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Special Issue
Symposium 25th Anniversary

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2. Provide the professional field with information regarding events and developments important to the practice of life care planning.
3. Provide a forum for the debate and discussion of practice issues.
4. Promote professional practice by addressing issues relevant to certification, ethics, standards of practice and research methodologies.
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Editor’s Message

*Tanya Rutherford Owen, Ph.D.*

Dear readers, if you are not wowed by this issue, it may be time for me to relinquish my tenure as editor! This issue is dedicated to celebrating 25 years of life care planning education through the life care planning symposia. Having worked in the field of life care planning for over 20 years, having conducted original research in life care planning and being deposed numerous times on life care planning topics, I realized when I began to read the enclosed articles, exactly how little I knew about the details of our collective history. Debbe Marcinko had the brilliant idea to create an issue that looked back at what has been accomplished in the field of life care planning and the critical contributors to these accomplishments to date. We decided that this is the perfect time to do this, as we will soon be enjoying our 25th anniversary celebration in Portland next month.

We have contributing authors who are by all accounts critical contributors to our field including (but certainly not limited to) Dr. Roger Weed, Dr. Debbie Berens, and Dr. Christine Reid. We have articles dedicated to life care planning summits, life care planning certification, the life care planning symposium, the Foundation for Life Care Planning Research, the life care planning Standards of Practice, the life care planning fellowship program, the *Journal of Life Care Planning* and an overall history of the evolution provided by Dr. Roger Weed. If after reading this issue, you are as impressed as I was with the tireless work of individuals like Dr. Paul Deutsch or Patty McCollum, who contributed so much to our field as we know it and you decide it is your time to contribute, reach out and see how you can contribute. Ideally, we would love for you to join us in Portland, but if you cannot make the conference at least participate in the study included in this issue currently being conducted by Dr. Scott Beveridge. If after reading this issue, you remember many of the people involved in the “early days” and want to pay tribute to them, make sure to register for the ISLCP Symposium this year in Portland, Oregon (https://rehabpro.org/event/2019-annual-conference). After completing this issue, I am reminded of a quote by a fellow southerner, Lyndon Johnson, who is quoted as saying, *There are no problems we cannot solve together, and very few that we can solve by ourselves.* I hope after reading this issue, you realize that we are stronger as a community than any of us can be alone. If so, come to Portland and celebrate where we have been and where we can go…… TOGETHER!
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The Power of Collaboration

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To honor 25 years of life care planning symposium, a special reception will include heavy hors d’oeuvres, guest speakers on the history of life care planning, and a celebration of the future of the practice.

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A Brief History of Life Care Planning
Roger O. Weed

* NOTE: Portions of this article appeared in Chapter One of Weed & Berens (2019). Life Care Planning Case Management Handbook (4th ed.)

Introduction
The goal of this article is to summarize some of the important events and milestones in the early years of life care planning as well as to recognize the visionaries who helped provide the creation of concepts, processes and methodology foundations.

The 1970s
In the 1970s, Dr. Fred Raffa, a Florida economist and faculty member at what is now the University of Central Florida, was often retained to opine about economic damages in personal injury lawsuits and wrongful death cases (F. Raffa, personal communication, April, 26, 2019). On one of these occasions, the attorney had also retained the services of a vocational expert, Mr. Paul Deutsch (Note: Dr. Deutsch received his Ph.D. in January 1983). Raffa reported that he and “Paul hit it off right away” and several mutual cases lead to discussions regarding the process of evaluation of damages in litigation (personal communication, April, 26, 2019). In the late 1970s, Raffa mentioned that he had referred a case to determine future medical needs and associated costs and Deutsch was asked to assist by compiling needed future medical services and products. Raffa provided the structure for economic projections and a reporting format was developed that was initially titled Catastrophic Summary Profile Sheet (J. Kitchen, personal communication, April 27 & 28, 2019). The categories and interview worksheets were designed to capture the required data for an economist to comprehensively assess future care needs and associated costs in litigated matters (P. Deutsch, personal communication, April 22, 2019). In an effort to streamline the process, a revised format was soon developed and that format became known as the Life Care Plan (J. Kitchen, personal communication, April 28, 2019).

Reportedly while Deutsch was expanding his private practice and working towards a Ph.D. in Counseling Psychology/Counselor Education with a primary emphasis in Rehabilitation at the University of Florida, he advertised for someone who could assist him with vocational rehabilitation and job placement services (J. Kitchen, personal communication, April 27, 2019). Julie Kitchen became that person and she began her nearly four decades long association with Deutsch in May of 1979.

The 1980s
An opportunity to author a textbook and educate attorneys about life care planning was presented when publisher Matthew Bender agreed to a contract regarding economic damages in litigation (P. Deutsch, personal communication, April 22, 2019). Deutsch and Raffa committed to an extensive treatise on the topic that appeared in volumes eight and nine of the legal publication, Damages in Tort Actions (Deutsch & Raffa, 1982), which established the guidelines for determining damages in civil litigation cases (Note: the publication was often apparently erroneously cited as 1981). The publication has been continuously updated since that time and has expanded to three volumes, although following Dr. Deutsch’s retirement, he no longer actively contributes (P. Deutsch, April 22, 2019; F. Raffa, personal communication, April 26, 2019).

In the fall of 1983, the newly minted Ph.D., Dr. Paul Deutsch, was speaking to a class of students in the rehabilitation counseling program at the University of Florida where he met Dr. Horace Sawyer, the chair of the department (H. Sawyer, personal communication, May 1, 2019). They enjoyed a lunch together and an association began which would lay the foundation for introducing the concept life care planning to the discipline of rehabilitation consulting. Deutsch urged Sawyer to join him as co-author of a new Matthew Bender publication titled the Guide to Rehabilitation (Deutsch & Sawyer, 1985). Although reluctant at first, Sawyer agreed to join Deutsch in promoting life care planning concepts as a co-author of the Guide and facilitator of conference presentations (H. Sawyer, personal communication, May 1, 2019). During 1984, he and Deutsch, along with Julie Kitchen (who was also a driving force; H. Sawyer, personal communication, May 1, 2019) created the seminal text on life care planning, which was updated yearly until the company that bought the rights to the publication (Ahab Press) went out of business.

With the 1985 publication of the Guide, Sawyer, as an academic leader in the rehabilitation profession, was instrumental in adding Deutsch to the agendas of state rehabilitation conferences, university rehabilitation counselor training programs, established health professional groups, national rehabilitation conferences, and others (author’s note: I met Deutsch at one of the conferences in 1985 and was immediately attracted to the concept, thus beginning a long relationship with Deutsch). According to Sawyer,

Paul was always ready to go anywhere at any time that I was scheduling for us. In the early days, it was exciting...
to introduce life care planning to so many different state and national groups with the pretense of national exposure to life care planning and the ‘promotion of The Guide to Rehabilitation’ (personal communication, May 1, 2019).

In 1986, the first issue of the Journal of Private Sector Rehabilitation, the peer-reviewed journal of the National Association of Rehabilitation Professionals in the Private Sector (now known as the International Association of Rehabilitation Professionals), included a description and process pertaining to life care planning (Deutsch, Sawyer, Jenkins, & Kitchen, 1986).

Deutsch’s tireless efforts to educate rehabilitation professionals, combined with the enthusiasm of attendees for life care planning, led to what some believe to be turning point in the development of the practice of life care planning. This event consisted of a two-day nationwide rehabilitation professional training program that was organized by Deutsch, Kitchen and Sawyer and held in Hilton Head, South Carolina on September 16–17, 1988 (Weed & Berens, 2019). Although the list of attendees is lost, this author remembers that more than 100 rehabilitation professionals from throughout the United States were assembled. In these two days of training, rehabilitation professionals were introduced to the overall concepts of life care planning and the format that was published in the Guide to Rehabilitation. It also became evident that many people were practicing what they labeled as life care planning in a variety of ways, some of which appeared to be contrary to the intended goals and purposes of ethical rehabilitation practice. In addition, as previously mentioned, many people were using the term life care planning as it became more popular, but had little or no awareness of the Guide nor appropriate uses or practices associated with this emerging specialty practice.

The 1990s

In the fall of 1992, five rehabilitation professionals, Richard (Rick) Bonfiglio, MD; Paul Deutsch, PhD; Julie Kitchen, CCM, CDMS; Susan Riddick, BS, RN, CCM; and Roger Weed, PhD, met to discuss the apparent problems associated with some life care planning practices. Concerned that fragmentation and poor standardization would result in the overall decline of the specialty practice, they decided to develop a concentrated training program consisting of eight modules, each two and a half days in length, to provide standardized training on the various aspects of life care planning.

On February 18, 1993 the founders of the comprehensive training mentioned above met and outlined eight modules (aka tracks) with assignments of speakers.

Module I, assigned to Julie Kitchen, provided a basic overview of life care planning process methods, standards, and formats.

Module II, led by Roger Weed, was designed to include the vocational aspects of clients/evaluatees whose life care plans appropriately included work-related opinions.

Module III, headed by Susan Grisham, addressed effective case management strategies within the complex medical environment.

Module IV, delegated to Paul Deutsch, outlined the various forensic rehabilitation issues to which many rehabilitation professionals, willingly or unwillingly, are subjected.

Module V, shared by Paul Deutsch, Rick Bonfiglio and Julie Kitchen, focused specifically on spinal cord injury issues.

Module VI, shared by Rick Bonfiglio and Susan Grisham, focused on brain injury issues.

Module VII, shared by Rick Bonfiglio and Roger Weed, was an overview of the long-term care issues for other physical and emotional disabilities as well as some disease processes.

Following this process, a management company (Rehabilitation Training Institute) was contracted to set up training programs throughout the United States. Before the flyers were fully distributed, the first of the organized modules (scheduled for November 1993) was filled. Two introductory courses were developed: one on the West Coast and the other on the East Coast. It became obvious that there were a number of rehabilitation professionals who were interested in pursuing continuing education related to life care planning, and several participants requested official recognition for their educational efforts. Dr. Horace Sawyer of the University of Florida, and co-author/editor of the Guide was approached, and he agreed to pursue an official certificate of completion through the University of Florida’s Continuing Education Department, which was approved in November 1993.

In an effort to better manage training, a private-public partnership between the Rehabilitation Training Institute and the University of Florida was formed in 1997 and named Intelicus (the University of Florida controlled the curriculum). The five founders donated the program content to Intelicus effective January, 1994, which was purchased by Medipro Seminars in 2003. However, Medipro has since ceased operations. Most of the founders continue to donate time and services in support of online training through the University of Florida and the annual life care planning symposium. Life care planning symposia were first offered in 1996 and have continued annually to date with the goal of providing life care planning-specific training and education (McCollom & Weed, 2002).

Although the certificate of completion from such
programs as the University of Florida and Kaplan University underscored the value of obtaining education specific to this specialized profession, it did not provide the assurance of ethical practice or the professional identity that was desired by people who had invested thousands of dollars and much of their time in the training process. Several certification boards were contacted, with three indicating an interest in leading the way to certification. Eventually, with facilitation by Dr. Sawyer, the Commission on Disability Examiner Certification (now known as the International Commission on Health Care Certification, or ICHCC) based in Midlothian, Virginia, and owned by V. Robert May, Rh.D. assumed the responsibility, and the first certifications in life care planning were offered in the spring of 1996 (first CLCP certificates issued in July 1996). With regard to certification, although the ICHCC also certifies nurses, some nurses wished to affiliate with an organization that only certifies nurses, and the American Association of Nurse Life Care Planners was formed in the 1997.

Another significant development, in October 1996, was the formation of the American Academy of Nurse Life Care Planners (Source: P. McCollom vitae, 2006). After discussions with leaders of the life care planning movement, McCollom, with support of her all nurse advisory board, agreed to change the name to the International Academy of Life Care Planners, opening the membership to all professional life care planners in December of 1997 (K. Preston, personal communication, May 6, 2019). (Note: Due in part to McCollom’s health, the association was transferred to the International Association of Rehabilitation Professionals as a special interest section effective August 1, 2005) (Berens, 2006).

As life care planning interest spread throughout the United States and beyond, encompassing an ever-widening group of professions and professionals, it became evident that the definition offered by Deutsch and Raffa in Damages in Tort Action needed to be revised. This author was privileged to take the lead in this task at a 1998 national conference consisting of a large group of primarily rehabilitation consultants and nurses engaged in life care planning. The goal was to reach consensus on the definition of life care planning from a diverse group of professionals. These consensus events were expanded and came to be known as Life Care Planning Summits (see below and the article elsewhere in this journal) and the result of these efforts are Consensus and Majority Statements that continue to be refined and utilized in life care planning to this day (Weed & Berens, 2019, p. 5). Through this consensus activity, the definition of the term ‘life care plan’ is as follows (and continues to the present time):

A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs. [Combined definition of the University of Florida and Intelicus annual life care planning conference and the American Academy of Nurse Life Care Planners (now known as the International Academy of Life Care Planners) presented at the Forensic Section meeting, NARPPS annual conference, Colorado Springs, Colorado, and agreed upon April 3, 1998].

Starting in 1994, regular life care planning conferences have been offered to educate attendees on current and future life care planning trends. Details on the next event offered in fall 2019 can be found on the website for the International Academy of Life Care Planners (https://connect.rehabpro.org/lcp/home).

Life Care Planning- from 2000s to the Present (and miscellaneous)

Historically, it is important to understand that the field of life care planning exists today due to the tireless efforts of those in the field who have engaged in professional development. As a result of over three decades of effort, life care planning has in existence:

- 2000 to Present: Life Care Planning Summits beginning in 2000, conducted approximately every two years, which were designed to arrive mostly at a consensus on critical life care planning topics. These Summits typically are limited to about 100 active professionals with representatives from significant life care planning related organizations. (Summit dates: 2000, 2002, 2004, 2006, 2008, 2010, 2011 in Canada, 2012, 2015, 2017 with the next Summit tentatively scheduled for April 2020.) (Note: for more details regarding Summits, please see the Summits article elsewhere in this Journal).

The first Summit was (mostly) attended by a select group of experienced life care planners, as well as several significant life care planning organizations, which resulted in a seminal publication of numerous life care planning consensus statements (Weed & Berens, 2000).

