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Welcome to the May 2019 issue of the JNLCP. In keeping with the classic springtime themes of rebirth and new beginnings, we have an article on how to set an hourly rate for your services that will certainly be helpful to our newer members...and also, like Spring itself, holds some surprises for people who have seen many springs unfold already.

We’ve also put together a few things on certification as a reminder for anyone who needs a refresher on the idea— we think some of our clients would appreciate clarity on this. The Certification Board has contributed some information on their history with certification and the laborious process of obtaining accreditation for the CNLCP examination-based credential from the American Board of Nursing Specialty Nursing Certifications (ABSNC). Think you know all about this? Guess again. See how you do on this quick quiz on facts germane to this discussion. Check the article on page 17 for answers.

As I write this, Spring is well and truly upon us. We’ve had a great conference with many exciting ideas, renew old friendships and begin new ones, opportunities to network and learn from each other, and perhaps sample some of the novel joys of Louisville. I had some of the best fried chicken I ever tasted, and sampled my first ever old bourbon. Not bad. Back home, I can see mated pairs of cardinals prepping nests and hear the mating calls of many others through open windows, a blessing after a cold winter. The mammals that came out in the February thaw to mate should be bringing forth offspring any day now—a new crop of raccoons, skunks, foxes. There’s a bald eagle nest not far away, the first in Massachusetts since 1907. The hawks and ospreys are back from South America. While we have to deal with a daunting four or five cords of oak and maple for next winter’s heat piled all over the garden, it’s not all bad: the lichen on the downed branches is going off to line nests and provide snack for deer and cottontails, and the chipmunks have a huge condo. Life is sweet.

I hope everyone’s new beginnings are full of promise. Here’s to a rewarding new year.

Warm regards,

Wendie A. Howland MN RN-BC CRRN CCM CNLCP® LNCC
Editor, JNLCP
whowland@howlandhealthconsulting.com
Quick Quiz:

1. The CNLCP® Certification Board reports to the AANLCP Executive Board.
   A. True
   B. False
   * Extra credit: Why or why not?

2. The first year the CNLCP® Certification Board applied for accreditation was
   A. 2007
   B. 2010
   C. 2015
   D. 2018

3. The approximate total number of CNLCP® credentials ever granted is
   A. 400
   B. 700
   C. 1000
   D. >1200

4. About how many people hold an active CNLCP® credential today?
   A. 125
   B. 200
   C. 300
   D. 525

Answers are in the article on page 17
AANLCP® invites interested nurses and allied professionals to submit article queries or manuscripts that educate and inform the Nurse Life Care Planner about current clinical practice methods, professional development, and the promotion of Nurse Life Care Planning within the medical-legal community. Submitted material must be original. Manuscripts and queries may be addressed to the Editorial Committee. Authors should use the following guidelines for articles to be considered for publication. Please note capitalization of Nurse Life Care Plan, Planning, etc.

Text
Manuscript length: 1500 – 3000 words
• Use Word® format (.doc, .docx) or Pages (.pages)
• Submit only original manuscript not under consideration by other publications
• Put the title and page number in a header on each page (using the Header feature in Word)
• Use Times New Roman, Arial or Calibri 12 point font
• Place author name, contact information, and article title on a separate title page, so author
• Name can be blinded for editorial review
• Use APA style (Publication Manual of the American Psychological Assoc. 6th Ed)

Art, Figures, Links
All photos, figures, and artwork should be in JPG or PDF format (JPG preferred for photos). Line art should have a minimum resolution of 1000 dpi, halftone art (photos) a minimum of 300 dpi, and combination art (line/ tone) a minimum of 500 dpi. Each table, figure, photo, or art should be on a separate page, labeled to match its reference in text, with credits if needed (e.g., Table 1, Common nursing diagnoses in SCI; Figure 3, Time to endpoints by intervention, American Cancer Society, 2003)
Live links are encouraged. Please include the full URL for each.

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All manuscripts published become the property of the Journal. Manuscripts not published will be returned to the author. Queries may be addressed to the care of the Editor at: journal@aanlcp.org

Manuscript Review Process
Submitted articles are peer-reviewed by Nurse Life Care Planners with diverse backgrounds in life care planning, case management, rehabilitation, and the nursing profession. Acceptance is based on manuscript content, originality, suitability for the intended audience, relevance to Nurse Life Care Planning, and quality of the submitted material. If you would like to review articles for this journal, please contact the Editor.
A Message from the President

ERIN OCONNELL AUGUST 2018 – DECEMBER 2019
MSN, MBA, RN, CNL, MSCC, CCM CNLCP®

First, I would like to thank the Conference Committee for organizing an excellent 2019 educational conference. I enjoyed all of the speakers, from the Pre-Conference sessions to “Critiquing a Life Care Plan” to “Winning Government Contracts.” Our speakers provided a wide variety of excellent information. Second, I would like to welcome all of the new students and first-time AANLCP Conference attendees. We had an incredible attendance and look forward to working hard and breaking that number next year. Thanks in advance to Kelly Campbell and Jenn Craigmyle, our 2020 Conference co-chairs, already hard at work.

