yes.	11:26:40
8	Q. -- but not a specialist evaluation?	11:26:40
9	A. Right. He's not yet had that evaluation.	11:26:42
10	Q. Okay. Now, you said that your brain injury	11:26:46
11	facility costs were six million something	11:26:53
12	something something dollars and you said he would	11:26:57
13	be in a facility.	11:27:01
14	Why would he be in a facility when his	11:27:03
15	girlfriend and his son are currently helping with	11:27:06
16	his care? Is there any indication that his son	11:27:09
17	is fed up or unable to care for him any longer or	11:27:12
18	help him any longer?	11:27:17
19	A. Are you talking about brain injury rehabilitation	11:27:18
20	or are you talking about the brain injury	11:27:20
21	residential --	11:27:24
22	Q. I'm talking about --	11:27:24
23	A. -- residential care?	11:27:25
24	Q. I'm talking about the \$6,672,510 --	11:27:26
25	A. Okay.	11:27:26

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1 Q. -- you opined about.

11:27:31

2 A. Yes. Once he goes through the brain injury
3 rehabilitation program, those folks will
4 determine what level of care he needs, whether it
5 be a home health aide in his home for the two to
6 four hours a day at present or the brain injury
7 residential living.

11:27:32

11:27:37

11:27:41

11:27:44

11:27:49

11:27:53

8 He does have a son and a girlfriend that are
9 helping out with that; but is it really --

11:27:54

11:27:58

10 Q. Optimal? Is that what you're looking for?

11:28:05

11 A. Nope, that's not the word I'm looking for.

11:28:09

12 Is it fair to them to have to provide care
13 for someone?

11:28:11

11:28:13

14 Q. Right. I don't expect when my adult daughter
15 told me at 14 that when she, we got old she was
16 going to put me and daddy in a nursing home,
17 that, you know, you can't really rely on your
18 children --

11:28:16

11:28:21

11:28:24

11:28:28

11:28:30

19 A. No, that and that's --

11:28:31

20 Q. -- even when you're healthy.

11:28:32

21 A. And that's exactly true because one of the things
22 that we found in doing case management in my
23 experience family caregivers sometimes are not a
24 good option.

11:28:34

11:28:36

11:28:44

11:28:47

25 Q. Optimal.

11:28:48

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1 A. Because family caregivers can get fed up with the 11:28:48
2 situation. They can become sick. If they're 11:28:52
3 sick or they have to move away from the area for 11:28:55
4 a job transfer or any of those kinds of things. 11:28:57

5 **Q. But doesn't that go for anybody?** 11:29:01

6 A. It does but that, that is -- this is based on an 11:29:02
7 injury that he sustained in 2008. I'm not 11:29:06
8 looking at, you know, going for anybody. 11:29:09

9 I'm looking at for 2008. 11:29:13

10 Many people go through life and don't need 11:29:15
11 any care at all. 11:29:18

12 **Q. Just drop off the face of the Earth at 102.** 11:29:20

13 A. Well, I know some people that are in their 90s 11:29:23
14 and still doing quite fine. 11:29:26

15 **Q. Okay. Now, we're talking about this \$6,672,510.** 11:29:29

16 **That's a hypothetical figure, isn't it?** 11:29:38

17 **Because he hasn't had the brain injury eval yet** 11:29:41
18 **you said?** 11:29:44

19 A. He hasn't had the brain injury rehabilitation. 11:29:45

20 **Q. Right.** 11:29:47

21 A. And we're not going to know what he needs -- 11:29:48

22 **Q. Right.** 11:29:50

23 A. -- until that is done. 11:29:50

24 **Q. So the \$6 million is purely hypothetical at this** 11:29:51
25 **point?** 11:29:55