Speakers and organizations represented at the first Summit were:

- Rick Bonfiglio, MD, Education founder and trainer
- Patty Costantini, RN, MS, CLCP, American Association of Legal Nurse Consultants
- Paul M. Deutsch, Ph.D., CLCP, Founder and author
- Tyron Elliott, Esq., Plaintiff attorney
- Tim Field, Ph.D., Publisher of rehabilitation and related books, trainer and author
- Anne Llewellyn, RN, Case Management Society of America
- Ann Neulicht, Ph.D., CLCP, International Association of Rehabilitation Professionals
- V. Robert May, Ph.D., representing certification
- Patti McCollom, RN, MS, CLCP, International Academy Life Care Planners
- Fred Raffa, Ph.D., Founder & economist
- Horace Sawyer, Ph.D., University of Florida and LCP
Summit topics and issues were sorted into five focus areas which included:

1. **Professional preparation:**
   - Minimum qualifications
   - Education
   - Experience
   - Certifications
   - Other credentials

2. **Basic tenets and procedures for completing life care plans:**
   - Records review
   - Medical foundation
   - Expert witness v. consultant
   - Reports and content
   - Economic requirements

3. **Ethics:**
   - Relevancy of ethics from certifications or licenses not specific to life care planning
   - Maintaining files
   - Documenting contacts for life care plan entries
   - Staying within area of expertise
   - Confidentiality
   - Objectivity

4. **Reliability and validity of the life care plan:**
   - Based on adequate foundation
   - Opinions referenced in life care planning by credentialed professionals
   - Based on the industry requirements (e.g., personal injury, workers’ comp, etc.)
   - Research data

5. **Information dissemination:**
   - How to make agreed upon standards and procedures readily available to public
   - Publications, association, and certification board websites
   - Develop a reference list of life care planning and related publications

**2002 to present:** The premier peer-reviewed life care planning journal, *Journal of Life Care Planning*, was initially published quarterly with current research pertaining to life care planning. The vision for the Journal was shared by many, but bringing the publication to fruition was directly from the efforts of Dr. Tim Field, founder (along with his wife Janet) of Elliott and Fitzpatrick, Inc., an experienced publisher, journal editor, author, and popular conference speaker. He provided funding as well as technical and publisher services to bring the *Journal* to the profession. He gifted the Journal to the national association (IALCP section of IARP) in late 2006 where it continues to thrive (Field, 2006).

Life care planning *Standards of Practice*, (directed by this author) which extensively solicited comments from practicing life care planners, was first published in 2000 (chaired by this author) and was updated in 2006 (chair Sharon Reavis, RN, MS, CRC, CCM) and 2015 (chair Karen Preston, PHN, CRRN, FIALCP).

**2002 to Present:** The Foundation for Life Care Planning Research was founded by Dr. Paul Deutsch in coordination with the University of Florida, Georgia State University and the Medical College of Virginia, Virginia Commonwealth University to support life care planning-related research as well as bestow annual awards in several categories. (For more details please refer to the Foundation article located elsewhere in this Journal.)

**2000 to Present:** Since 2000, role and function studies have conducted to enhance the certification process (Turner, Taylor, Rubin, & May, 2000). Updated in 2010 by Pomeranz, Yu, & Reid and extensively described in the Special Issue of *Journal of Life Care Planning*. The most recent role and function study was conducted in 2018, to be published in an upcoming issue of the *Journal of Life Care Planning*. (International Commission for Health Care Certification, 2018)

**2013 to Present:** A group of physicians formed the American Academy of Physician Life Care Planners in 2013. As of 2019, pre-approved life care planning training is available through Capital Law School (https://law.capital.edu/LifeCarePlannerProgram), the Institute of Rehabilitation and Training (privately founded by University of Florida professors Dr. Jamie Pomeranz and Dr. Nami Yu, http://www.iretprograms.com), and FIG education, founded by Shelene Giles, R.N. (https://www.figeducation.com). Other organizations, such as IARP, IALCP also offer periodic continuing education for life care planners.

**Early Life Care Planning Contributors**

Occasionally, there are questions about which individuals did what first. The information below is intended to educate the reader about those who played critical roles in the early developmental stages of the field of life care planning. As noted above, life care planning grew out of the disciplines of economics and rehabilitation. With educational training components offered from nurses, physicians, and rehabilitation professionals, the field morphed into what is currently recognized as the specialty practice of life care planning.
Paul Deutsch, Ph.D. CLCP (CLCP certificate #1) - As noted previously, Dr. Paul Deutsch, in the mid-1980s, was the first rehabilitation professional to formally teach “life care planning” concepts, methodology, and such. He is considered the “founder” of the life care planning process and was the first to publish on the topic in the rehabilitation literature (with Dr. Fred Raffa) in 1982 in the text, Damages in Tort Action followed by multiple volumes of the Guide to Rehabilitation (with Horace Sawyer) educating readers on the evolving practice of life care planning. He was also the founder and prime mover of the Foundation for Life Care Planning Research, which was formed on January 23, 2002 with Paul Deutsch, Ph.D., Roger Weed, Ph.D., Chris Reid, Ph.D., Susan Grisham, R.N. Patti McCollem, R.N., CRC, Terry Winkler, M.D. and Bernie Kleinman of Medipro/AHAB Press, comprising the initial Board of Directors. Also attending the first meeting was Sheri Kendal, Ph.D. who would become the Foundation’s statistics and publication consultant and Amy Sutton, Ph.D., RN, CLCP (who was a doctoral student at the time). For more information about the Foundation, see the article detailing the history in this journal by Debra Berens, Ph.D., CRC, CLCP.

Susan Riddick-Grisham, BA, RN, CCM, CLCP- Susan Riddick-Grisham was the first nurse to formally teach other nurses an organized series of life care planning classes. She was employed by Crawford & Company in March 1991 (Source, S. Grisham vitae, 2015) to educate their consultants nationwide. It may be obvious, but she underwent specific life care planning training prior to teaching the methodology to others. She was also the only nurse to participate in the development of the original nationwide training program curriculum launched by the Rehabilitation Training Institute (which later became Intelicus and, through the years, has been reformatted to be today’s life care planning certificate training program offered by the University of Florida). She is also the prime mover for the text Pediatric Life Care Planning and Case Management Handbook (2004 and 2011 2nd ed.).

Julie A. Kitchen, BS, CCM, CDMS, CLCP- Julie Kitchen worked with Paul Deutsch for nearly four decades and was instrumental in the dissemination of life care planning information from inception. She has been involved in life care planning research and preparation and was one of the five founders of the training modules. She was a popular instructor and known as the “go to” person for information about products, supplies and services often included in life care plans. Behind the scenes, Julie was influential as a person to organize and assure publication, training and life care plan completion. She has authored numerous book chapters, articles and monographs in professional journals.

Patricia “Patti” McCollem, MS, RN, CLCP, CRRN, CCM, CLCP- As noted above, Patti McCollem was the first nurse to start an organization specifically for nurse life care planners in October 1996, when she founded the American Academy of Nurse Life Care Planners (Source: P. McCollem, Vitae, 2006). Under Patti’s direction and at the urging of others, the organization was expanded to include life care planners from disciplines including and outside of nursing (i.e., multidisciplinary) and this organization is now known as the International Academy of Life Care Planners (IALCP), a section of the International Association of Rehabilitation Professionals (IARP). In 2002, Patti was the founding editor of the Journal of Life Care Planning, the first peer-reviewed journal specifically dedicated to life care planning. Further, she was elected to several national leadership positions and was active in numerous organizations (e.g., the board of the Foundation of Life Care Planning Research). She contributed to the literature via peer-reviewed articles, book chapters, and other publications until her untimely death. She was also an invited speaker at many conferences.

Roger Weed, Ph.D. CRC/R, CLCP (certificate #2), CCM/R, LPC/ret.- Dr. Weed participated in the advancement of life care planning as one of the five founders of training protocol (1993), development of CLCP exams (1996), a founding member of the board of the Foundation for Life Care Planning Research (2002), elected leader in multiple organizations, speaker and beginning in 1990, trainer throughout the United States and Canada, leader of Life Care Planning Summits (2000 and beyond), Associate Editor of the Journal of Life Care Planning (2002), as well as, more than 150 publications, of which 80 books, booklets, articles, and chapters are specific to life care planning. His 1999, textbook, Life Care Planning and Case Management Handbook now in its fourth edition (editions 3rd and 4th edited with Dr. Debbie Berens), is considered the seminal textbook in the specialty practice of life care planning. As a professor, life care planning concepts were taught in the masters in rehabilitation program at Georgia State University beginning in the 1980s.

Richard Bonfiglio, MD- Dr. Bonfiglio was one of the five founders of the training modules, as well as a workshop leader throughout the United States. Dr. Bonfiglio, a physical medicine and rehabilitation physician, was originally responsible for development of the medical foundation components of life care planning training. He is the author of several publications related to medical foundations for life care plans and was active in the national leadership of the American Congress of Rehabilitation Medicine.

Horace Sawyer, Ed.D., CRC, CCM, CLCP, CEDE II- Dr. Sawyer was instrumental in distributing life care planning information to the practice of rehabilitation first through co-authorship of the seminal 1985 text, Guide to Rehabilitation, as well as through his national network for conference presentations. As department chair of rehabilitation counseling within the University of Florida (U of FL), he successfully underscored credibility to professionals undertaking the education of eight modules by issuing a University of Florida certificate of completion in 1993. He
was also instrumental in negotiating and instituting the CLCP certification through Dr. Robert May’s certification agency in 1996.

There are numerous other professionals who early in the process contributed to the advancement of life care planning, and at the risk of missing some, notables, most of whom were mentioned in this short article, include Tim Field, Ph.D., Terry Winkler M.D, Robert Meier, III, M.D., Karen Preston, PHN., Ann Neulicht, Ph.D., Mary-Barros Bailey, Ph.D., Tyron Elliot, J.D., and Debra Berens, Ph.D. Although not a life care planning professional, another person who deserves credit is Sheri Jasper (now deceased). For many years she was the first contact for prospective students as the support person to the program (including marketing, reservation control, and conference on-site “go to” person). Her positive spirit was infectious to “newbies,” returning students and speakers alike and she was loved by many. For details, please see the tribute elsewhere in this journal written by Heidi Fawber.

Conclusion

In the early years, life care planning services were offered by only a few professionals. Between the years of 1986 and 2019, the field of life care planning has exploded into a major force of its own. Over the years, life care planning morphed from an almost entirely litigation-oriented tool to one used in a wide variety of venues. Current venues utilizing life care plans include, but are not limited to, workers compensation, medical malpractice, special needs trusts, family trusts, insurance reserve setting, wounded warrior support, elder care, discharge planning, and more. Additionally, life care planners extend beyond the borders of the United States.

Currently, life care planning tenets and methodologies are taught in accredited rehabilitation counseling programs (Marini, Isom & Reid, 2004), in addition to multiple organizations. An international certification (Canadian) is available to life care planners completing life care planning training and satisfying the requisite assessment (see https://www.ichcc.org/canadian-certified-life-care-planner-cclcp.html). While initially publications related to life care planning were few and far between, currently such literature can be found in thousands of professional books, chapters, and articles in professional disciplines of nursing, medicine, economics, neuropsychology, rehabilitation counseling, occupational/ speech/ physical therapy, veterans rehabilitation, law (damages texts, court decisions and appealed cases), insurance and more. The life care plan is well-established and likely to be a valuable tool for years to come. As Julie Kitchen mentioned, “you’ve come a long way baby” (personal communication April 27, 2019).