During the 2019 annual conference, I had the opportunity to be present on the stage when Anne Sambucini received the 2019 AANLCP Distinguished Service Award, presented by past recipients Wendie Howland and Becky Czarnik. Anne is always quietly giving to the association. She’s a mentor and will lend support and guidance whenever needed. I was very honored to present the 2019 AANLCP Ambassador Award to Shelene Giles. Those in attendance probably heard my voice crack a little as I announced Shelene’s name. I consider Shelene a great mentor, educator, and advocate. I am honored to call both of these beautiful women friends.

As we move forward this year, we plan to revamp and kickstart the Mentor Program so we’ll be requesting mentors soon. (Hint! Hint!) Don’t forget the Outreach Committee, chaired by the wonderful Phelicia McCal- lum, so instrumental for member retention, renewal, and attracting new members. This is a great way to meet new people and give back to the association. The Education Committee is also looking for new committee members, giving you an opportunity to schedule webinars on topics you’ve always wanted to hear. Contact Chair Becky Czarnik.

I want to thank Wendie Howland for all of her hard work and dedication to the JNLCP. I was very excited when she accepted the position as Journal editor especially since our Journal and committee were areas that I knew we had to focus in order to increase membership, stability, interest, and excitement. Wendie and Debra Lloyd, our new executive director, jumped in and worked very hard to publish our Winter journal. Wendie has reig- nited the Journal committee’s fire and excitement evident during the Journal committee’s monthly meetings and at our recent annual conference. More than a dozen of you joined the journal committee!

I’m looking forward to the rest of 2019 and especially working with the Executive Board, the new manage- ment company, and all of our committees.

Finally, I would like to thank our conference sponsors. Don’t forget to check out their membership discounts!

Erin OConnell MSN, MBA, RN, CNL, MSCC, CCM ,CNLCP®
AANLCP President August 2018 - December 2019
erin@oconnellandassociates.net
Contributors

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RN-BC, CCM, CNLCP®, CRRN, LNCC, MSCC

Barbara Bate is Principal of Northeast Life Care Planning, Inc., a nurse consulting company, providing a variety of services nationwide, including medical case management, medical file reviews/chronologies, medical cost projections, Medicare set-aside allocations/conditional payment review, as well as life care plan development/review.

Barbara has over 35 years of experience as a registered nurse and holds certifications in rehabilitation nursing, legal nurse consulting, case management, nurse life care planning, and Medicare Set-Aside consulting. Barbara is a past AANLCP President (2010), joining the Certified Nurse Life Care Planner (CNLCP®) Certification Board in 2012 and currently serving as Co-Chair.

APRIL PETTENGILL
RN, CRRN, CDMS, CNLCP®, MSCC

Ms. Pettengill has over 32 years of experience as an RN, working in the hospital setting in geriatrics, pediatrics, telemetry, and orthopedics. For the last 29 years she has been a case manager for work related injuries and illnesses. Ms. Pettengill has extensive experience with catastrophic injuries and in 2004 became certified as a Nurse Life Care Planner.

Ms. Pettengill became a Medicare Set Aside Consultant Certified in 2005 and began writing MSAs. She currently works per diem for a local home health agency to keep her hands-on clinical skills current, working with patients over the continuum of care including high tech pediatric patients. She has been a member of AANLCP since 2004, often working on the conference committee. She served as the CNLCP® Certification Board Secretary from 2007 to 2018.

DUSTIN WRIGHT

Dustin Wright began his career as a Direct Support Professional with a private provider in Indiana, while attending Purdue University. After graduation, Dustin continued his work in the field of developmental disabilities as a front-line supervisor and then Director.

In 2006 Dustin was one of the founders of Rest Assured as their Executive Director. In this role he directed operations and development at the company’s cutting-edge remote support center. He has also helped many state regulators shape remote support policy and reimbursement models.

Dustin is the founder of Disability Cocoon. Disability Cocoon is a disability technology catalyst whose mission is to help people enable possibilities with the appropriate application of technology. He can be reached at dustin@disabilitycocoon.com
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CERTIFICATION v. CERTIFICATE PROGRAMS

BY BARBARA T. BATE
RN-BC, CCM, CNLCP®, CRRN, LNCC, MSCC

According to the American Nurses Association (ANA), nurses should engage in lifelong learning that reflects current nursing practice and promotes futuristic thinking (ANA Scope and Standards of Practice, 3rd edition page 12).

The American Association of Nurse Life Care Planners (AANLCP) also promotes continuing education for nurse life care planners while supporting the incorporation of that new knowledge into the nurse life care planners’ daily practice (AANLCP, CORE page 12, AANLCP Scope and SOP, page 5).

While there are a vast number of continuing education programs available to nurses and nurse life care planners, understanding the difference between certificate and certification programs is critical, particularly for the nurse life care planner providing expert testimony. For example, although some people consider certificate programs to be credentialing processes, the certificate may not be held to the same objective standards required by other certifying programs. While both can provide valuable education, this article will explain the differences.