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1	A.	It is -- the pricing is the pricing --	11:29:55
2	Q.	Okay.	11:30:00
3	A.	-- that we obtained in --	11:30:00
4	Q.	In case he does need it?	11:30:01
5	A.	Yes.	11:30:03
6	Q.	Okay. But it's --	11:30:03
7	A.	But it's accurate pricing.	11:30:04
8	Q.	Right. But not accurate reality at this point?	11:30:06
9	A.	I don't understand what you're --	11:30:09
10	Q.	It's hypothetical?	11:30:10
11	A.	I'm not going to say hypothetical.	11:30:13
12		It is what Dr. Bonfiglio has recommended for	11:30:15
13		him. It's going to be either/or. So it's going	11:30:19
14		to need to be one of those things.	11:30:22
15	Q.	Either at-home care with his son and his	11:30:23
16		girlfriend or a facility in case the evaluation	11:30:26
17		eventually shows that he needs such a facility	11:30:30
18		when he gets 80 or 65 or --	11:30:33
19	A.	No. No.	11:30:38
20	Q.	-- or whatever?	11:30:38
21	A.	The brain injury rehabilitation, once he goes	11:30:39
22		through that, they will make a decision as to --	11:30:42
23		an evaluation as to what is the best place for	11:30:46
24		him. If he should go home with supports in place	11:30:48
25		and the supports being a home health aide or --	11:30:52

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1	Q. A facility?	11:30:57
2	A. -- a facility, yes, ma'am.	11:30:57
3	Q. And that was the one-on-one care at-home figure	11:30:58
4	you gave, \$1,952,900?	11:31:01
5	A. Yes.	11:31:07
6	Q. Or 900 dollars?	11:31:07
7	A. Yes.	11:31:09
8	Q. Over his life?	11:31:09
9	A. Yes.	11:31:11
10	Q. And is that his life at this point on or his life	11:31:11
11	when he was 48 when the injury occurred or --	11:31:14
12	A. It goes from 19 -- when, when I saw him.	11:31:17
13	Q. In 2016?	11:31:21
14	A. '16, yes.	11:31:27
15	Q. Okay. And this is assuming that people are going	11:31:28
16	to, son and girlfriend are going to get fed up	11:31:34
17	and not want to do his laundry or cook for him	11:31:37
18	any longer?	11:31:39
19	A. It is assuming that there's a value to what	11:31:39
20	they're doing now. There is a value to what	11:31:42
21	they're doing and the best way to give a value to	11:31:46
22	that is to get the price for the home health	11:31:49
23	aide. That's the best way to do it because there	11:31:53
24	is no other way.	11:31:55
25	Q. Okay. Yeah. I'm from a city that every day has	11:31:56

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1 a facility, I think it's the Salvation Army that 11:32:01
2 provides lunches and meals for people who are 11:32:04
3 elderly or incapacitated. 11:32:07

4 That wouldn't be an option for him? 11:32:11

5 A. We don't necessarily know that that's going to be 11:32:14
6 in place. 11:32:16

7 Q. Meals On Wheels has been in place since 1967. 11:32:17

8 A. It has been in place since 1967 but I just read 11:32:21
9 today that President Trump wants to get rid of 11:32:25
10 the meals. 11:32:29

11 Q. Well, we don't want to get into politics. 11:32:29

12 A. No, but I'm telling you I just read today that -- 11:32:31
13 and I cannot, I want to say that it was from the 11:32:34
14 Washington Post. 11:32:36

15 Q. Well, I'm going to object to that. I don't want 11:32:37
16 to -- 11:32:39

17 MR. ABRAMOWITZ: You asked the 11:32:40
18 question. Let her answer. 11:32:41

19 A. You brought it up and I'm just answering. 11:32:42

20 MR. ABRAMOWITZ: You can finish 11:32:44
21 your answer if you're not done. 11:32:45

22 A. Okay. We don't know if those things are going to 11:32:46
23 still be in place because they receive federal 11:32:49
24 monies. 11:32:52

25 Q. Medicaid, Medicare, Meals On Wheels. We're all 11:32:52

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1 **in danger.**

11:32:56

2 A. I think they are if you look at that GOP
3 healthcare program.

11:32:56

11:32:59

4 MS. HEMMONS: No further
5 questions.

11:33:00

11:33:01

6 MR. ABRAMOWITZ: Can we take a
7 break?

11:33:03

11:33:04

8 THE VIDEOGRAPHER: We're going off
9 the record.

11:33:05

11:33:06

10 - - - -

11:33:06

11 (Thereupon, a recess was had.)