References

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1970s</td>
<td>Paul Deutsch meets economist Frederick (Fred) Raffa who was instrumental with designing the format to provide data needed for projecting future cost of needs</td>
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<tr>
<td>1979</td>
<td>Julie Kitchen joins Paul Deutsch in May; an association that will endure nearly 4 decades</td>
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<tr>
<td>1982</td>
<td>Life care planning concepts first appeared in the legal literature in <em>Damages in Tort Action</em>, Volumes 8 &amp; 9 by Deutsch and Raffa. Damages texts continue to be updated yearly (as of 2019)</td>
</tr>
<tr>
<td>January 1983</td>
<td>Paul Deutsch awarded Ph.D of University of Florida</td>
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<tr>
<td>Fall 1983</td>
<td>Paul meets Horace Sawyer, Ph.D., chair of the rehabilitation counseling program at U. of FL., after speaking to rehab counseling class at the U of Fl</td>
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<tr>
<td>1984 +</td>
<td>Horace was instrumental with introducing life care planning to rehabilitation professionals and students via arranging conferences for Paul nationwide.</td>
</tr>
<tr>
<td>1985 +</td>
<td>Life Care Planning introduced to the rehabilitation literature in the book <em>Guide to Rehabilitation</em> by Deutsch &amp; Sawyer. This seminal text was updated yearly for decades until publisher ceases operation.</td>
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<td>1988</td>
<td>Widely believed to be the “turning point” comprehensive conference held at Hilton Head Island, September 16 &amp; 17. Organized by Paul Deutsch, Julie Kitchen and Horace Sawyer. First peer reviewed life care planning article appeared in rehabilitation literature in the <em>Journal of Private Sector Rehabilitation</em>, 1(1), 13-27 Life care planning in catastrophic case management by Deutsch, Paul M.; Sawyer, Horace W.; Jenkins, William M.; Kitchen, Julie A.</td>
</tr>
<tr>
<td>1992</td>
<td>Initial preparation for coordinated nationwide training initiated by five professionals representing physician, nursing and rehabilitation consulting. Founders were Paul Deutsch, Ph.D., Richard (Rick) Bonfiglio, MD, Susan Riddick-Grisham, RN, Julie Kitchen, BS and Roger Weed, Ph.D.</td>
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<tr>
<td>1993</td>
<td>February, the founders completed the first comprehensive curriculum consisting of 8 tracks, 2 ½ days each by. Instructors for each track identified. Training initiated fall 1993. University of Florida on November 14th agrees to offer a certificate in Life Care Planning to professionals who successfully complete the eight track program from the Rehabilitation Training Institute*.</td>
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<tr>
<td>1994</td>
<td>University of Florida assumes responsibility for curriculum via public private partnership which is known as Intelicus.</td>
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<td>Year</td>
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<td>1996</td>
<td>The Commission on Disability Examiner Certification (led by V. Robert May, Ph.D.) administers the first certification exam in March leading to Certified Life Care Planner designation. Certificates first mailed in July 1996. First annual Life Care Planning symposium is held November in Atlanta. First association specific to life care planning formed - American Academy for Nurse Life Care Planners (not to be confused with the American Association of Nurse Life Care Planners). Fellow designation (FIALCP) was first established through the International Academy of Life Care Planners (IALCP)</td>
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<tr>
<td>1997</td>
<td>The American Academy of Nurse Life Care Planners (led by Patti McCollom) evolved into the International Academy of Life Care Planners and professional membership expanded beyond nursing. Approved December 12 and announced to association members 1/28/98. The American Association of Nurse Life Care Planners was formed.</td>
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<tr>
<td>2000</td>
<td>First Life Care Planning Summit is held on April 12, Dallas, TX, Invited experts and affiliations consisted of Rick Bonfiglio (Medical), Patti Costantini (AALNC), Paul Deutsch (Founder), Tyrone Elliott (Legal), Tim Field (Publications), Don Lawson (Legal), Anne Llewellyn (CMSA), Bob May (CLCP), Patti McCollom (IALCP), Ann Neulicht (IARP), Fred Raffa (Economist), Horace Sawyer (Univ of FL), Linda Shaw (Intelicus), Roger Weed (Georgia State Univ.) The results were endorsed by all organizations invited. First, role and function study published [Turner, T., Taylor, D., Rubin, S., &amp; May, V.R. (2000). Job functions associated with the development of life care plans. Journal of Legal Nurse Consultants, 11(3), 3-7]</td>
</tr>
<tr>
<td>2002</td>
<td>Paul Deutsch forms the 501 (c) 3 Foundation for Life Care Planning Research Initial board members Paul Deutsch, Roger Weed, Patti McCollom, Susan Riddick Grisham, Chris Reid, Terry Winkler and Bernie Kleinman. Journal of Life Care Planning is launched. Patti McCollom founding editor, Dr. Roger Weed, associate editor. Dr. Tim Field, through Elliott and Fitzpatrick publishing, underwrites the launch. Second Life Care Planning Summit May 19 (Summits occur approximately every two years)</td>
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<tr>
<td>2004</td>
<td>Pediatric Life Care Planning and Case Management Handbook by Susan Grisham published (first of 2 editions)</td>
</tr>
<tr>
<td>2005</td>
<td>IALCP merges with IARP effective August 1</td>
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<tr>
<td>2006</td>
<td>Standards of Practice revised, 2nd ed.</td>
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<tr>
<td>2007</td>
<td>Patti McCollom, Founder of IALCP, loses battle with cancer October 6</td>
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<td>Year</td>
<td>Event</td>
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<td>------</td>
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<tr>
<td>2013</td>
<td>American Academy of Physician Life Care Planners formed</td>
</tr>
<tr>
<td>2015</td>
<td>Standards of Practice revised, 3rd ed.</td>
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*NOTE* Initial training of tracks developed by the five founders was offered through the Rehabilitation Training Institute (RTI). RTI became Intelicus (U of FL/private partnership), then Medipro (Bernie Kleinman). For a time there also was a Paul M. Deutsch Press (PMD Press).

**Step-by Step guides**


About the author
Professor Emeritus, Georgia State University
Fellow Emeritus IALCP
Board member Emeritus, Foundation for Life Care Planning Research

Roger O. Weed, Professor Emeritus, is retired as professor and graduate rehabilitation counseling coordinator at Georgia State University. He also held student graduate faculty status in Counseling Psychology and Counselor Education and Practice doctoral programs. He has authored or co-authored more than 150 books, reviews, articles and book chapters, approximately 80 of which were specific to life care planning.

During his more than 42 years in the profession, Dr. Weed was honored several times for his work including the 2006 Distinguished Professor Award from Georgia State University’s Alumni Association (sole recipient), 2011 Lifetime Appreciation Award from the International Commission on Health Care Certification, 2009 Larry Huggins Lifetime Achievement Award from the Private Rehabilitation Specialists of Georgia, 2005 Lifetime Achievement Award, from the sponsors of the International Life Care Planning Conference, 2004 Lifetime Achievement Award from the International Association of Rehabilitation Professionals (as well as recognition in 1997 and 1991 as the Outstanding Educator), the 1993 National Professional Services Award from the American Rehabilitation Counseling Association, and 2003 Research Excellence Award from the College of Education at Georgia State University.

Dr. Weed is one of the five founders of the original nation-wide training program leading to life care planning certification. He is also past-chair of the Georgia State Licensing Board for professional counselors, marriage and family therapists, and social workers, as well as past-president of the International Association of Rehabilitation Professionals.

Historical professional interests were related to forensic rehabilitation (assessing needs and costs of damages from injuries). Current interests include volunteering, life care planning forensic practices, hiking, biking and traveling.
25 Years of the International Symposium of Life Care Planning

Heidi Fawber

In the early 1990s, when the individuals who became known as the founders of life care planning met and conceptualized eight life care planning education modules (aka “tracks”), the creation of a formalized educational program for life care planners began. By 1993, these tracks were being offered by The Rehabilitation Training Institute, Inc. (RTI). By 1995, the founders discussed having a “First Annual Life Care Planning Conference”, which they labeled “Track 9”, to which previous program participants would be invited back to continue with life care planning education and have additional opportunities to mingle with life care planners in this emerging field. So, began the “Symposia”. The Symposium has always emphasized the need to continually update one’s learning, as changes in medicine, rehabilitation, technology and the law are a constant. The life care planning practitioner must commit to the need to stay current in order to be successful and competent in this field of practice.

Between the years of 1996 and 2019, there have been numerous Life Care Planning Conference/Symposium events. Although the names of the events have varied some over the years, the mission and focus remained the same—to update information on topics relevant to life care planning and catastrophic injury case management and provide professionals the opportunity to collaborate with other life care planners. Below is a comprehensive list of these course offerings along with the key individuals involved and the topics covered in each training.

Life Care Planning Training-Conferences & Symposia

1996- 1st Annual Life Care Planning Conference in Atlanta, GA, 11/14/96-11/15/96. This event was organized by Paul M. Deutsch and the University of Florida Rehabilitation Training Institute. Faculty that year included: Dr. Deutsch, Dr. Tyrone Elliott, Dr. Roger O. Weed, Dr. Horace W. Sawyer, and Dr. Linda R. Shaw, among many others. There were 98 attendees and 2 full days of education with primary presenters and Roundtables. Topics included: Adaptive Equipment, Systematic Development of Protocols in Life Care Planning, the Value of a Research Assistant, Special Needs Trusts, Refuting Opposing Counsel’s LCP, Supported Living Programs and what to look for, Lower Extremity Amputation and Life Care Planning Issues, Ethics, Legal Developments Impacting Life Care Planning, among other topics. This event was held during the Nation’s Largest Home Care and Rehabilitation Equipment Tradeshows: MEDTRADE. Participants at this year’s Life Care Planning Conference were able to attend the tradeshow in Atlanta and gain much first-hand knowledge about medical equipment, supplies, as well as their costs.

1997- 2nd Annual Life Care Planning Conference in New Orleans, LA (10/9/97-10/10/97). Presented by Intelicus (A Partnership Between University of FL and The Kirven Group, Inc.). This year’s conference introduced attendees to several wonderful medical experts in the world of life care planning, namely Alan H. Weintraub, MD from Craig Hospital who spoke about Brain Injury Recover and Predictors of Outcome. Richard Bonfiglio, MD and Susan Dye, CRRN, presented on An Intradisciplinary Approach to Life Care Planning. Terry Winkler, MD, PM&R specialist presented on Spinal Cord Injury from his personal perspective: “A Loss-A Gain: Seeking Balance in Your Life.” Dr. Winkler, along with Dr. Bonfiglio and Dr. Weintraub, became true advocates for life care planning and a friend to all of us. Dr. Weed presented a draft of suggested Ethics and Standards of Practice for life care planners, following preliminary work initiated at the 1996 annual life care planning conference.

1998- 3rd Annual Life Care Planning Conference in Atlanta, GA (11/20/98-11/21/98). Presented by Intelicus (“a partnership between the University of FL and the Rehabilitation Training Institute”). This was the first year that Sheri Jasper managed conference registration and became a friend to all of us in the field. There were 260 attendees this year. Some of the topics that were presented included: Transplantation - Issues for Life Care Planning; Accessing Information in Non-Traditional Ways (internet search techniques and resources); Tort Reform and its Impact on Life Care Planning, Geriatric Rehab: New Opportunities in Life Care Planning; How to Avoid being Disqualified as a Life Care Planner; Advanced Research in Spinal Cord Injury (presented by Dr. Jerrold Petrofsky on advancements in functional electrical stimulation in SCI rehabilitation); and Life Care Planning Certification and The Commission on Disability Examiner Certification - guidelines, standards, and code of ethics. At this Conference, Patricia McCollom, RN, MS, CRRN, CDMS, CCM introduced the community to the International Academy of Life Care Planners (IALCP) and spoke about the importance of life care planning “Education, Communication, Collaboration, and Peer Consultation”. Of specific importance, at this Conference, the accepted definition of Life Care Plan was presented, which had been agreed upon on 4/3/98 at the Forensic Section meeting of NARPPS annual conference in Colorado Springs, CO by University of FL, Intelicus, and the American Academy of Nurse Life Care Planners [now known as the International Academy of Life Care Planners (IALCP)].

1999- 4th Annual Life Care Planning Conference in New
2000- 5th Annual Life Care Planning Conference in Orlando, FL. (10/6/00-10/7/00). Presented by University of FL / Intelicus, with 271 individuals in attendance. Some of this year’s conference topics / presenters included: Dr. Nathan Zaslcer presented on the Differential Diagnosis of Presumptive Mild TBI; Steve Sloan, PhD, presented on Advances in Restoring Sexual Function & Reproduction; Dr. James S. Krause presented on Life Expectancy Issues; Dr. John Banja presented on Ethics: Psycho Dynamics of Painful Health Care Communications in Life Care Planning; Dr. Terry Winkler presented on Spinal Cord Injury: New Research & Status of Tissue/Nerve Regeneration; and Attorney Judy Labuta spoke about Giving your Expert Testimony as Life Care Planner & Legal Liability Issues. Of specific importance, Dr. Roger Weed and Dr. Linda Shaw presented a Pre-Publication Draft of the first Life Care Planning Summit held on 4/12/2000 in Dallas TX.

2001- 6th Annual Life Care Planning Conference was held in New Orleans, LA (10/20/01-10/21/01). It was presented by University of FL / Intelicus. Notable presentations at this conference included: Life Care Planning - Opportunities for New Markets; Aging with Brain Injury Research Update; The Role of the Life Care Planner in Mediations, Deliberation and Alternative Dispute Resolution; Meeting the Threshold for a Reliable Life Care Planning Foundation; Practical Tools for Meeting Daubert Challenges; Pediatrics and Special Needs Trusts; Discoverability of Email; and High Tech-Low Tech Rehabilitation Technology.

2002- 7th Annual Life Care Planning Conference in Reno, NV (10/19/02-10/20/02) with 269 attendees. This conference was entitled, “Achieving Excellence in Life Care Planning: Minimizing Risk and Maximizing Success” and was presented by University of FL / Intelicus. Opening comments at this conference were presented by Dr. Linda Shaw and Dr. Horace Sawyer. The keynote presentation was given by Jamshid Ghajar, MD, PhD (Cornell University Weill Medical College and The Brain Trauma Foundation) on the topic Improving the Outcome of Brain Trauma Patients. Additional conference presentations included: Dr. Barth Green, The Miami Project to Cure Paralysis, presented on the Latest Spinal Cord Injury Research; Dr. Timothy F. Field presented on the Importance of Vocational Rehabilitation in Life Care Planning; Rebecca Busch, RN presented on Costing Methodologies; Brushes with Ethical Violations - Case Examples by Roger Weed, PhD, and Debbie Berens, MS; and Hepatitis C: Issues and Economics by Patricia McCollom, RN and Paula Sundance, MD. A Forum on Catastrophic Injuries - Functional Outcomes & Inappropriate Physician Recommendations was moderated by Dr. Paul Deutsch with panelists Terry Winkler, MD and Robert Meier, III, MD. This year, we were introduced to the newly formed Foundation for Life Care Planning Research (FLCPR).

2003- International Conference on Life Care Planning in Dallas, TX (10/11/03-10/12/03) entitled “The Future Is Now”. This year’s conference was sponsored and organized by MediPro Seminars, LLC in cooperation with U of F, Kaplan College, Medical College of VA, VA Commonwealth University, Intelicus, AALNC, NRCA, AANLCP. A Keynote presentation by J.K. Lilly, III, MD, MS titled; “Straight Talk About Long Term Opioids Therapy and Chronic Pain Patients”. Additional topics presented that year included: The Impact of HIPAA on Life Care Planning, Preparation of Life Care Plans outside the U.S., Maintaining Objectivity in Litigation Support, Medicare Set-Aside Arrangements, Aging with Catastrophic Disabilities, Making Appropriate Equipment Recommendations in the Pediatric Life Care Plan, Risk Management for Life Care Planners, and Integrating the Rehabilitation Team Findings into the Life Care Plan for the Child with Cerebral Palsy. The first Lifetime Achievement Award was presented to Dr. Paul Deutsch this year.

2004- International Conference on Life Care Planning, New Orleans, LA (10/9/04-10/10/04). Organized & presented by MediPro Seminars, LLC, sponsored by the University of Florida, International Academy of Life Care Planners, Foundation for Life Care Planning Research (FLCPR) and co-sponsored by Georgia State University, VA Commonwealth University, AALNC. The title of the conference was “Solutions for the 21st Century”. Debbie Berens presented the welcome & opening statements for this conference. Dr. Len Martella of the Center for Leadership and Ethics, Ltd. presented the Keynote presentation: Transcending from Success to Significance. Among many notable presentations / presenters, there was a panel of presenters on life care planning software (Ann Maniha, Randall Thomas, Bill Walker and Bill Goodrich) and a presentation by Patricia Krause and Cy Rosenblatt on Beyond the Medical Documentation - Applying and Understanding Billed Services for Life Care Plans. Cathy Breneman took lead on the organization of conference exhibitors, the role that she continued in for many years.