Key Words:
Certified Nurse Life Care Planner
Certification Board (CNLCP®)
American Board of Nursing Specialties (ABNS)
Specialty Nursing Practice
VALUE OF CERTIFICATION

In 2016, ABNSC hosted a meeting with over 100 health care professionals to discuss the value of certification in health care practice. Their conceptual framework for the meeting and additional research listed these benefits of certification:

- Advances safety
- Clarifies and defines the roles and work of health care providers and other team members
- Improves organizational culture
- Improves job satisfaction, empowerment and confidence
- Improves processes of care
- Improves quality of care
- Improves recruitment and retention, employability, and job prospects
- Is recognized as validation of knowledge in the specialty
- Provides a measurable return on investment
- Provides professional support
- Shapes future practice


CERTIFICATE PROGRAMS

A certificate program is typically geared towards a specific subject and accessed by those with various amounts of experience (www.aalnc.org/page/certification-vs.-certificate). Participants receive a course completion certificate and may take an exam or other type of assessment tool to demonstrate relevant knowledge of course content and objectives. There are no renewal dates or continuing education requirements and a specific credential is not awarded. This certificate should not be confused with a certificate of attendance/participation, which is commonly given to verify attendance/participation.

ABSNC Standards for organizations to receive accreditation for their assessment-based certificate programs.

STANDARD 1

NEED FOR ASSESSMENT-BASED CERTIFICATE PROGRAM

The granting organization demonstrates a need for the assessment-based certificate program which is based on a distinct, well-defined healthcare area of practice in which registered nurses and other healthcare team members may practice. By design, the knowledge and skills covered by an assessment-based certificate program are limited in scope to an aspect of that area of practice.

STANDARD 2

EDUCATION COMPONENT

The education component for an assessment-based certificate program is based on generally accepted principles for instructional design. It reflects identified needs and relevant learner outcomes.

STANDARD 3

ASSESSMENT COMPONENT

The assessment component of the assessment-based certificate program links to each learning outcome of the education component. The assessment component incorporates principles of measurement, including validity, reliability, minimum performance standard, administration, and security. Assessment can be conducted by written or practical examination, portfolio, other reflective learning activities, or another activity with appropriate performance criteria.

cont...
The National Organization for Competency Assurance (NOCA) is a non-profit organization that “provides educational, networking and advocacy resources for the credentialing community.” (www.standardsportal.org/usa_en/sdo/noca.aspx).

According to NOCA, there are three different types of certificate programs: knowledge-based, curriculum-based, and certificate of attendance or participation.

A knowledge-based certificate program has a narrow scope, offering course work on knowledge needed to perform specific job duties. The participant needs to pass an assessment tool to obtain the certificate.

A curriculum-based certificate program offers a course or series of courses. This also requires the participant to pass an assessment tool to obtain the certificate. As per NOCA, “the content of the assessment is limited to the course content and therefore may not be completely representative of professional practice (and therefore it is not as defensible to use this or the knowledge-based type of certificate for regulatory purposes as compared to a professional certification).”

A certificate of attendance or participation verifies attendance, or participation, in a course. There is no post-completion assessment tool. Participants do not have to demonstrate competence per professional or trade standards. (www.cvacert.org/documents/CredentialingConcepts-NOCA.pdf)

The Accreditation Board of Specialty Nursing Certification (ABSN), formally the ABNS Accreditation Council, offers accreditation to nursing certification organizations. They are the only accrediting body specifically for nursing-related certification programs. (www.absnc.org)

ABSN offers accreditation for assessment-based certificate programs, defined as “non-degree granting programs that provide evidence-based education on a narrow subset of knowledge and skills that add value to the clinician and the healthcare consumer.” The program must be appropriate for registered nurses and/or advanced practice nurses but may also be interdisciplinary. Criteria require that 200 candidates have completed the program or that the program had been offered for at least one year (which ever comes first), and be administered by a business entity (e.g., specialty membership organizations, healthcare organizations, certifying organizations, academic institutions, commercial entities).
CERTIFICATION

Professional certification is “the voluntary process by which a non-governmental entity grants a time-limited recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria. It is the vehicle that a profession or occupation uses to differentiate among its members, using standards, sometimes developed through a consensus-driven process, based on existing legal and psychometric requirements.” (www.nursingworld.org/education-events/faculty-resources/research-grants/styles-credentialing-research-grants/credentialing-definitions/ American Nurses Credentialing Center, ANCC)

The Certified Nurse Life Care Planner Certification (CNLCP®) Board calls certification “a formal recognition that validates knowledge, experience, skills and clinical judgment within a specific nursing specialty; and, as such, is reflective of a more stringent professional practice standard” than that of basic nursing licensure.

http://cnlcp.org/position-statements/

The American Board of Nursing Specialties (ABNS) defines certification as, “the formal recognition of the specialized body of knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.”

ABNSC Standards for organizations to receive accreditation for their exam-based nursing certification programs.

STANDARD 1

DEFINITION & SCOPE OF NURSING SPECIALTY

The certification examination program is based on a distinct and well-defined field of nursing practice that subscribes to the overall purpose and functions of nursing. The nursing specialty is distinct from other nursing specialties and is national in scope. There is an identified need for the specialty and nurses who devote most of their practice to the specialty.