11:33:06

12 - - - -

11:53:18

13 THE VIDEOGRAPHER: We're back on
14 the record.

11:53:18

11:53:24

15 - - - -

11:53:24

16 REDIRECT EXAMINATION OF

11:53:24

17 MARYANNE CLINE, B.S., R.N., CLCP

11:53:24

18 BY MR. ABRAMOWITZ:

11:53:26

19 Q. **Ms. Cline, I have a few more questions for you.**

11:53:26

20 A. Yes.

11:53:30

21 Q. **As a nurse and life care planner, your primary**
22 **goal in this case was to assess Charlie, see how**
23 **he's living day to day and identify the pricing**
24 **of care that a doctor would recommend, correct?**

11:53:30

11:53:32

11:53:35

11:53:37

25 A. That is correct.

11:53:39

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1 Q. And that's what you showed us here today?

11:53:40

2 A. Yes, I did.

11:53:42

3 Q. Let's go back to Exhibit 20, if we can get that
4 back up on the screen.

11:53:44

11:53:47

5 A. Let me get my glasses:

11:53:48

6 Yes.

11:53:55

7 Q. And let's look at the numbers.

11:53:56

8 These are the prices that you found for
9 one-on-one home care for Charlie Hunt, correct?

11:53:57

11:53:59

10 A. That is correct.

11:54:02

11 Q. Going now to Exhibit 21, are these the prices
12 that you found for care at a brain injury
13 facility for Charlie Hunt?

11:54:05

11:54:08

11:54:11

14 A. Yes.

11:54:13

15 Q. If a doctor were to recommend home care for
16 Charlie to this jury, then he would use your
17 pricing to understand the cost of the care as
18 found in Exhibit 20?

11:54:14

11:54:17

11:54:20

11:54:23

19 A. Yes. If that's Exhibit 20, yes.

11:54:25

20 Oh, yes, it is, okay.

11:54:28

21 Q. On the other hand if a doctor were to recommend
22 Charlie go to a brain injury facility to this
23 jury, then he would use, we would use your number
24 in this Exhibit 21 to find the price, to find
25 pricing to understand the cost of that care?

11:54:30

11:54:32

11:54:35

11:54:40

11:54:44

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1 A. Yes.

11:54:46

2 Q. I'm going to repeat the question. I have to
3 excuse myself. My apologies.

11:54:50

11:54:53

4 On the other hand if a doctor were to
5 recommend that Charlie go to a brain injury
6 facility to this jury, then we would use your
7 pricing to understand the cost of that care as
8 found in Exhibit 21?

11:54:55

11:54:56

11:54:58

11:55:01

11:55:02

9 A. Yes.

11:55:04

10 MR. ABRAMOWITZ: Thank you.

11:55:04

11 We have no further -- we're off
12 the record.

11:55:11

11:55:13

13 Oh, no further questions. My
14 apologies.

11:55:13

11:55:15

15 - - - -

11:55:15

16 RECROSS-EXAMINATION OF

11:55:15

17 MARYANNE CLINE, B.S., R.N., CLCP

11:55:15

18 BY MS. HEMMONS:

11:55:16

19 Q. The operative word is "if," correct?

11:55:16

20 A. Yes.

11:55:19

21 MS. HEMMONS: Nothing further.

11:55:20

22 THE VIDEOGRAPHER: Excuse me,
23 ma'am. You have the right to review this
24 tape at this time.

11:55:22

11:55:23

11:55:25

25 THE WITNESS: May I read, please?

11:55:29

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1 THE VIDEOGRAPHER: Okay. You have 11:55:30
2 also have a right to review the written 11:55:31
3 transcript or you can waive that right. 11:55:33

4 THE WITNESS: I would like to read 11:55:36
5 it, please. 11:55:37

6 THE VIDEOGRAPHER: Okay. I'm 11:55:38
7 sorry. You have a right to review this 11:55:38
8 tape in its entirety or you can waive that 11:55:40
9 right. 11:55:42