2005- International Conference on Life Care Planning, San Francisco, CA (9/17/05 - 9/18/05). The event was organized and presented by MediPro Seminars, LLC, sponsored by IALCP and FLCPR and co-sponsored by University of FL, Virginia Commonwealth University,
Georgia State University, AALNC, Care Planner Network, and IARP. Of particular interest at this conference were presentations by Dr. John Banja on Ethics, by Dr. Roger Weed, PhD on Testimony; by Laura Deming, RN, on Pediatric Standards of Care for Kernicterus/Bilirubin Encephalopathy; by Tina Trudel, PhD, on Acquired Brain Injury; by Ronald Savage, Ed.D, on Long-Term Needs in Pediatric TBI; and on Innovations in Evaluation & Treatment of Central Nervous System Disorders by Randy Evans, PhD. Lastly, Dr. Deutsch and Dr. Sherie Kendall presented on Research Outcomes of Two Studies involving Reliability and Validity in Life Care Planning Processes.

2006 - International Conference on Life Care Planning, presented by MediPro Seminars, LLC, (10/14/06-10/15/06) in Atlanta GA, titled “Practical Applications in Life Care Planning: A day-to-Day Approach”. Debbie Berens again welcomed attendees to the conference. Notable topics presented this year included: Wheelchair Technology for the New Millennium; Use of Smart Technology in Life Care Planning; Update on Daubert/Kumho-Type Challenges; and Deciphering the Coding Process. A panel of presenters on Tools Now Available to Life Care Planners (e.g., websites, resources, data collection tools), and the International Classification of Functioning, Disability & Health - A Model for Life Care Planners.

2007 - International Symposium on Life Care Planning was held in St. Petersburg, FL (10/6/07 - 10/7/07). This is first year that the title “Symposium” was used. This year was sponsored by the University of FL, FLCPR, and ISLCP. The conference was entitled, “The Art and Science of Life Care Planning - A New Era in Life Care Planning”. There were 249 participants. The main session presenters included: Tina Trudel, Ph.D. (Keynote on Brain Injury and the Military); Jeffrey Kreutzer, Ph.D, on the Use of Research in the development of Intelligent, Empirically-Based Life Care Plans; Dr. Ron Savage, on Pediatric TBI Treatment Formula; and Dr. James S. Krause, who presented on Life Expectancy Issues with many additional breakout sessions on numerous additional topics presented by a host of life care planning professionals.

2008 - International Symposium on Life Care Planning was held in Scottsdale AZ, 9/20/08 - 9/21/08. It was sponsored by FLCPR, IARP, IALCP and The University of Florida with co-sponsorship by Georgia State University, The Medical College of VA at Commonwealth University, and The Care Planner Network. The title of the Symposium was Visions of the Future Applications for Today. At this conference, the first Patricia McCollom/FLCPR Research Award was awarded to James Kraus, PhD.

2009 - The International Symposium on Life Care Planning entitled Building on the Foundation: The Future is Here was held in Chicago, IL, 9/26/09 - 9/27/09. The ISLCP was coordinated / organized by the FLCPR with sponsorship from Georgia State University, Medical College of VA, IARP / IALCP, and the Care Planner Network. There were 283 participants. On 9/24/09 and 9/25/09 there were two additional days of education: “Building Foundations for Life Care Plan Development” that provided detailed sessions on elements critical to a solid foundation. This was the last year that we worked with Sheri Jasper. The first Outstanding Life Care Planning Educator Award was awarded to Debra E. Berens, PhD, CRC, CCM, CLCP. Noteworthy presentations: Ann Neulicht, PhD, and Susan Grisham, RN, presented on their Life Care Plan Practice Survey Results. Jamie Pomeranz, PhD and Christine Reid, PhD, presented on How the Role & Function Study May Apply to your Practice.

2010 - The 16th Year Anniversary - International Symposium on Life Care Planning: Meeting the Demand was held on 9/13/10-9/14/10 in Lake Buena Vista, FL. The program was sponsored by FLCPR, IARP, IALCP, VA Commonwealth University, Care Planner Network, GA State University, and University of Florida. The life care planning community gathered to help raise money for the Sheri Jasper Medical Trust. This year, the Symposium was organized without Sheri’s direct help and Rusiko Gogoberidze (through PMD & Associates) assisted with conference arrangements. This conference agenda included a Keynote speaker, breakout sessions, 37 exhibitors, and a “Meet n’ Greet” reception with roundtables on various subjects (ICHCC, AANLCP, pricing/costing, testimony, IALCP, and new life care planners). At this Symposium, we had two additional days (9/15/10 & 9/16/10) of advanced tracks of learning on Amputation and Adult and Pediatric Traumatic Brain Injury.

2011 - The 17th Annual ISLCP as held Scottsdale AZ It was sponsored by FLCPR, the International Commission on Healthcare Certification, IARP, IALCP, The Care Planner Network, University of Florida, Kaplan University, Virginia Commonwealth University and Georgia State University. This level of collaboration among institutions interested in the support of ongoing life care planning education was amazing. This Symposium saw the inaugural Sheri Jasper Award given in memory of Sheri Jasper presented to Dan Bagwell, BSN, CCM, CDMS, CLCP, RN. Conference coordination services was directed by Dawn Thomas of PMD and Associates.

2012 - The International Symposium on Life Care Planning was held in Denver, Colorado, 9/22/12-9/23/12, titled “From Litigation to Implementation: Developing Life Care Plans that Work”. Organized by the FLCPR, and supported by IARP, IALCP, Physician Life Care Planning, LLC, University of FL, and The Care Planner Network. Two advanced learning topics were offered on 9/20/12-9/21/12 on Spinal Cord Injury/ Traumatic Brain Injury and Research Based Clinical Applications in the Treatment of Chronic Pain. There were 229 attendees. This Symposium had the phenomenal opportunity to join with Craig Hospital who so graciously offered their facility for tours, but more importantly their expert clinical team who presented on multiple topics specific to spinal cord injury and traumatic brain injury.

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25 Years of the International Symposium of Life Care Planning
2013- The International Symposium on Life Care Planning was held in Atlanta GA, 9/27/13 - 9/29/13 and was entitled *Shepherd the Fundamental While Exploring Contemporary Issues*. This conference provided attendees with the exceptional opportunity to tour Shepherd Center and to learn from some of their most learned professionals. The pre-conference workshop again took the conference on the road, providing attendees with the chance to see Shepherd Center, a world-class rehabilitation hospital in action. An additional pre-conference workshop included SEAK. Thumb drives were introduced to house the materials traditionally provided in notebook form to attendees.

2014- The International Symposium on Life Care Planning was held in Minneapolis, Minnesota on 9/20-9/21/14, sponsored by FLCPR, IARP, IALCP, The Care Planners Network, University of FL, Medical College of VA/VA Commonwealth University, and Physician Life Care Planning. Additionally, a Pre-conference workshop was held at Gillette Children’s Hospital on 9/19/14. Again, participants were afforded the opportunity to take a field trip and tour this facility in addition to a full day conference titled: “Practices in the Care of Children with Disabilities”. This program involved 17 presentations at the 2-day ISLCP with eight sponsors and 12 exhibitors.

2015- The International Symposium on Life Care Planning was held in Scottsdale, Arizona on 9/19-9/19/2015. This year’s Symposium was combined with the 2015 Life Care Planning Summit, held immediately after the conference. Additionally, a Pre-Conference workshop was held on 9/17/2015. This was the final year where the Foundation for Life Care Planning Research organized and managed the Symposium. This was Tamar Gogoberidze’s (PMD & Associates) last year coordinating the conference.

2016- This year’s Symposium was held on 10/20/16 - 10/22/16, in Pittsburgh, Pennsylvania. The Symposium was no longer under the direction of FLCPR. Instead, IARP and the ISLCP combined forces at this conference entitled *Building Bridges to the Future*. The conference, aptly named, saw the Symposium organized and presented by IARP and the IALCP (a professional section of IARP). This year’s ISLCP conference committee worked hard to provide exceptional, specialized life care planning educational content within the setting of the IARP Annual Conference.

2017- The International Symposium on Life Care Planning was held in St. Louis on 10/11/17 - 10/14/17, as part of the combined IARP National Conference. A full one-day program was dedicated to Life Care Planning education on the topic *Lung and Liver Transplantation: Life Care Planning Considerations*, with medical professionals from the Washington University School of Medicine / Barnes Jewish Medical Center presenting on these topics. The remaining two days of the conference included life care planning sessions on topics including: multicultural ethics issues in life care planning; being a sole proprietor / life care planner-owned corporation; Wernicke’s Encephalopathy and life care planning considerations; life care planning for the child with cerebral palsy, facilitation movement in SCI rehabilitation; “price / cost / charge / payment” conundrum in life care planning; as well as an update on the 2017 life care planning summit.

2018- The International Symposium on Life Care Planning was held on 10/25/18 - 10/27/18. It was again combined with the IARP Annual Conference and was held in Charlotte, North Carolina. One day of the ISLCP educational tracks involved a SEAK-provided training on “How to be an Effective Expert Witness”. During the main conference, there were life care planning topics presented during each breakout time, offering presentations on: Avoiding a Motion to Preclude a life care plan; Maximizing outcomes following SCI; Life care planning ethics; Empirical Validation of Medical Equipment Replacement Values in Life Care Plans; Past Medical Bill Review; A Review of the life care planning Consensus and Majority Statements from past Summits; Role and Function Study of Life Care Planners; as well as other topics related to writing for publication, medical marijuana, pain management, advances in home medical and complex rehab technology equipment.

2019- The International Symposium on Life Care Planning will be held in Portland, Oregon on 10/30/19-10/31/19 followed by the IARP Annual Conference 11/1/19-11/2/19. This year’s Symposia will include a focus on pediatric rehabilitation issues and will be entitled *The Power of Collaboration*. A 25th ISLCP Anniversary Reception is being planned as this is being written, with several of the originators of this event planning to be present. This is a landmark year for the life care planning community, which deserves recognition of all that has transpired in life care planning education over the past 25 years. As the title depicts, it is hoped that the next 25 years of life care planning will maintain the path to continued collaboration among professionals dedicated to this field.

**Interviews with Early Life Care Planning Trainers**

In preparation of this issue, individuals involved in the very early days of life care planning training, including Richard Bonfiglio, MD, Susan Riddick-Grisham, RN and Julie Kitchen were interviewed on June 13, 2019, June 25, 2019 and June 18, 2019 respectively for their recollections, wisdom and recommendations for life care planning training going forward. Dr. Roger Weed, another member of the originators, was not directly interviewed for this article as many of his comments and recollections are included in his article published within this Journal. Excerpts from these interviews are below.

**Do you recall how the first International Symposium on Life Care Planning came about?**

**Dr. Bonfiglio**

I recall the five of us, Paul Deutsch, Roger Weed, Julie Kitchen, Susan Riddick Grisham and I met in a “motel” in Atlanta to discuss life care planning education. At that
time, we developed a life care planning education program comprised of eight modules of content. I was the person assigned to the development of the “Medical Foundation” within each of the disability-specific modules, including: Spinal cord injury, brain injury, amputation, pediatric brain injury, and other injury-specific topics. Once we had the first eight educational modules (educational tracks) up and running, our group discussed having a “1st Annual Life Care Planning Conference” (a.k.a. Track 9). The life care planning educational tracks were a success and we had good interest and attendance and felt that we could provide an additional learning experience to students, as well as offering potential attendees the opportunity for more networking. That “1st Annual” conference became the initial “Symposium”.

**Susan Grisham**

I recall the first annual conference being held in Hilton Head, South Carolina. We called it “1st Annual Life Care Planning Conference”, considering it “Track 9” of the eight life care planning training modules.

**How were the initial Symposia organized; who organized and funded them?**

**Bonfiglio**

I believe that was primarily managed and organized by Paul M. Deutsch (PMD) and his company RTI.

**Kitchen**

They were organized and funded through Paul M. Deutsch & Associates, P.A., initially, then through the Foundation for Life Care Planning several years later.

**Grisham**

Initially, our annual conferences were sponsored by and organized by RTI and PMD, although there was a relationship early on with the University of Florida that was named Intelicus but I do not recall the exact year of when that relationship was formalized. Soon after, the first annual life care planning conference (Symposium), additional organizations joined to help support these educational events, namely FLCPR, IALCP, Georgia State University, and Virginia Commonwealth University. In 2002, I started the Careplanners Network and which also helped to support the yearly symposia.

**What was your role in the Symposia history? What changes did you observe in the Symposium events over the years?**

**Bonfiglio**

I was one of the original Life Care Planning tracks presenters. We used to teach all of the eight educational tracks in person at various locations around the U.S. I suspect that I attended and lectured at some of the first Symposia. I did not get to attend every year, but would offer to do presentations at ISLCPs whenever I was asked. Later, my lectures were videotaped and used for the life care planning training tracks.

In terms of changes over the years, I have seen how everyone has become much more reliant on the internet for the information that access pertinent to a medical or life care planning issue. People rarely make phone calls to research relevant topics. Technology has made things easier on the whole with regards to education and learning.

**Kitchen**

Initially I helped with organization, arranging agendas and seeking out speakers. Always helped with problem solving, working with speakers for their presentations, and worked with registration.

**Grisham**

When our original group formed to discuss the need for a life care planning curriculum with a consistent approach to life care planning, developing the concept of the life care planning training modules, I primarily was responsible for helping to develop the course work and teach courses. In 1996, Dr. Weed and I held the first life care planning prep courses for students who had completed the eight learning modules and were preparing to sit for the CLCP exam, mine on the west coast and Dr. Weed on the east coast. With the annual conferences, I helped to develop the yearly conference agenda together with our original group. By 2009, I took over as co-chair of the ISLCP with PMD and continued to do so through the 2015 ISLCP.

In terms of changes over the years, the first few years of annual life care planning conferences really grew in terms of attendance. It then began to level off. I am certain that this had a lot to do with this new area of practice for rehabilitation professionals. Many people began to explore and learn about life care planning and as years went by, some remained within the life care planning community and some decided not to.

**Now that we are celebrating the 25th Anniversary of the ISLCP, what are some of the most rewarding moments? Some of the most important accomplishments?**

**Bonfiglio:**

I remember feeling very proud of what we had started and accomplished after the first successful life care planning educational tracks were completed. By meeting PMD at a national AAPM&R conference, several years prior to the development of the life care planning educational tracks, it opened my eyes to the world of life care planning. PMD held strongly to the importance of teaching; to the importance of learning.
These beliefs continue to be something I value greatly. Life Care Planning education changed my career.