STANDARD 2

RESEARCH-BASED BODY OF KNOWLEDGE

A body of research-based knowledge related to the nursing specialty exists. Mechanisms have been established for the support, review, and dissemination of research and knowledge in the specialty. Activities within the specialty contribute to the advancement of nursing science within the specialty.

STANDARD 3

ORGANIZATIONAL AUTONOMY

The certifying organization is an entity with organizational autonomy governed in part or in whole by certified nursing members.

STANDARD 4

NON-DISCRIMINATION

The certifying organization does not discriminate among candidates as to age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity.

STANDARD 5

PUBLIC REPRESENTATION

The certifying organization includes at least one Public Member with full voting rights on its Board of Directors.
STANDARD 6

ELIGIBILITY CRITERIA FOR TEST CANDIDATES

ABSNC is committed to promoting the highest standards for the future of specialty nursing practice. ABSNC believes educational preparation for nurses and non-RN nursing team members combined with specialty certification will enhance clinical practice and patient outcomes. This Standard outlines the eligibility requirements and licensure.

STANDARD 7

VALIDITY

The certifying organization has conducted validation studies to assure inferences made on the basis of test scores are appropriate and justified.

STANDARD 8

TEST DEVELOPMENT

Certification examinations are constructed and evaluated using methods that are psychometrically sound and fair to all candidates.

STANDARD 9

RELIABILITY

The certifying organization assures test scores, including subscores, are sufficiently reliable for their intended uses.

STANDARD 10

TEST ADMINISTRATION

The certification examination is administered in a manner that minimizes construct-irrelevant variance and maintains examination security.

STANDARD 11

TEST SECURITY

Procedures are in place to maximize the security of all certification examination materials.

STANDARD 12

STANDARD SETTING, SCALING, AND EQUATING

The passing score for the certification examination is set in a manner that is fair to all candidates, using criterion-referenced methods and equating and scaling procedures that are psychometrically sound.

STANDARD 13

RECERTIFICATION AND CONTINUING COMPETENCE

The certifying organization has a recertification program in place that requires certificants to maintain current knowledge and to provide documentation of how competence in the specialty is maintained and/or measured over time.

STANDARD 14

COMMUNICATIONS

The certifying organization provides information that clearly describes the certification and recertification process to candidates, certificants, and other stakeholders.

STANDARD 15

CONFIDENTIALITY AND SECURITY

The certifying organization assures confidential information about candidates and certificants is protected.

STANDARD 16

APPEALS

The certifying organization has an appeal process available to candidates/certificants who have been denied access to test or retest, recertification, or who have had certification suspended or revoked.
For the CNLCP® Certification Board’s explanation on the nuts and bolts of obtaining ABNSC approval for the CNLCP credential and an exciting update on their progress, please see the next page (Pettengill).

For information regarding CNLCP® Certification:
www.cnlp.org

AANLCP supports certification through the CNLCP® Certification Board

CNLCP® is a registered trademark of the Certified Nurse Life Care Planner (CNLCP®) Certification Board

Additional Resource:

Joint Position Statement between AANLCP and CNLCP® Certification Board, 6/6/14

Education and Certification for Nurse Life Care Planners

STANDARD 17
MISREPRESENTATION AND NONCOMPLIANCE

The certifying organization has a mechanism in place to respond to instances of misrepresentation and noncompliance with eligibility criteria or the certifying organization’s policies; this mechanism includes reporting cases of misrepresentation and noncompliance to appropriate authorities.

STANDARD 18
QUALITY IMPROVEMENT

The certifying organization shall have an internal audit and management review system in place, including provisions for continuous corrective and preventive actions for quality improvement.

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THE PROCESS of ACCREDITATION and STATUS UPDATE

APRIL PETTENGILL
RN, CRRN, CDMS, CNLCP®, MSCC

**Key Words:**
- Certified Nurse Life Care Planner
- Certification Board (CNLCP®)
- American Board of Nursing Specialties (ABNS)

**INTRODUCTION: STANDARDS**

The American Board of Nursing Specialty Nursing Certifications (ABSNC) is the premier-and-only-accrediting board for any nursing certification wishing to seek national recognition. ABNSC is to certification what the American Nursing Association is to specialty nursing. Nurses holding a certification accredited by ABNSC have met stringent standards to demonstrate their quality and consistency in knowledge and competence.

ABNSC has 18 standards defining the specialty’s scope, research-based body of knowledge, validity, test reliability, public representation, and quality improvement processes. An aspiring certification board must document specific items to demonstrate their policies and procedures to meet these standards.


**THE CERTIFICATION BOARD’S HISTORY WITH CERTIFICATION**

The Certified Nurse Life Care Planner Certification Board (CNLCP®CB) is the certifying body for the CNLCP. We are an independent board with 8 directors and one public member. We support the American Association of Nurse Life Care Planners (AANLCP) membership organization but have organizational autonomy. Jan Roughan currently chairs the Board.