10 THE WITNESS: I don't need to see 11:55:43
11 the tape. 11:55:43

12 THE VIDEOGRAPHER: Okay. 11:55:44

13 THE WITNESS: But if I could see 11:55:45
14 the written transcript, that would be fine. 11:55:47

15 THE VIDEOGRAPHER: This now 11:55:48
16 concludes the deposition. We are now off 11:55:49
17 the record. 11:55:51

18

19

20

21

22

23

24

25

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C E R T I F I C A T E

The State of Ohio,) SS:
County of Cuyahoga.)

I, Pamela S. Greenfield, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named witness was by me, before the giving of their deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above-set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulations of counsel; that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney or financially interested in this action; that I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28(D).

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this 21st day of March, 2017.



Pamela S. Greenfield, CRR, RDR
Notary Public, State of Ohio
780 Skylight Office Tower, Cleveland, Ohio 44113
My commission expires July 2, 2018

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<p style="text-align: center;">\$</p> <p>\$1,173,58 26:9 \$1,952,900 56:4 \$140 22:9 \$344 27:13 \$344,702 25:10 27:13 \$435,140 25:24 \$6 54:24 \$6,672,500 28:10 \$6,672,510 52:24 54:15</p> <hr/> <p style="text-align: center;">-</p> <p>-vs- 1:5</p> <hr/> <p style="text-align: center;">1</p> <p>10 28:11,12 35:24 100 41:18 102 54:12 10:28 1:16 12 34:11 35:25 14 53:15 16 1:17 56:14 1660 1:15 19 30:19 56:12 1967 57:7,8 1985 30:3,4,7,8, 15,19 34:11 1992 6:3 30:11,13, 15 1997 30:21,23 31:9 34:12 36:18</p> <hr/> <p style="text-align: center;">2</p> <p>20 3:13 23:24 24:2 28:22 31:9 59:3,18, 19 2005 7:2 30:12 2008 43:11,12 46:12,16,20 50:2 51:5,18 54:7,9 2011 39:22 43:8 2012 6:5,8 7:4 31:13 41:3,7,8 2013 12:2 2015 6:21 30:1 2016 39:19 43:23 46:16 56:13 2017 1:17 11:24, 25 21 3:14 26:21 28:22 59:11,24 60:8 216 681-2393 2:9 21st 39:19 23 3:13 26 3:14 29 3:6</p>	<p>2nd 1:23</p> <hr/> <p style="text-align: center;">3</p> <p>3/11/13 11:23 330.535.7300 1:24</p> <hr/> <p style="text-align: center;">4</p> <p>4 3:4 40s 50:4 440 953-8888 2:4 44060 2:4 44112 2:9 44113 1:24 44308 1:24 48 56:11</p> <hr/> <p style="text-align: center;">5</p> <p>50 1:23 41:11,12 535.0050 1:25 55 25:18 40:12,13 58 3:8</p> <hr/> <p style="text-align: center;">6</p> <p>60 3:10 41:20 621.0050 1:25 64 25:18 65 23:3 26:1 55:18 672,540 28:10</p> <hr/> <p style="text-align: center;">7</p> <p>70 41:11,12,20 42:15 48:19 720 1:23 780 1:15,23</p> <hr/> <p style="text-align: center;">8</p> <p>8 3:18 80 26:1 55:18</p> <hr/> <p style="text-align: center;">9</p> <p>900 56:6 90s 49:17 54:13 99 35:8</p> <hr/> <p style="text-align: center;">A</p> <p>a.m. 1:16 