**Kitchen**
As the symposium events were growing larger and larger, many professionals involved in life care planning joined the effort to plan and execute a successful and meaningful conference for all. The events became much more streamlined and organized for the attendees. The content increased, scenarios were re-enacted to help in the learning process and the attendees were encouraged to participate and share their perspectives. Probably most noteworthy was the support given to ICHCC in the development of the CLCP certification. Additionally, the Summits were a necessary branch of the Symposia to set standards in our area of practice. It was so critical to define a problem and then come up with a consensus on the appropriate practice guideline/principle.

**Grisham**
I will always remember the fun I had with the Symposia committees coming up with a theme or name for the conference. Some years we held a naming competition, gave free tuition to the ISLCP to the winner. I also remember some of the fun-filled receptions we hosted, namely an ice cream social and a dance with a DJ! The yearly awards were also memorable and helped to promote the accomplishments of many of our life care planning colleagues.

**What do you believe are some of the most important aspects of having a yearly ISLCP?**

**Kitchen**
Wow – there were many. There were personal stories of triumph and success through rehab (from various speakers), there was heartfelt appreciation shown to the people in the trenches in this area of practice, and most importantly, seeing how this area of practice grew from a few, to many seasoned professionals. I, personally, did not have the vision for the future, but I certainly enjoyed bringing the events to fruition.

**Grisham**
I feel that the Symposia have always provided a sense of community to life care planners. It has always been a place where issues that impact the field of life care planning can be presented, discussed, and options for resolution raised. New things are always happening in a changing world of life care planning and the yearly ISLCPs provide a group setting for life care planners to remain current.

**Kitchen**
I think it is so critical to stay on top of changes in our area of practice, to continually update ourselves on practice management, case management, life care planning methodologies, new equipment, rehabilitation practices and new programs/professionals with which to consult – all for the purpose of increasing the effectiveness and accuracy of our plans. Additionally, the availability of other professionals brought together for a common cause is invaluable. It is critical to have colleagues for support, individual practice perspectives and to be able to celebrate each of our own specialties and personal and professional strengths – and to share in that knowledge. No one does life care planning in a vacuum – we are all a part of the bigger picture.

**What recommendations do you have going forward with regards to life care planning education?**

**Bonfiglio**
I believe and strongly recommend that life care planning education needs to occur “in-person”. The annual Symposia make that possible and make the person-to-person learning happen. The opportunity to connect, in-person, with other life care planning professionals is very important. While the lectures and presentations are valuable, it is the personal meetings, personal stories, personal chats in the hallways, where the real learning happens. It’s not just the factual information that comprises education in life care planning, but the subtleties that one learns from another professional who has experienced a particular situation or specific type of case. I recommend that the IALCP continue to carry forward the yearly International Symposia of Life Care Planning, so that new practitioners to the field and not-so-new practitioners to the field can mingle, learn and support each other.

**Kitchen**
Continue to make the education relevant; continue to get people together to share in ideas and practice management, and encourage colleagues to work together to make this area of practice solid and meaningful. Continue to encourage participants to share in their experiences, their successes, their stumbles, because this is how we all learn.

**Grisham**
I encourage the life care planning community to continue with annual Symposia. We need to keep the Symposia contemporary. We need to stay current with new technology. We need to provide education about changes in healthcare, rehabilitation interventions, and life care planning resources. I think back to when we didn’t have databases to obtain relevant information needed in our research and now this is commonplace.
Past Symposia have always included cutting edge information and this needs to continue.

**Life Care Planning Event Planners**

No discussion about life care planning education can be without mention of Sheri Jasper. Sheri was the person you first spoke to on the phone when you wanted to register for a life care planning course. After your initial phone call with her, she became your friend forever. She took great interest in each and every new student and called them her “newbies”. She would even personally remind you if you forgot to register for the annual life care planning conferences. She was not only a friend, but was the connection to all things dealing with the ISLCP. She was the face of RTI and U of F / Intelicus. On September 13, 2010, Dr. Paul Deutsch presented a Career Achievement Award to Cheryl Jasper at the 2010 ISLCP and his Eulogy is published in volume 10(1), p. 3-5 of the *Journal of Life Care Planning*. Sheri continues to be missed by all of us to this day. Life care planning Symposia were coordinated by the following hard-working individuals:

- Sheri Jasper 2004 - 2010
- Rusiko Gogoberidze 2010 - 2015 (Volunteer)
- Dawn Thomas 2011 - 2012
- Tamar Gogoberidze 2012 – 2015

**Life Care Planning Training Materials**

In reviewing past volumes of life care planning educational materials gathered over the years in preparation of writing this article, it becomes very clear just how much time, energy and work was put into the development of the early life care planning educational curriculum by the original founders (and their colleagues). Going back even further to the *Guide to Rehabilitation* (Deutsch & Sawyer, 1985), life care planners would purchase blank Life Care Planning forms from PMD Press, because we did not have life care planning software or programs to set up charts and forms and spreadsheets, it reveals that the beginnings of life care planning education extends back more than 34 years. Dr. Deutsch and Dr. Sawyer shared their expertise through the publication of the *Guide to Rehabilitation*. Simultaneously, The Rehabilitation Institute, Inc. (RTI, Inc. affiliated with Paul M. Deutsch & Associates) began offering seminars, one of which was titled “Comprehensive Life Care Planning for Catastrophic Injuries” which I attended in 1989. At that time, conference handouts documented that this was “The Fourth Annual Series of Professional Development and Training Workshops” conducted by RTI, Inc. RTI, Inc. faculty included Dr. Deutsch, Dr. Sawyer and Julie Kitchen, with guest faculty Joseph M. Taraska, JD, Susan N. Riddick, RN, and Roger O. Weed, PhD. Their life care planning workshops included: Comprehensive Life Care Planning for Catastrophic Injuries and Advanced Life Care Planning for Catastrophic Injuries. Their target audience included life care planners, rehabilitation counselors, vocational experts, rehabilitation nurses, insurance claims adjusters, mental health professionals, vocational evaluators, special needs teachers and rehabilitation psychologists. In 1989, Paul M. Deutsch Press, Inc. published *Life Care Planning for the Spinal Cord Injured: A Step by Step Guide* (Deutsch, Weed, Kitchen, & Sluis, 1989), *Life Care Planning for the Head Injured: A Step by Step Guide* (Deutsch, Weed, Kitchen, & Sluis, 1989), *Life Care Planning for the Brain Damaged Baby, A Step-by-Step Guide* (Kitchen, Cody, & Deutsch, 1989); along with the aforementioned Life Care Planning Worksheets (five complete sets of forms, 18 pages each, for $20.00). A quarterly newsletter subscription to *Life Care Plan Facts - A newsletter for life care planning and catastrophic case management* (PMD Press, 1989). By 1990, PMD Press, Inc. added the publications:

- *Life Care Planning for the Ventilator Dependent Patient: A Step-by-Step Guide* (Kitchen Deutsch & Cody, 1990),
- *A Guide to Rehabilitation Testimony: The Expert's Role as an Educator* (Deutsch, 1990). During this period, the first life care planning software developed by Kitchen and Rollins (1990) entitled *New Life Care Planning Support System* was sold through PMD Press Inc. By then, the roots of life care planning education were well established and the growth was to begin.

**Conclusion**

While going back through the conference materials spanning over 25 years, I realized how many critical topics in life care planning were initially presented to ISLCP participants. If not for this educational gathering, many of us, particularly solo-practitioners, would not really have had an opportunity to learn about many of these matters in a timely way. Consider these novel topics discussed: draft ethics standards of practice for life care planners (1997), accepted definition of a Life Care Plan (1998), introduction to the International Academy of Life Care Planners (IALCP, 1998), Daubert challenges (1999), Life Care Planning costing methodologies (2002), Life Care Planning Software options and Understanding Billed Services for Life Care Plans (2004), the importance of Reliability and Validity in Life Care Planning Processes (2005), the Use of Smart Technology in Life Care Planning, Deciphering the Coding Process, and new Tools Available to Life Care Planners (2006), the Life Care Plan Practice Survey Results and the Role & Function Study (2009), and the ongoing dissemination of updated information on life care planning summits, pertinent research findings relative to life care planning, and newest technology / resources available to the life care planning community. The Symposia over the past 25 years have helped keep individual life care planners up to date with trends and changes in the practice of life care planning.

In looking back over the 25 years of Symposia, several
things become clear. First is the importance of *education*. Second is the importance of *social gatherings* among rehabilitation professionals and life care planners, to permit person-to-person learning. Third is the issue of change and how that will remain a constant, not only in our individual practices, but in the world of life care planning. Just as the practice of life care planning continues to *change*, grow, and evolve, so will the ISLCP. Organizations may change, leadership may change, but the need for exemplary life care planning education to keep pace with the changes in healthcare and disability management will not. Neither will the need for socialization and collaboration among life care planning professionals change. The upcoming 2019 ISLCP will be held in Portland next month. The conference title is *The Power of Collaboration*—that is the essence of the ISLCP!

**References**


Certification for Life Care Planning Practice

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Abstract

Options for certification in life care planning are presented, with attention to educational and professional practice eligibility requirements for each. Characteristics of the certification processes for the Certified Life Care Planner (CLCP) and its companion Canadian Certified Life Care Planner (CCLCP) credential, the Certified Nurse Life Care Planner (CNLCP) credential, and the Certified Physician Life Care Planner (CPLCP) credential are described.

Keywords: life care planning, certification, credentials, professional practice, qualified health professional, certified life care planner

The path to developing certification in life care planning was driven by the need for accountability and protection (May, 2002; Weed, 2004). Due in part to demand within legal settings for experts who were knowledgeable about complex consequences of disabilities, and the importance of those experts’ testimonies, providing evidence of qualification for life care planning practice was critical (Gonzales & Zotovas, 2014; May, 2002; Thomas, 2002). As with most certifications or licenses, the requisite knowledge to obtain the certification or license shows the minimum baseline required for the specialty area. Professionals involved in the service delivery specialty of life care planning should be aware of currently available certification options specific to life care planning, and the distinctions among those certifications. This article provides information about each certification, including the eligibility requirements for each.

Need for Certification

Most professions in health care offer licensure or certification specific to the nature of the field. Examples include physicians, nurses, rehabilitation counselors, mental health counselors, occupational therapists, etc.. Health care professionals may be required to (or will choose to) seek licensure or certification to provide evidence of their knowledge and competency through the initial licensure or certification examination and subsequent renewal processes. Usually, professional licensure is mandated by the laws of the state governing practice of an individual’s profession in that state, while certification is a national, voluntary process to demonstrate specialized knowledge in a particular area of practice. Licensing or certifying bodies are usually run by governing boards composed primarily of professionals with the background, knowledge, skills, and expertise necessary for that specific field. Those professionals typically are responsible for developing the initial examination, establishing the standards of practice, deeming what are acceptable and relevant Continuing Education units (CEUs) to maintain the certification or license, and overseeing the application process by the professional seeking that license or certification.

One expanding area of health care provided by various members of health care professions is that of life care planning. Given the variety of practitioner backgrounds and the transdisciplinary nature of life care planning, a way to ensure accountability, adherence to ethical standards of practice, and assurance of education, training, and knowledge was needed (May, 2002; Miller, 2012; Preston & Reid, 2015).

Certification in life care planning is one of the newer certifications in health care. Although certification is optional, seeking and obtaining certification is important for several reasons (Gonzales & Zotovas, 2014; May, 2002; Miller, 2012). Gonzales and Zotovas (2014) remarked that “benefits of certification include education in regard to life care planning methodologies, generally accepted standards, ethics, and best practices, including familiarization with legal procedures, and legal and administrative workflows” (p. 186). Without certification, a life care planner’s qualifications, knowledge, and skills were just presumed to be sufficient (Thomas, 2002; Weed, 2004). In legal proceedings, where such a presumption might not be acceptable, certification in life care planning provides evidence of a professional’s relevant education, knowledge, experience, and training in life care planning (Gonzales & Zotovas, 2014; May, 2002; Thomas, 2002; Weed, 2004; Witty, 2018). The International Commission on Health Care Certification (ICHCC, 2019a) was the first governing body of the certification of life care planners, and stated that the Certified Life Care Planner (CLCP) credential was “designed to measure a candidate’s working knowledge of medical systems, associated disabilities, and treatment and/or maintenance protocol(s) required for an individual with a catastrophic disability to sustain life within an acceptable comfort level” (ICHCC 2019a, para 2). The ICHCC (2019b) also stated in their Certified Life Care Planner Candidate Handbook that certification in life care planning is important “in major part due to the litigious nature of this specialized...
health care delivery service and the need to protect the consumer of services” (p. 5).

Educational Options
The ICHCC requires 120 hours of education and training in life care planning to be eligible to sit for the certification exam. According to the ICHCC website (https://ichcc.org), there are three precertification education programs in life care planning that are approved by the ICHCC: Institute on Rehabilitation Education and Training (IRET), Capital University Law School, and FIG Services, Inc. These programs provide qualified health care professionals the course work and training that is required to be able to sit for ICHCC’s Certified Life Care Planner certification exam. Key components of these education programs include coursework in life care planning methodology (at least 16 hours), a course in catastrophic case management, a course in vocational rehabilitation, a legal component in life care planning with an onsite or trial experience, and writing a sample life care plan. The Institute on Rehabilitation Education and Training (IRET, 2019) evolved from the original life care planning training program formerly offered by the University of Florida. Their program outline and contact information can be found through their website at https://iretprograms.com. Likewise, the programs at Capital University Law School and FIG services, Inc., provide contact information and overviews of their respective programs on their websites: Capital University Law School at https://law.capital.edu/LifeCarePlannerProgram/ and FIG Services, Inc. at https://www.figeducation.com. Each of these three training programs provide at least 120 hours of training designed to satisfy ICHCC’s educational requirements for the CLCP credential. Each provides the majority of the training online, with one intensive on-campus (or virtual) face-to-face module.