The AANLCP Certification Board first applied for accreditation in 2007. Unfortunately, the ABNSC rejected the application for lack of well-defined criteria: evidence for organizational autonomy, a formal psychometrically-scored role delineation survey, a research agenda, a core curriculum, multiple test forms, and a quality improvement program. They also noted that our policies and procedures fell short of expectations. While this rejection was disheartening, it provided the subsequent Board a clear blueprint to proceed with the items needed to reapply.

The first item addressed was the need for an independent, autonomous board with bylaws, policies, and procedures. We hired an attorney. The name was officially changed from the AANLCP Certification Board to the CNLCP Certification Board, and the CNLCP®CB became a legally separate entity from AANLCP®. Both boards set an agenda for co-development of a core curriculum (published 2013) and research goals.
ROLE DELINEATION STUDY

The next major hurdle was to conduct a role delineation study (RDS), otherwise known as a role and function study to objectively outline what nurse life care planners do. We put out a request for proposals to several companies for this. Many of these proposals came in at well over $30,000. Fortunately, our current testing organization, Professional Testing Company (PTC) in New York, provided this service for about $15,000.

We are a small organization with only approximately 700 CNLCPs since our inception in 1998 and about 300 people holding an active CNLCP today. It was a major challenge to fundraise for the RDS but we were successful.

DEVELOPING THE RDS

Next we created a committee to determine the RDS measurement criteria. Then-Board member Kertrina Miller spent many hours contacting hundreds of current and previous CNLCP and CLCP nurses and uncertified people who were doing life care planning. She also spent hours reworking the policies and procedures to format them and change language to meet the ABSNC standards.

Her committee met several times with the guidance from PTC and Penelope Caragonne, PhD, AANLCP® Associate member, who had experience in developing role studies. Once the committee finalized the RDS, it was ready for beta testing. We sent it to another group of nurses to test for validity and response validity. Following the beta testing, we sent the survey link to the AANLCP membership, CNLCP-holding nurses, and the International Association of Life Care Planners (IALCP), and posted it on several online life care planning community lists.

When we had a statistically-valid number of responses, PTS commenced the psychometric scoring and analysis for validity. Their results indicated the need to revise the examination content to match the RDS. This meant we had to make a push for more test items in specific content areas. This process continued over the next few years.

We also trademarked and registered the exam and the CNLCP mark to protect them from copyright infringement and encourage the public and stakeholders to have confidence in the certification.

QUALIFYING FOR THE EXAM

In 2014, ABNSC updated their standards to remove grandfathering or reciprocity. This meant we had to require applicants to sit for and pass the examination to earn CNLCP certification. The CNLCP®CB modified the requirements to sit for the exam hoping more people would qualify and the number of those certified would continue to grow. After each update, we were required to reassess the exam for several cycles for validity. As you can imagine, this consumed quite a considerable amount of time.

EXAM ACCESS

To allow for better access to the exam, the CNLCP®CB offered the exam four times per year. Formerly, it was a paper and pencil exam, which required more time to score by the testing company. CNLCP®CB worked with PTC to offer on-demand computerized testing starting in January 2017, allowing applicants a window of 3 months after acceptance of their applications to sit for the examination.

Over the next several years, we modified qualifications, collected new test items, and developed new test forms. Each change required time by CNLCP®CB and the testing company to assess its effect and determine if the results remained psychometrically valid.
APPLICATIONS

We submitted the 2007 application in three big notebooks of hard copies. Now the application goes on a thumb drive with hyperlinked documents. We have to send a letter of intent to apply at least 90 days before submission and ABSNC can reject any submission if they feel they do not have the time to review.

In the prior application it was a “one and done” situation; an organization had only one chance to finalize an application. Now, the ABSNC allows their reviewers to request additional information if needed. An organization has up to 10 days to respond to a request for supplemental materials. ABNSC reviewers can make up to 3 requests for supplements before an application must be completely resubmitted. The reviewers have 60 business days after receiving the application to make an accreditation determination. They have discretion to extend this if they want additional information.

We sent our letter of intent to apply to ABNSC and it was approved in December 2018. As of this writing in early April, PTC had the documentation to complete the application. Once ABNSC makes a determination, likely within three months, we will announce the outcome to our membership.
This begins a four-part series dedicated to exploring how assistive technology solutions can make a positive impact on patients’ lives.

The first, Living, focuses on solutions that use technology to assist patients in their homes and in their social lives. The first part of Living highlights some new services and products and discuss the affects they’re having.

**Rest Assured** ([restassuredsystem.com](http://restassuredsystem.com)) provides remote monitoring services to individuals who want to increase their level of independence within the home. Using a system of cameras and sensors, they ensure that patients always have someone watching over them when they need them. Tele-Caregivers actively monitor the site during specified monitoring times. Additionally, they provide other services such as medication reminders, visitor check-ins, and kitchen safety. This allows individuals who would otherwise require health or safety supervision to remain in their homes without attendants. Patients simply press a button to get in touch with live Tele-Caregivers.