ability 49:12 Abramowitz 2:2 3:4,8 4:1,20 29:1, 14,18 43:9,13,18,19 57:17,20 58:6,18 60:10 accept 18:16 accepting 11:1 accident 8:22 39:1,17,22,23 40:16</p>	<p>43:8,21 50:1 accidents 8:18,19 46:18 accountant's 33:25 accurate 27:8 55:7,8 accurately 24:15 25:12 26:16 27:4 28:14,22 acute 51:8 adapt 36:22 adaptive 22:4 addition 5:6 10:21 15:18 address 9:10 adjustment 10:24 adult 5:5 53:14 age 4:13 23:1 25:18 agencies 48:10 agreed 20:7 aide 53:5 55:25 56:23 Akron 1:22,23,24 Albuterol 21:14 altered 8:20 44:25 altering 44:19,23 alters 9:18 AMA 13:17 ambulating 44:1 ambulation 20:20 American 13:7,10 48:6 amount 16:1 amounts 47:18 analysis 28:23 and/or 1:17 animal 36:17 answering 57:19 antibiotics 32:23 anymore 7:25 11:3 33:4 43:3 apartment 39:11, 16 apologies 28:7 60:3,14 APPEARANCES 2:1 applies 21:18 appointment 10:6 appointments 15:23 16:2 19:13, 14,19 20:1 approve 48:10 approximately 34:11 39:23 area 24:21 31:3 54:3 arms 20:23,24</p>	<p>Army 57:1 arrange 19:13 ascertain 50:17 assess 47:17 58:22 assessment 10:1,2,11 31:13 32:4,6,25 33:2,18, 20 34:4,7,8 42:17 44:3,15 assessments 33:15 36:20 assist 17:18 18:8 19:11,13,15 20:1,20 23:9 28:4 34:23 45:19 assistance 49:21 assistant 6:7 11:14 12:11,15 22:24 assistants 32:2 assisting 31:5 Association 13:8,10 48:6 assuming 43:7 56:15,19 at-home 26:11 55:15 56:3 attend 19:18 attendant 22:18 attention 33:23 attorney 37:5 attorney's 45:13 attorneys 40:19 41:6 Avenue 2:3,8 aware 48:7 awful 16:11</p> <hr/> <p style="text-align: center;">B</p> <p>B.S. 1:10 3:3,5,7,9 4:12,19 29:10 58:17 60:17 61:19 baby 5:12 Bachelor 7:1 back 11:11 15:11 20:24 22:23 31:5 32:18 33:9 50:10 58:13 59:3,4 background 6:19 Balacare 42:7,8,9 base 12:6 36:1 baseball 39:2,8 based 33:14,16,17 34:13 46:5 48:18 54:6 baseline 11:2,4 basically 5:15 7:10 24:11,14,24 bed 20:8,10 began 41:25</p>	<p>begin 4:10 behalf 1:18 2:6,11 benefit 32:8,14 Berea 5:3 34:19 big 9:9,16 35:25 45:14 bit 20:10 43:14 bite 36:14 blood 16:6 17:2 31:20,22 board 7:12 Bon 51:15 Bonfiglio 11:25 15:9,13 16:5,9 17:22 20:6,16 22:19 49:23 51:2,16,17 55:12 Bonfiglio's 11:23 booth 5:17 bottom 49:24 bought 42:6 brain 8:16 16:12 17:25 18:1,6 22:20, 21 26:25 28:4,16 43:4,5 49:19 51:3,5, 8,10,17 52:3,10,19, 20 53:2,6 54:17,19 55:21 59:12,22 60:5 break 29:15 58:7 bring 24:7 35:24 36:8 brings 35:17 brought 37:1,11 57:19 bulls 36:6 bumped 26:3 Bureau 31:4 business 24:25</p> <hr/> <p style="text-align: center;">C</p> <p>C-L-I-N-E 5:1 calculations 28:23 call 10:24 39:2,13 called 4:13 13:15 24:22 31:2 42:4,7 cane 20:20 Canton 5:14 Capsaicin 21:17 car 34:1,2 38:1 card 42:10 care 5:15,20,24 6:4,5,7,10,13,16 7:3,7,8,19 8:3 9:7, 11,14,24 10:12 11:15,17 12:1,18 14:2,12,19 15:18 17:9,23 21:11 22:7, 18,25 23:6,8 24:11, 12,17,21,25 25:17, 21 26:3,11,18 27:7 30:22 31:12 32:7</p>
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