Certification Options
In addition to the ICHCC’s CLCP (and its companion Canadian Certified Life Care Planner, [CCLCP]) credential, two other certifications in life care planning are now available. The American Academy of Nurse Life Care Planners (AANLCP, 2019) developed the Certified Nurse Life Care Planner (CNLCP) credential (CNLCP Certification Board, 2019a). The American Academy of Physician Life Care Planners (AAPLCP) developed the Certified Physician Life Care Planner (CPLCP) credential (CPLCP Certification Board, 2016a). The particular certification(s) an individual chooses to pursue depends in part on that individual’s professional standing and the capacity in which s/he serves (Johnson, Lacerte, & Fountaine, 2015; Miller, 2012; Rice, Hicks, & Wiehe, 2000). For each specific life care planning certification, there are certain eligibility criteria that must be met (Gonzales & Zotovas, 2014; Rice et al., 2000; Thomas, 2002).

People interested in seeking certification in life care planning should know about the eligibility requirements, costs associated with becoming certified, and how to contact the certification bodies. Other stakeholders who seek to use the services of a life care planner may be interested in differences among these certifications. The following section addresses commonly asked questions regarding life care planning certifications. Each certifying body’s responses to those questions are provided for comparison. Each question was posed to administrators for each respective certifying body. For some questions, the administrators directed authors of this article to their websites or handbooks for answers. For questions that could not be answered through information publicly available in these resources, the administrators provided direct answers. When information was not clear in these sources, the authors consulted other published literature and/or sought further clarification from the administrators. NOTE: The authors of this article advise anyone interested in seeking certification contact the certifying bodies directly for updated information.

For each of the following questions, answers are presented for the ICHCC (CLCP certification), CNLCP Certification Board (CNLCP certification), and CPLCP Certification Board (CPLCP certification), based on their respective administrator’s responses, websites, or handbooks available.

Question: What is the name of this certification?
CLCP Certification response:
The ICHCC offers the Certified Life Care Planner (CLCP) and the Canadian Certified Life Care Planner (CCLCP) certifications for life care planning (ICHCC 2019a, 2019b).

CNLCP Certification response:
The Certified Nurse Life Care Planning Certification Board offers the Certified Nurse Life Care Planner (CNLCP) certification for life care planning (CNLCP Certification Board, 2019a, 2019b).

CPLCP Certification response:
The Certified Physician Life Care Planning Certification Board offers the Certified Physician Life Care Planner (CPLCP) certification for life care planning (CPLCP Certification Board, 2019a, 2019b).

Question: What is the name and contact information for the certifying body offering this certification?
CLCP Certification response:
International Commission on Health Care Certification (ICHCC)
13801 Village Mill Drive, Suite 103
Midlothian, VA 23114
Phone: (804) 378-7273
Fax: (804) 378-7267
Website: ICHCC.org
Dr. V. Robert May III, President
Kathleen Kenney May, Administrator (personal
CNLCP Certification response:
CNLCP Certification Board
P. O. Box 3311
Concord, NH 03002-3311
Phone: (626) 351-0991 ext. 216
Website: cnlcp.org
Jan Roughan, Chairperson (personal communication, L. Vallejo, July 29, 2019).

CPLCP Certification response:
CPLCP Certification Board
5501 Balcones Drive, A-202
Austin, TX 78731
Phone: (866) 445-8579
Email: info@aaplcp.org
Website: aaplcp.org
William Davenport, Executive Director (personal communication, W. Davenport, July 16, 2019).

Question: When did the certification start?
CLCP Certification response:
The CLCP certification started in 1996 (V. May, 2002).

CNLCP Certification response:
The CNLCP certification started in 1998 (L. Vallejo, personal communication, July 29, 2019).

CPLCP Certification response:
The CPLCP certification started in 2016 (W. L. Davenport, personal communication, July 16, 2019).

Question: How many people are currently certified?
CLCP Certification response:
As of July 2019, there have been approximately 1500 Certified Life Care Planners. Of that number, 1277 are in active status. There have been 194 Canadian CLCPs; 171 of them are currently in active status (K. May, personal communication, July 9, 2019).

CNLCP Certification response:
In July 2019, there were 321 Certified Nurse Life Care Planners (L. Vallejo, personal communication, July 29, 2019). According to statistics posted to the https://cnlcp.org/certification/ website (CNLCP Certification Board, 2019a, “Statistics” para 1-3), at the end of 2018 there were 327 active CNLCPs; at the end of 2017 there were 345; and at the end of 2016 there were 361.

CPLCP Certification response:
“There are currently only 13 Certified Physician Life Care Planners” (W. Davenport, personal communication, July 16, 2019).

Question: Who is eligible for this certification?
CLCP Certification response:
“Qualified healthcare professionals” are eligible for certification as a Certified Life Care Planner. The designation as qualified healthcare professional “must be specific to the care, treatment, and/or rehabilitation of individuals with significant disabilities” (ICHCC, 2019b, p. 7). Each candidate “must hold a Masters’ Degree in a health-related field or meet the minimum academic requirements for their designated health care profession., and be certified, licensed, or meet the legal mandates of the candidate’s respective state that allow him or her to practice service delivery within the definition of his or her designated healthcare profession” (ICHCC, 2019b, p. 6).

CNLCP Certification response:
Registered Nurses (RNs) “with a current, unrestricted license, or its equivalent in other countries, for at least the past three years; and, a minimum of two years of 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” (CNCLP Certification Board, 2019a).

CPLCP Certification response:
“CPLCP Certification applicants must meet the following criteria:

1. Be licensed as a Medical Doctor (MD), or Doctor of Osteopathic Medicine (OD) in the United States, or the equivalent in other countries, for at least 3 years following the completion of residency. Any license must be currently active, without any restrictions.

2. Be Board Certified in Physical Medicine & Rehabilitation (Physiatry) as designated by the American Board of Physical Medicine & Rehabilitation (ABPMR), or by the American Osteopathic Board of Physical Medicine & Rehabilitation (AOBPMR).

3. Be a Certified Life Care Planner (CLCP), as designated by the International Commission on Health Care Certification (ICHCC)” (CPLPC Certification Board, 2016a, para 2).

Question: In addition to meeting the professional requirements listed above, what other eligibility criteria must candidates satisfy?
CLCP Certification response:
“Each candidate must have at least 120 hours of post-graduate or post-specialty degree training in life care planning or in areas that can be applied in the development of
a life care plan or pertain to the service delivery applied to life care planning. Each candidate must submit a sample life care plan developed from an assigned scenario to the candidate by the respective training program or by the ICHCC for peer review. There must be 16 hours of training specific to a basic orientation, methodology, and standards of practice in life care planning within the required 120 hours. The 120 hours may be obtained through online training/educational; programs as well as onsite presentations and conferences. Applicants should have a minimum of 3 years of field experience in their designated area of formal training and expertise within the first 5 years preceding application for certification” (ICHCC 2019b, p. 6).

**CNLCP Certification response:**
Candidates meeting the Registered Nurse and experience criteria must also complete one of two “routes” for obtaining required specialty education or experience specific to life care planning:  

**Route 1:** Completion of 120 continuing education units* relating 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 (5) years immediately preceding application.  

* There must be a minimum of 10 hours specific to a basic orientation, methodology, and standards of practice relevant to the nurse life care planning process contained within the continuing education curriculum.  

**Route 2:** Verification* of two (2) years life care planning experience, or a variant thereof (e.g., lifetime nurse care planning, etc.), 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.  

*Verification must be authenticated by an employer or a minimum of two referral sources” (CNLCP Certification Board, 2019b, p. 2).

**CPLCP Certification response:**
On the CPLCP website (on page http://clcp.org/certification.aspx), a “submission and defense of work product” requirement is listed. Specifically, “Upon the successful completion of the CPLCP™ Examination, the CPLCP™ Certification candidate shall receive from the CPLCP™ Certification Board, an assignment to produce a life care plan which evidences comprehensive conformity to the tenets, methods and best practices of the American Academy of Physician Life Care Planners. The assignment will require the CPLCP™ Certification candidate to produce a life care plan that addresses one of the following diagnostics conditions: brain injury, spinal cord injury, orthopedic injury, amputations, nerve injury, burns, visual or hearing impairment, or pulmonary or gastrointestinal injuries. Upon the CPLCP™ Certification Board’s acceptance of the CPLCP™ Certification candidate’s work product, the CPLCP™ Certification candidate will make an oral presentation of his/her plan to the CPLCP™ Certification Board, during which time the CPLCP™ Certification candidate will be required to successfully explain and defend his/her plan, its stated opinions, conclusions, method of formulation, etc.

Upon the CPLCP™ Certification Board’s acceptance of an of the CPLCP™ Certification candidate’s work product, and the CPLCP™ Certification Board’s approval of the candidate’s presentation and defense of his/her work product, the CPLCP™ Certification candidate will be awarded the CPLCP™ Certification designation” (CLPLCP Certification Board, 2019a, “Submission and Defense of Work Product,” para 1-3).

However, this information seems to be in conflict with what is posted in the CPLCP Handbook for Candidates (CPLCP Certification Board, 2016b), which states that the CPLCP examination is “a computerized examination composed of a maximum of 120 multiple choice questions with a total testing time of three (3) hours” (p. 9) and “Candidates who pass the CPLCP Examination are eligible to use the designation CPLCP after their names and will receive certificates from the CPLCP Certification Board” (p. 2). That handbook does not refer to a requirement for submission and defense of a work product.

**Question: What is the initial cost to become certified?**

**CCLCP Certification response:**
The Certified Life Care Planner examination application fee is $445.00. There is usually also a Proctor U fee of $35.00 (ICHCC 2019b, pp. 20-21).

**CNLCP Certification response:**
The CNLCP examination fee is $425.00 for AANLCP association members, and $525.00 for non-members.

**CPLCP Certification response:**
The CPLCP examination fee is $325.00 for AAPLCP association members, and $475.00 for non-members.

**Question: What are the requirements to maintain certification?**

**CCLCP Certification response:**
A Certified Life Care Planner (CLCP) or Canadian Certified Life Care Planner (CCLCP) must renew the credential every 5 years for it to remain in active status. A CLCP/CCLCP is required to obtain 80 Continuing Education Units (CEUs) within those 5 years, with a minimum of eight being in the content area of ethics. Retaking (and passing) the certification exam is also an option for recertification (ICHCC 2019b, p. 22).
CNLCP Certification response:
Certification in Nurse Life Care Planning is recognized for a period of 5 years. To renew, the candidate must retake and pass the current certification exam or meet the 60 CEU point requirements at that time (CNLCP Certification Board, 2019b).

CPLCP Certification response:
Certification in Physician Life Care Planning is recognized for five years. According to the CPLCP website, “Candidates for recertification who do not elect to retake the CPLCP Certification Examination and submit to CPLCP Certification Board Review are eligible for recertification with proof of sixty (60) continuing education units, fifteen (15) of which can be CME credits of Physiatric course work applicable to Physician life care planning” (CPLCP Certification Board, 2016a, “Recertification,” para 2-3).

Question: What is the cost to maintain certification?
CLCP Certification response:
If all of the submitted 80 CEU hours were pre-approved by the ICHCC, the renewal fee is $350.00. If any of the hours were not pre-approved by the ICHCC, the renewal fee is $400.00. Recertification by examination is also an option, for a fee of $445.00 (ICHCC 2019b, p. 22).

CNLCP Certification response:
CNLCP Recertification by continuing education “points” costs $375.00 for AANLCP association members, and $475.00 for non-members. Recertification by examination costs $425.00 for AANLCP association members, and $525.00 for non-members (CNLCP Certification Board, 2019b, p. 13).

CPLCP Certification response:
The CPLCP website lists fees for “Recertification/Renewal” as $295.00 for AAPLCP association members, and $195.00 for non-members (CPLCP Certification Board, 2016a, “Fees,” para 2).

Question: Can a practitioner’s certification be revoked? If so, how?
CLCP Certification response:
Yes, the CLCP and CCLCP credentials can be revoked. “The ICHCC reserves the right to revoke or suspend certification if a certification is granted on the basis of false, misleading, or inaccurate information if such information becomes evident upon inquiry. Failure to renew your certification will result in the revocation of your certified status” (ICHCC 2019b, p. 25). In addition, “Certified health care providers who violate the Professional Code of Ethics are subject to disciplinary action” which could include certification suspension or revocation (ICHCC 2019b, p. 27).

CNLCP Certification response:
Yes, the CNLCP credential can be revoked. According to the CNLCP certification handbook (CNLCP Certification Board, 2019b), “A certification may be revoked for the following reasons:
• Falsification of an application;
• Failure to maintain an active, unrestricted RN license throughout the five-year certification period;
• Revocation of an RN license;
• Misrepresentation of certification status;
• Failure to apply for recertification within current CNLCP® Certification Board guidelines” (p. 6).

CPLCP Certification response:
Yes, the CPLCP credential can be revoked. A certification may be suspended or revoked for the following reasons:
• “Falsification of any application or documentation.
• Failure to maintain prerequisite unrestricted medical licensure, and board and other qualifying certifications.
• Failure to renew one’s CPLCP recertification within required timeframes.
• Cause of disciplinary action as defined [by the] CPLCP Certification Board resulting from conclusive misconduct on the behalf of any CPLCP certification holder, applicant, or candidate” (CPLCP 2016a, para 1).

Question: Is there a certification exam for this credential? If so, how was it developed and validated?
CLCP Certification response:
Yes, there is a certification examination for the CLCP and CCLCP credentials. Exam items are based on a role and function (practice analysis) study of life care planners, which identified 16 knowledge domains (ICHCC, 2019b, p. 8). The ICHCC applied the Test Analysis and Validation Program (TAVP) statistical application to examine reliability and validity regarding item content and test-taker responses. The cutoff score was derived using a modified Angoff method, establishing a cutoff score of 79, based on analysis of 208 certification examinations administered during 2011 and through March of 2012 (ICHCC, 2019b, p. 8).

CNLCP Certification response:
Yes, there is a certification examination for the CNLCP and CCLCP credentials. Exam items are based on a role and function (practice analysis) study of life care planners, which identified 16 knowledge domains (ICHCC, 2019b, p. 8). The ICHCC applied the Test Analysis and Validation Program (TAVP) statistical application to examine reliability and validity regarding item content and test-taker responses. The cutoff score was derived using a modified Angoff method, establishing a cutoff score of 79, based on analysis of 208 certification examinations administered during 2011 and through March of 2012 (ICHCC, 2019b, p. 8).