**Cornerstone Ventures, Inc.** created **HomeSmart Assistant** ([homesmartassistant.com](http://homesmartassistant.com)), a system that uses Amazon’s Alexa or Google Home’s Assistant to connect smart devices in the house. Their focus has primarily been on helping patients with quadriplegia accomplish tasks others take for granted, just by using their voice. For example, individuals can open/close and lock/unlock doors, change a thermostat, control a TV and DVR, and even change speed settings on their ceiling fans. What’s more, they can contact loved ones with voice-activated video chats from anywhere in the home.

**Raizer by Liftup** ([raizer.com](http://raizer.com)) isn’t a comprehensive system designed to improve overall independence. It’s a small, portable device designed to physically lift individuals who have fallen and are unable to get up. It comes in two small bags, is easy to assemble, and it carefully and slowly lifts a person to a near-standing position. It can be charged in the car or by a regular wall outlet and stows easily in a closet or under the bed. The Raizer removes the need for traditional slings or two-person teams to safely lift individuals who have fallen. It’s a small but sophisticated single-use piece of assistive technology that tackles one caregiving challenge exceptionally well.
Telecommunication services connecting patients and health professionals like KareCall (karecall.com) and StationMD (stationmd.com) try to reduce risk of hospitalizations by increasing connectedness. KareCall uses virtual assistants to call individuals for regular verbal health checkups. Any responses indicating a health issue prompt the virtual assistant to relay information to a live health professional for follow up. This frees nurses and other health professionals/caregivers from having to perform routine health checks and allows them to focus where they’re needed most. StationMD works similarly, but instead of regular calls from a virtual assistant, patients call a provider for screening interviews when they think they have health problems. This means someone with a new health concern doesn’t need to go to the ER first for assessment. Providers can tell patients to go to the ER if it’s necessary, and reassure them when it’s not.

These are only a small sample of the many technology-based solutions available for individuals with various abilities that we discovered. No doubt the future will hold exciting and game-changing innovations for patients that go well beyond them. But present or future, we can be sure that technology can help reduce the need for caregiver hours, help free up healthcare providers and caregivers for other responsibilities, and, perhaps most importantly, deliver control back to the patients so they can live their lives fully, independently, and with dignity.
The Business of NLCP

Starting Your Own Business? How to set your rates.

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Key Words:
Business | Marketing | Finances | Limited Liability Company | Sole Proprietor | Pay Scale | Earning

STARTING YOUR OWN BUSINESS? How to determine your rates.

Congratulations on your decision to start your own business. As Thoreau famously said, “If you have built castles in the air, your work need not be lost; that is where they should be. Now put foundations under them.”

How to charge for your time?

Many sources report that nurses are underpaid and underappreciated, as many nurses might already know (Salary.com, 2018; Johnson, 2015; Online Nursing Degrees, 2018). There are several reasons for this. Even so, nurses should not accept it at face value, especially the Nurse Life Care Planner (NLCP) who has decided to venture out as a business. Before opening for business, the NLCP should put careful thought and planning into improving the odds of success.

One of your most important decisions is what to charge for your time. Don’t accept the idea that you should charge what the competition charges: Use objective data to set your rates. This article will discuss how to estimate what a home-based, sole-proprietor, NLCP entrepreneur should charge during the initial one to three years in business. After that, you may decide to adopt other financial principles and concepts as you build a solid business foundation and income stream.

You might worry about charging too much for fear of losing business or not receiving any; this is true of both new and seasoned NLCPs. It is critically important to remember, whether working for your own client or as a subcontractor, that you are a business owner and should charge a viable rate for your business, not someone else’s.
A business plan is important, yet it may be difficult to create with insufficient statistical data. Colleagues may be reluctant to share information about their business income, expenses, and other financial data. This might mean you would work with anecdotal data, clearly not reliable. Do an objective analysis to determine the appropriate rates for your business.

Is Your Billing Rate Too Low? Probably.

In 2010, an article in the Journal of Nurse Life Care Planning found that one out of seven (14.3%) NLCPs surveyed reported significantly improving their financial situation by becoming a life care planner (Brock, 2010), yet the remaining 85.7% did not. These findings were significant not only because they were specific to the nurse life care planning population: it indicated a majority of those surveyed may have fallen victim to inadequate business planning or other errors that limited their entrepreneurial success.

In 2006, Babitsky, Mangraviti Jr., & Babitsky offered two steadfast rules for expert witnesses when setting fees.

- Far more experts undercharge than overcharge, usually the result of inexperience and a psychological hesitancy to charge hundreds of dollars per hour for their time.
- When experts increase their fees, they get more work.

Attorneys are paid to win. They seek out the best possible experts to do that. Many assume that a better expert charges more. This assumption results in increased demand for the “best” experts who charge a premium for their services (Babitsky, Mangraviti Jr., & Babitsky, 2006). Simply put, the more you charge for your services, the more prospective clients will value them. Keep this in mind.

Before You Decide

You might want to earn what you earned immediately before opening your business or a salary like other nurses with advanced skills. After all, you invested in education by becoming certified as a life care planner and may feel you deserve an advanced-skills salary. There is no one answer that will fit every person’s situation.

You could look at statistics. For example, the 75th percentile of Registered Nurse (RN) annual salaries is $85,960 (U.S Bureau of Labor Statistics, 2018). But this may be too generalized: AANLCP defines NLCP as a specialty requiring advanced skills (American Association of Nurse Life Care Planners, 2015). This means you could choose the 90th percentile, or $102,770 (U.S Bureau of Labor Statistics, 2018), as your goal.

In addition to being a nurse with advanced skills, consider that a successful NLCP must be highly knowledgeable, proficient with words, an expert witness, and a smart business owner. Compare this expertise to nurses earning some of the highest incomes, such as a Certified Nurse Anesthetists (CRNA). The 2017 national annual mean salary for a CRNA was $169,450 (United States Department of Labor, 2017). Also, consider that a CRNA is typically an employee. You are self-employed, and an expert, deserving of a premium for the efforts and risks you are undertaking. These risks are above and beyond those of a CRNA employee and deserve a financial reward.

Think about why many physician expert witnesses charge $600-$800 per hour, or more depending on specialty, for medical-legal work. One may assume it is based on the amount of work they performed or the number of years they received a formal education; that assumption might not be correct. Most physician experts hire smart business people to advise them on what to charge. You should learn similar business administrative skills and seek proper counsel.
Obtaining accurate and reliable NLCP billing rate data can be challenging. Nursing Business (2013) reports that life care planners are charging between $80-$400 per hour, a wide range. Another source claims life care planners charge, on average, $150/hour (FIG Services, Inc., 2013). In 2013, one life care planner reported she charged precisely $150 per hour (Kristen Jones Consulting, 2013), which when adjusted for inflation would be approximately $175 per hour in 2018.

SEAK, Inc. recently released a survey of expert witness fees in 2017 (Mangraviti, Jr., Esq., Babitsky, Esq., & Donovan, Esq., 2017). A total of 40 LCPs responding reported an average billing rate for case preparation and review of $267 per hour (range, $150 to $500). Though this small sample size did not differentiate among the life care planners’ certifications, education, and training, the findings were nevertheless enlightening.

Zero percent found that raising their rates priced them out of the market, evidence that LCP rates may be underpriced and that the marketplace lacks resistance to increases. Also, experts doing mostly defense work reported significantly higher hourly fees across the board than plaintiff experts or experts who work equally for defendants and plaintiffs.

**Determining Your Rates**

There are many schools of thought on how to determine rates. Stephen Fishman (2013) notes two ways to determine an hourly rate: 1) calculate based on the expenses, and 2) investigate the marketplace to see if you should adjust the rate up or down. Depending on market conditions, you may be able to charge more, or might have to get by on less.

However, there is a limit to how low to go. If the marketplace is full of competitors who consistently undercharge for their services, it will be hard to grow your business; you may need to consider relocating or market yourself to make yourself stand out. Fortunately, many NLCPs can accept cases from large geographic areas, working with an internet-based model, so this can mitigate the effect of local marketplace limits.

Should a seasoned NLCP charge a higher rate than a new one? Should underlying licensure or certification make a difference? While there is debate, this is clear: the marketplace decides if an excessive hourly rate is too high, and according to the SEAK survey, that point has not been reached.

**Calculate Prior Year Expenses**

Assuming you start a business from home after leaving a full-time employee position, the basis for your initial salary (Figure 1) is your last year’s personal living expenses. This is the smallest salary necessary to maintain your present lifestyle while your business is starting, not what you should expect to earn into the future.

Begin by determining non-business expenditures were over the prior year (e.g., rent, mortgage, insurance, utilities, food, fuel, medications). Do not include income taxes. A quick way to estimate these expenditures is looking at gross income amount from the past year’s tax return minus income taxes paid. You can also create a prior year income/expense report using personal finance software, if applicable.

Remember you are looking to estimate personal expenditures; an approximation will work. The Prior Year Expenditures (PYE) in Figure 1 will represent the income needed to maintain current lifestyle. Assume that you are the sole source of household income and starting a home-based business as a sole proprietor (i.e., no limited liability company [LLC], partnership, S-Corp., or C-Corp.) In this example, our NLCP is a California RN earning the mean annual California salary of $102,700 (U.S Bureau of Labor Statistics, 2018).
When you become self-employed, you will lose any employer-based health insurance. You'll need to account for replacement coverage cost. Typically, an employee and employer share this cost, so make sure to determine the whole cost you'll be taking on. The health insurance cost represented in Figure 1 was estimated using ehealth.com. The cost for this NLCP and family of four was $1,100-$1,200 per month. Added to her mean RN salary, this yields an annual PYE of $116,500.

**Add Business Fees and Taxes**

*Business Entities.* You will have fixed costs to maintain your business. How you choose to classify it will greatly affect initial operating costs. Consider different types, such as a C-Corp., S-Corp., LLC, sole-proprietorship, or partnership. Each state has fees associated with registering and maintaining business entities. Research each before choosing. Also, if you continue to work as an employee for another organization (e.g., a hospital) while operating your business separately, the tax liability and other associated expenses could be complicated. Your tax preparer can help you, or get advice from a tax attorney.