CPLCP Certification response:
Yes, there is a certification examination for the CPLCP credential. “The certification exam for Nurse Life Care Planners is psychometrically validated by a testing company which is a non-partisan entity” (L. Vallejo, personal communication, July 29, 2019).
American Academy of Physician Life Care Planners, as well as from other experts with clinical, forensic, health care management and physiatric expertise and experience in life care planning. Questions are reviewed for construction, accuracy, and appropriateness by the Certified Physician Life Care Planner (CPLCP) Certification Board” (CPLPC Certification Board, 2016b, p. 9).

Question: Is this certification process accredited by any accrediting body? If so, what is that accrediting body, and when was the accreditation granted?
CLCP Certification response:
No, the CLCP/CCLCP certification process is not yet accredited (K. May, personal communication, July 9, 2019).

CNLCP Certification response:
No, the CLCP/CCLCP certification process is not yet accredited (L. Vallejo, personal communication, July 29, 2019).

CPLCP Certification response:
No, the CPLCP certification process is not yet accredited (W. Davenport, personal communication, July 16, 2019).

Question: If this certification process is not yet accredited, are there plans to seek accreditation? If so, from whom will accreditation be requested, and at what point in the process of seeking that accreditation is the organization?
CLCP Certification response:
“We have been actively investigating and pursuing accreditation. Dr May has met with representatives from the National Commission for Certifying Agencies (NCCA) and the American National Standards Institute (ANSI), to discuss accreditation, the accreditation process as well as which agency best suits the mission and goals of the ICHCC. As the International Commission on Health Care Certification is an international organization, it has been decided to apply for ANSI accreditation as it provides international accreditation. Dr. May has had several meetings concerning the process. The ICHCC is currently in the beginning stages of this application process” (K. May, Personal Communication, July 22, 2019).

CNLCP Certification response:
“CNLCP is currently applying for accreditation through the American Board for Specialty Nursing Certification (ABSNC)” (CNLCP Certification Board, 2019a, “Accreditation,” para 3).

CPLCP Certification response:
The American Academy of Physician Life Care Planners (AAPLCP) “board has discussed accreditation, and it is something that’s being considered. No other details to offer at this time” (W. Davenport, personal communication, July 16, 2019).

Question: What else should life care planners, and people who hire life care planners, know about the certification program?
CLCP Certification response:
ICHCC (K. May, personal communication, July 9, 2019) directed the authors of this article to p.5 of ICHCC’s CLCP Handbook, which includes: “Consumer protection is achieved through the policy structure of the ICHCC such that by obtaining the Certified Life Care Planner credential, the candidate agrees to:
1. be peer reviewed
2. adhere to a set of practice standards and ethical guidelines that are research based
3. be scrutinized by a governing board regarding his or her practice behaviors
4. be disciplined in the event of a finding of fact regarding inappropriate practice behaviors and/or outcomes” (ICHCC 2019b, p. 5).

CNLCP Certification response:
Certification in Nurse Life Care Planning offers “Assurance to employers, the public, and members of the healthcare professions of the existence of a basic requisite level of knowledge in the specialty of nurse life care planning” (CNLCP Certification Board, 2019b, p.1).

CPLCP Certification response:
This certification is “Heavily focused on the methodology advocated by the American Academy of Physician Life Care Planning: http://www.aaplcp.org/Default.aspx” (W. Davenport, personal communication, July 16, 2019).

Summary
There are multiple options from which to choose when deciding to seek certification as a life care planner. Some are comparatively restrictive in determining who should be eligible for that certification, limiting their certificants to those who are registered nurses (CNLCP) or physicians (CPLCP). The CNLCP credential allows registered nurses to qualify through either specialized education or relevant experience; the CLCP and CPLCP credentials require specific specialized training, and will not allow experience to substitute for that training. Each of these certification programs require passing a certification examination. Initial certification and renewal fees are relatively comparable across these credentials. Each certification can be maintained through completion of continuing education or through retaking the certification examination. Each certifying body has processes by which the certification can be revoked; the ICHCC details a specific Code of Ethics to which certificants must adhere. Two of the certifying bodies (for the CLCP and CNLCP credentials) report engagement in pursuing accreditation for their credentialing processes. Attainment of such accreditation would bring additional
value to life care planning certification processes. In the meantime, certification by any of these organizations provides evidence that the certificant has a basic level of knowledge about life care planning practice, and has not been adjudicated to have engaged in behavior that could result in loss of that certification. Certifying life care planners is important to the professionalism of life care planning practice.

References

Correspondence regarding this article should be sent to Christine A. Reid, Ph.D. CRC CLCP, Professor of Rehabilitation Counseling at Virginia Commonwealth University, creid@vcu.edu.
Daubert/Frye-Reed Study

You are invited to participate in a research study under the direction Dr. Beveridge in the Department of Counseling from the Graduate School of Education at the George Washington University (GWU). Taking part in this research is entirely voluntary. The status of your employment will not, in any way, be affected should you choose not to participate or if you decide to withdraw from the study at any time.

The purpose of this study is to assess how practicing rehabilitation counselors experience Daubert and/or Frye-Reed challenges and the impact this has on their practice. This study involves collecting demographic data.

If you choose to take part in this study, you will only fill out one survey. The total amount of time you will spend in connection with this study is approximately five to ten minutes.

The survey is a mixed methods designs and blended with quantitative and qualitative sections. Section one of the survey consists of questions to obtain demographic information. Section two is a qualitative descriptive section in which we invite you to discuss your experience in response to open ended prompts.

Possible risks or discomforts you could experience during this study include: minimal stress resulting from the recall of personal experiences with a Daubert or Frye-Reed challenge. In the unlikely event that this should occur, a resource will be provided if you wish to discuss any discomfort that resurfaces from responding to this survey.

You will not benefit directly from your participation in the study. The benefits to science and humankind that might result from this study are: helping inform recommendations to avoid the potential ethical dilemmas and challenges when providing forensic rehabilitation services; as well as ways in which experts can protect themselves from a successful Daubert challenge that could result in dismissal of the case and permanent damage to their reputation.

Your information and participation will be confidential. The data collected will be anonymous and no names will be stored or collected at any point. If results of this research study are reported in journals or at scientific meetings, the people who participated in this study will not be named or identified. Our safeguards ensure no risk of breaching confidentiality.

The Office of Human Research of George Washington University, at telephone number (202) 994-2715, can provide further information about your rights as a research participant. Further information regarding this study may be obtained by contacting Dr. Scott Beveridge, the principal contact for the study, at telephone number (202) 994-2473 or by email at beveridg@gwu.edu.

To participate, click on link below:

https://www.surveygizmo.com/s3/4246165/Daubert-Frye-Reed-Study
Abstract
This article highlights the vision and visionaries, milestones, and accomplishments of the International Academy of Life Care Planners from its inception through today. Important developments in life care planning are highlighted and individuals who have significantly contributed to the field of life care planning are noted.

It has been more than three decades since the first association for life care planners was established. The International Academy of Life Care Planners (the Academy) laid the foundation for the practice of life care planning through the development of standards of practice, a code of ethics, certification, research and more.

The Early Years
The International Academy of Life Care Planners (IALCP), originally known as the American Academy of Nurse Life Care Planners (AANLCP), was founded on October 16, 1996 by Patricia McCollom MS, RN, CRRN, CDMS, CCM, CLCP FIALCP (Field, 2017; IALCP, 2000). The goal was of the Academy was to become a non-profit professional association which would advance and promote the practice of life care planning through education and service to practitioners. The American Academy of Nurse Life Care Planners, which consisted of 60 founding members, was incorporated in Iowa with Ms. McCollom serving as chief executive officer (CEO). Between 1996 and 2005 time, office space and staff services for the AANLCP were donated by Patricia McCollom.

The AANLCP was governed by a five-member volunteer advisory panel, which was responsible for review of by-laws, development of educational programs, discussion of life care planning standards, and development of a fellowship designation in life care planning. Based upon a review of a 1997 AANLCP Newsletter, members of the advisory panel were:

- Doreen Casuto MRA, RN, CRRN
- Billie Kilpatrick RN, CRRN, CCM
- Linda Dierking BSN, RN, CRRN, CCM
- Sharon Reavis RN, MS, CRC
- Ann Lovegrove RN, BS, CDMS

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The AANLCP held its first “inaugural” conference on April 4 and 5, 1997 in Des Moines, Iowa (AANLCP, 1997a). This was followed by a June 1997 pediatric training program held at the Mosby Medical Case Management Conference (MCMC) conference in Nashville, Tennessee. In September 1997, sessions were held at the Mosby Medical Case Management Conference (MCMC).

The AANLCP sought to expand its membership through reaching life care planners throughout the United States. They accomplished this by presenting at and collaborating with university and professional organizational conferences including MCMC, Case Management Society of America (CMSA), National Association of Rehabilitation Professionals in the Private Sector (NARPPS, now International Association of Rehabilitation Professionals or IARP), American Association of Legal Nurse Consultants (AALNC), Academy of Certified Case Managers (ACCM), Intelicus, and International Commission on Health Care Certification (ICHCC, formerly CHCC and Commission on Disability Examiner Certification or CDEC).

In 1997 the AANLCP developed three levels of membership: Member (requiring an active nursing license), Diplomate, and Fellow. The Diplomate and Fellow designations were based on varying degrees of education, expertise, contribution to life care planning, and number of peer reviewed life care plans (AANLCP, 1997b). The levels of membership were specifically defined by the AANLCP (1997b) as follows:

- Fellow: A professional recognition for expertise, experience, and education constituting advanced practice in the field of life care planning.
- Diplomate: A professional recognition for expertise and experience in the field of life care planning.

The Diplomate designation was discontinued in 1998 or 1999 (Field, 2017). Sharon Reavis was first to obtain Fellow status through AANLCP (S. Reavis, personal communication, August 8, 2019). The Academy Letter published by AANLCP in November 1999 reported that three professionals obtained Fellow status, but did not identify the members with the designation. As of 2019, there are 21 life care planning professionals (including some who are now retired or deceased) who have obtained Fellow status (IARP, 2019).

Under Ms. McCollom’s direction, the organization expanded to include individuals from all disciplines who were performing life care planning (Weed, 2018, p.6). As noted in historical documents (IALCP, 2000) Dr. Roger Weed hosted a meeting in Dallas in November 1997 with Commission on Disability Examiner Certification (CDEC), Intelicus, and the Academy to discuss avenues of collaboration. Attendees at this meeting were Roger Weed,
Linda Shaw, Robert May, Dan Devine COO Intelicus, Debbie Berens and Patricia McCollom (K. Preston, personal communication, February 21, 2018).

As a result of this collaboration, it was determined that life care planning was transdisciplinary and “working toward the good of the whole was critical to successful practice for all” (IALCP, 2000, p. 2). The Academy became the International Academy of Life Care Planners (IALCP), a multidisciplinary association. This meeting also resulted in a mandate to work with the CDEC (now ICHCC) regarding certification, to collaborate with the University of Florida and others to present educational programs integrating advanced programming and research, and to develop a multi-page newsletter. The need for standards of practice was also identified.

The first life care planning and function research study was conducted by the Rehabilitation Institute of Southern Illinois University (AANLCP, 1997a). The CDEC began research and development for life care planning certification in 1994 with the first exam given in 1996 (McCollom & Weed, 2002)

In 1982, an initial definition of a life care plan was offered by Deutsch and Raffa in Damages in Tort Action. On April 3, 1998, the definition of the term life care plan was agreed upon after being generated by the IALCP, National Association of Rehabilitation Professionals in the Private Sector (NARPPPS), and the University of Florida with Intelicus and being presented at the forensic section meeting at the NARPPPS annual conference in Colorado Springs, Colorado. This definition remains in use today. The definition of life care plan is as follows:

A dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or who has chronic health care needs (IALCP, 1998, p. 3; Weed & Berens, 2018 p. 5).

The IALCP national advisory committee expanded to include two new committees, an education and an ethics committee in November 1999. Dr. Roger Weed was named chair of the ethics committee. By 2000, IALCP was also maintaining a website. Members of the IALCP advisory panel from 2000 – 2005 were Sharon Reavis, Karen Preston, Roger Weed, Doreen Casuto, Joseph Corcoran and Patricia McCollom (Field, 2017).

Life Care Planning Printed Materials

The AANLCP distributed their first quarterly newsletter entitled Newsletter, on January 28, 1997. These dissemination of these newsletters continued through AANLPC until January 28, 1998 when AANLPC transitioned to the International Academy of Life Care Planners (IALCP) and they assumed responsibility for disseminating these materials. On May 15, 1998, the first quarterly newsletter of the IALCP was published. In the first issue of this publication, entitled the Academy Letter, there appeared a proposed set of life care planning standards of practice (IALCP, 1998, p. 4-5). This publication also announced that membership was open to “all persons involved in the production of life care plans” (IALCP, 1998, p. 6) and published the definition of a life care planning as accepted on April 3, 1998 (IALCP, 1998, p. 3).

The Newsletters and Academy Letters were the information and networking source for life care planners and included sections with product information in the “Product or Research Corner”. They addressed forensic questions in a section entitled “Legal Pad”. They informed readers about upcoming events in the “Calendar”. They also provided book reviews, editorials, guidelines and cost information on a variety of topics including cochlear implants, baclofen pumps, transplants, elder care, and aging and spinal cord injuries. Articles of interest were also adapted from other professional journals and printed in these documents.

By 2001, the Academy Letter contained the announcement that the first journal devoted to life care planning, The Journal of Life Care Planning, would be distributed starting in March 2002. The journal was being launched in collaboration with Dr. Tim Field, publisher and Elliot & Fitzpatrick. Patricia McCollom was the first editor, with Dr. Roger Weed serving as associate editor, and an editorial board consisting of Dr. Paul Deutsch, Doreen Casuto, and Sharon Reavis. In 2006, Dr. Tim Field graciously gifted the journal to the IALCP section of IARP (Field, 2006).

Life Care Planning Standards of Practice

The first set of proposed standards of practice were developed by Dr. Roger Weed with input from over 200 participants attending the 1997 Annual Life Care Planning Conference and other life care planning educational offerings. The first standards of practice committee members included: Chairperson Sharon Reavis RN, MS, CRC, CRRN, CCM; Ellen Barker MSN, RN, CNRN; Terry Blackwell EdD; Karen Preston MS, PHN, CRRN; and Roger Weed PhD, CRC (Field, 2017).