For example, in our example, California charges a business owner $800 per year plus a $25 annual Statement of Information filing fee to maintain a C-Corp., S-Corp., or an LLC, regardless of any income or profit. Late filing incurs a penalty of $250. These fees can be less in other states.

Do not forget the cost to file a tax return, which in California runs about $1,250-$1,500 per year, due to the use of a Certified Public Accountant to file an LLC or corporate return. In many states, you can use your local tax preparer for far less.

*Taxes.* Add the cost of income taxes and self-employment tax, if any, to the Annual Personal Expenses. Calculate your effective federal and state tax rates. Take the amount of tax paid the year prior (i.e., federal and applicable state tax) and divide it by the taxable income from the tax returns, then multiply by 100 to arrive at a percentage (Lee, 2018). Multiply the effective tax rates by the PYE to estimate your federal and state taxes. Add this to the Annual Personal Expenses (Figure 1).

**Summary**

One of the biggest mistakes new nurse entrepreneurs make is undervaluing their worth and, consequently, their billing rates. Now you’ve estimated the income needed to maintain your current lifestyle. This doesn’t include business operating expenses, nor the additional income needed to produce a profit, i.e., more than you need to maintain your current lifestyle. In the next installment, we’ll talk about profit, the reward for taking the risks of being in business and not considered part of payroll expense or salary cost.

[Figure 1:](https://wealthyeducation.com/financial-ratio-categories/)
Life Care Planning Certifications: A personal View

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According to the CNLCP Certification board, “certification is a formal recognition that validates knowledge, experience, skills and clinical judgment within a specific nursing specialty; and, as such, is reflective of a more stringent professional practice standard. It reflects achievement of proficiency beyond basic licensure”.

There are two life care planning certifications available to nurses, Certified Life Care Planner (CLCP) and the Certified Nurse Life Care Planner (CNLCP). The CLCP credential is available through the International Commission on Health Care Certifications (ICHCC), and the CNLCP designation is available through the Certified Nurse Life Care Planner Certification Board (CNLCPCB). Each certification requires 120 hours of post-graduate or post-specialty degree training in life care planning and completion of a life care plan.

The ICHCC (https://www.ichcc.org/)

- Requires a minimum of three years of field experience within the five years preceding application for certification. A candidate must complete one of the following components;
- Supervision of one year with a Certified Life Care Planner.
- Graduation from an accredited training program which includes practicum or internship, of which requires the development of an independent life care plan for review and critique by a faculty member who is a Certified Life Care Planner (CLCP).
- Hold the entry-level academic degree or certificate/diploma for licensed profession.
The CNLCP Certification Board (https://cnlcp.org/)

- Requires a current unrestricted registered nurse license, minimum three years.
- Minimum of two years full time paid professional experience in a role that utilizes the nursing process in assessing an individual’s long term/lifetime treatment needs and costs across the continuum of care.
- Completion of 120 continuing education units related to life care planning or in equivalent areas that can be applied to the development of a life care plan or pertain to the service delivery applicable to life care planning within the five years immediately preceding application.

Or:

- Verification of two years of life care planning experience, or a variant thereof that incorporates the nursing process and skill set inherent to the assessment and determination of treatment needs and their respective costs, across the continuum of care, within the past five years immediately preceding the application.

The difference in the two certifications is the use of the nursing process by the CNLCP and a current valid RN license. The CLCP is available to individuals from different fields such as vocational rehabilitation, occupational therapy, physical therapy, and psychology, and counseling. The nurse life care planner must be able to explain the difference between them related to underlying licensure during deposition and/or trial.

I originally obtained the CLCP credential in 2003 through the University of Florida, and my CNLCP from the CNLCPBC granted through reciprocity in 2011. However, in 2015, I took the FIG Nurse Life Care Planning course to strengthen my understanding of the nursing process and bolster my standing as an expert in deposition and trial. The nursing process as defined by the American Nurses’ Association (ANA) includes assessment, analysis, planning, intervening/delegating, and reassessment (Apuna-Grummer, D., & Howland, W. 2013). I am comfortable that I have completed the necessary training through FIG. I have not been challenged in a deposition about having both certifications.

Nurses have an important role to play in the field of life care planning. Our training and experience enable us to recommend items in the plan that other disciplines can’t such as home health care, consultations, and therapies, to name a few. As nurses, we are uniquely qualified to advocate for our clients through our holistic approach to care and collaborative skills. Using nursing diagnoses in our plans further supports our recommendations and sets us apart from other disciplines.

I graduated from nursing school in 1980, and like many nurses of my generation, I completed my RN training in a diploma school of nursing. When questioned in a deposition why I do not have a BSN, I say that it was a personal decision at the time, and the opposing attorney seemed satisfied with my answer. My education, licensure, training and years of experience as a nurse, nurse life care planner, and nurse case manager qualify me to practice life care planning and make recommendations within my nursing scope of practice. Nonetheless, I decided to complete my degree and am currently enrolled in Chamberlain RN to BSN program.

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