The first edition of the Standards of Practice was presented at the June 2000 life care planning conference (Field, 2017). Since then, standards of practice for life care planners have been field tested, revised and published as a second edition in 2006 and third edition in 2015 entitled Standards of Practice for Life Care Planners (IARP, 2015). Detailed historical information about life care planning standards of practice can be found in a separate article in this same issue.

The IALCP participated in the first life care planning Summit, held April 12, 2000 in Dallas, Texas. The IALCP has co-sponsored and participated in all subsequent U.S. and Canadian Summits. Detailed historical information about life care planning Summits can be found in a separate article in this same issue.
Life Care Planning Research

The Foundation for Life Care Planning Research (FLCPR) was established in 2002 as a nonprofit research group focused on research of the life care planning process. In 2004 the Foundation joined in co-sponsoring and assumed the administrative responsibilities of the International Conference on Life Care Planning, later renamed the International Symposium on of Life Care Planning (ISLCP). The FLCPR transitioned responsibility of the ISLCP to the IALCP section and IARP in 2016, with the understanding that IALCP / IARP would continue to support FLCPR’s research mission. The first joint ISLCP / IARP conference was held in Pittsburgh in October 2016. Detailed historical information about the Foundation for Life Care Planning Research can be found in a separate article in this same issue.

Membership in IALCP

Membership in IALCP has grown from the original 60 members in 1997, to 157 members from the U.S. and Canada in 2000, 285 members by 2004, to a current IALCP membership of 495 (IARP, 2019).

As the IALCP grew in numbers, the operational responsibilities of the association were also growing. Membership dues were used to support postage, printing, website, membership, and collaborative efforts with other associations. In 2004, the advisory panel members began exploration to become a nonprofit association. Goals identified were to change to a nonprofit status, operate with funding not tied to the good will and donations of the members, have an elected board of directors, develop other revenue sources, increase membership, and promote a peer review program. Consideration was given to remaining independent by contracting with a professional association management company versus creating an affiliation with another professional association. Conversation with IARP began on December 8, 2004, developing a potential letter of agreement in January 2005, resulting in an in-person meeting on April 29, 2005 to reaffirm the framework of the agreement. Attendees at this meeting were Patricia McCollom, Lew Vierling, Doreen Casuto, Karen Preston, Glenn Zimmerman and Robert Taylor (Field, 2017).

The proposed framework of the agreement included:

- IALCP will continue relationships and co-sponsorships with other organizations for education conferences and coalitions
- The JLCP will remain a member benefit
- Standards of Practice will continue to be written
- The peer review program will remain intact with the sole accountability for revision, maintenance, and process by IALCP
- IARP is committed to embracing all disciplines
- Affirmed that rehabilitation refers to anyone helping others, not to a specific discipline
- IALCP could have marketing materials for the Section prominently displaying the IALCP name
- IALCP Section would determine member services
- IARP would modify IARP By-Laws to accommodate life care planners and a variety of disciplines as members (Field, 2017, p.136-137)

A press release entitled “International Academy of Life Care Planners and International Association of Rehabilitation Professionals Announce Merger” was published in the Journal of Life Care Planning. The release announced the joint venture between IALCP and IARP, with IALCP becoming a section of IARP. IARP President Robert Taylor noted:

The IALCP has established a positive reputation for support of members, quality practice and excellence in educational programming. IARP welcomes the opportunity to blend with this fine organization and share in the future and in the growth of our professional activities (IALCP, 2005, p. 147).

According to the press release, IALCP would retain its name, bylaws, procedures, peer-review program, Standards of Practice, would continue to offer the Journal of Life Care Planning as a member benefit, have a website with links to IARP groups, and IALCP members would have options within IARP for publications and educational programs. Glenn Zimmerman, executive director of IARP commented, “This merger represents a creative and innovative effort to promote specialty practice, while bringing groups with common goals together, to seek the best for their memberships” (IALCP, 2005, p. 147).

Patricia McCollom gifted IALCP to IARP as a new section, effective August 1, 2005. With the merger came a transfer of ownership and copyright of the Journal of Life Care Planning to IARP. The first elected board of directors of the IALCP section of IARP were Joe Corcoran, Jean Hope, Karen Preston, Sharon Reavis, and Tracy Wingate. The IALCP chairpersons to date include:

1996-2006 Patricia McCollom CEO, AANLCP/IALCP
2006-07 Joe Corcoran
2007-09 Karen Preston
2009-10 Cloie Johnson
2010-11 Heidi Fawber
2011-12 Elizabeth Davis
2012-13 Steve Yuhas
2013-14 Gerri Pennachio
2014-15 Patricia Costantini
2015-16 Debbie Marcinko
2016-17 Tracy Albee
2017-18 Laura Woodard
2018-19 Jody Masterson
2019-20 Aaron Mertes
2020-21 David Altman – chair elect

Tribute to Patricia McCollom

The history and accomplishments of the IALCP cannot be discussed without acknowledging the contribution and
forward thinking vision of Patricia McCollem, and the advisory panel members. Patricia McCollem passed away in 2007. In 1996 Patricia McCollem, who had a background in nursing and case management, saw the need for an association responsive to the specialty area of life care planning. With her own initiative, she began the American Academy of Nurse Life Care Planners. The organization broadened to offer an inclusive, rather than exclusive, organization for life care planners, the International Academy of Life Care Planners. She was the primary force behind the committees that developed the Standards, Ethics, and Scope of Practice guidelines for life care planning, Fellow recognition, and the establishment of the Journal of Life Care Planning, serving as its editor for the first three years. Awareness of the practice of Life Care Planning was elevated through participation, co-sponsorship, and collaboration with other professional associations. To honor her, the Patricia McCollem/FLCPR Research Award was established to encourage individuals to perform research in life care planning.

Conclusion

As of 2019, we can celebrate three decades of accomplishments by the International Academy of Life Care Planners. They founded a professional organization for all life care planners, the International Academy of Life Care Planners (IALCP) which was merged as a section under the umbrella of the International Association of Rehabilitation Professionals (IARP). They developed the Fellow designation, issued through the College of Life Care Planning Excellence, which recognizes professionals who exemplify the profession through their expertise, experience and contribution to the field of life care planning. They identified the need and supported the development of a national exam leading to certification (CLCP) with a Code of Ethics (ICHCC, 2015). They field tested and published Standards of Practice for Life Care Planners (IARP, 2015). They launched quarterly publications as newsletters in 1997, leading to the Journal of Life Care Planning, the premier life care planning journal spanning from 2002 until present. They co-sponsored and participated in all life care planning Summits, allowing life care planning professionals an opportunity to discuss and debate issues in the field, contribute to development and revision of peer-reviewed standards of practice, prompt methodology standardization, and coordinate efforts of life care planning-related organizations toward common goals (with published results). They contributed to the presentation of an annual life care planning conference / symposium and continuing education events. They provided educational offerings as online webinars and conferences, publication of texts, chapters and articles specific to life care planning. They implemented listservs allowing for the sharing of resources and access to daily discussions. They supported the creation of the Foundation for Life Care Planning Research (FLCPR) which has funded, provided assistance for research projects, and published articles contributing to the practice of life care planning (Deutsch, Weed, McCollem & Grisham, 2006.)

As of 2019, as life care planning has grown as a field, there are now two additional life care planning associations, The American Association of Nurse Life Care Planners, and the American Academy of Physician Life Care Planners.

The IALCP has provided a solid foundation for the practice of life care planning, an association that is inclusive, multidisciplinary, and collaborative. In conclusion, I cannot say better than Debra Berens said in her 2006 Journal of Life Care Planning Editorial entitled “Our Day Will Come”:

Through these years, a tremendous amount of work has been done within the practice of life care planning that sets the foundation for future growth. I hope as you read this issue, you will focus on the history of our practice and gain a real sense of pride and ownership within this specialty practice. All life care planners must consider our past as we look to the future with an eye toward collaborative goals and directions needed to sustain the growth of our specialty practice…….The life care planners of yesterday and today continue to shape the destiny of this practice through individual successes and through support and collaboration with others in the field (Berens, 2006c, p. 49

The IALCP section has its own unique challenges. The practice of life care planning is ever evolving and dynamic and will continue to be a journey. The IALCP must retain its unique identity within IARP, and continue to advance the practice, finding creative ways to fund projects, education, research and collaboration. Hopefully this article will inspire participation in the future growth of the practice. It is the goal of the IALCP to inspire life care planners to contribute in the best way that they can. The options are endless: Write an article, volunteer for a committee, serve on the section board, present at conferences, or collaborate with fellow life care planners. For each of us who have benefitted from the work of all of those life care planners who have gone before us, it is important that we contribute to our field so future members of the International Academy of Life Care Planners will benefit from all that we have learned.

References


Authors note: Looking back, we must pay our gratitude to those who have paved the way. Thank you to Karen Preston for saving history by keeping many of these historical documents, publishing on our history, and always being there when called upon and Sharon Reavis, Robert Taylor, and John Meltzer for taking time to contribute their important parts of this narrative.
We wish to express our ongoing support and appreciation for the *Journal of Life Care Planning* and to the Editor, Tanya Rutherford Owen.

The *JLCP* continues to provide a consistent and quality quarterly publication that includes articles, research, and professional guidance contributing to and advancing the specialty practice of Life Care Planning.

*JLCP* issues are archived on the IARP website, providing a significant and useful reference tool for all Life Care Planners.

The *JLCP* has an ISSN (International Standard Serial Number) and is listed in the CINAHL (Cumulative Index of Nursing and Allied Health Literature) database. It serves as a research tool for quantitative and qualitative evidence.

We applaud the JLCP.

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A Historical Review of Life Care Planning Summits since 2000

Cloie B. Johnson

Abstract
In honor of the 25th anniversary of the International Symposium on Life Care Planning (ISLCP), we are providing historical perspectives on the various tentacles to our life care planning practice. Life care planning Summits are held by life care planners, about life care planning for life care planners. The goal of this article is to provide insight into all that goes into life care planning Summit proceedings and provide perspective on the importance of the Summits.

Background on Summits
Life care planning is an advanced specialty practice performed by a diverse community of professionals in various health care fields. Due to the diversity of professional backgrounds in life care planning and because this specialized practice continues to grow and develop, it is vital that a coordinated effort with standardized approaches be promoted. Education of emerging and experienced practicing professionals is a key aspect of fostering the advancement of the field. While process and standards of practice for life care planning have been established and published, consensus and unity in this diverse field is an evolving process. Through life care planning Summits, life care planners have the opportunity to examine relevant issues, contribute to the resolution of these issues, and be involved in the evolution of the specialty practice. (Johnson, 2012; Johnson and Gamez, 2015; Johnson and Gamez, 2017).

The Life Care Planning Summit (Summit) is typically a biennial meeting of practitioners and interested parties in the specialty practice of life care planning. Summit attendees provide the information to the leadership. The goal is to develop ethics, standards of practice, standards of care, etc., specifically using the power of the group of attendees (grass roots). Summits are unique in that they are designed so that aggressive, forceful, or overbearing people have limited power. Summits are designed so that people, who are typically in the “background,” who are quiet and less aggressive will have their voices heard. Summits use group dynamics and attempt to achieve consensus or near consensus. Most importantly, Summits typically set the foundation for the specialty practice and often are the source for agreed-upon standards of practice, standard of care, and ethics. Summit conferences are designed so that attendees give information to leaders. The life care planners and their contributions, in turn, have helped shape our practice and determine the direction for our industry based on the collective input. Consistent throughout all of the Summits is the apparent general consensus for collaboration among professionals and organizations that represent life care planners. The Summits have offered and been successful in providing a proactive approach by life care planners to establish consistency and collaboration among and within the practice of life care planning. With each Summit, life care planners continue to reach consensus on a number of areas while also identifying areas for continued growth. Consensus provides life care planners with information for comparing and improving their own practices. Areas where agreement is not achieved should cause life care planners to examine thoughtfully their practices, beliefs, and values. Life care planners need to determine whether differences of opinions are of consequence, and what efforts, if any, need to be made to reach consensus on an issue. In addition, the Summit provides organizations that provide services to life care planners with information that will enhance future programming.

The Summit explores important issues, provides opportunity to reach consensus on issues, provides opportunity to identify and define areas of controversy, and provides direction for future development and services. The Summit proceedings have been published after each meeting, and have twice been memorialized in the Journal of Life Care Planning (JLCP) in 2012, Volume 11:1 and in 2018, Volume 16:4. The International Academy of Life Care Planners (IALCP) currently the life care planning section of the International Association of Rehabilitation Professionals (IARP) has taken the leadership role in chairing the Summit with the collegial relationships of the various associations and organizations within the life care planning community including the following:

- American Association of Nurse Life Care Planners (AANLCP)
- American Association of Legal Nurse Consultants (AALNC)
- Care Planner Network
- Commission on Disability Examiner Certification (CDEC)
- Commission on Health Care Certification (CHCC, currently ICHCC)
- Case Management Society of America (CMSA)
Methodology

Using a group consensus technique outlined by Delbecq, Van de Ven, & Gustofson (1975), the priority ideas for each topic were identified, and consensus statements were written. A modified nominal group technique was used within each focus group of the Summit to gather information in an organized format and to reduce the influence of verbal or assertive participants on the outcome. Utilizing the methodology of Delbecq et al. (1975), the modified nominal group technique provided a comprehensive contribution.

The entire registered attendance was broken into smaller groups with approximately 15 participants assigned to each of the small groups. The smaller groups enabled individual participation from each member. The following process occurred:

- Use a flip chart to go around the group and write down suggestions.
- Combine suggestions when possible.
- After the issues are recorded, ask the attendees to "vote" on 3 to 5 of the suggestions listed.
- After the vote, group facilitator assigns 1 to the highest, 2 to the second highest, etc.
- Facilitator adds up the score for each and the top scoring 3 to 5 recommendations represent the decisions for that group.
- When the large group reconvened, each small group contributed 3 to 5 recommendations. Theoretically, several overlapping recommendations should be made. Time was reserved at the end of the day for additional discussion by and to the panel members from the participants.

At the end of the conference day, attendees were reassembled into one large group and the facilitators summarized the comments and consensus was noted. Overall, a significant amount of consensus was reached on multiple topics. In other areas, there was a majority view. Following the Summit, a draft of the proceedings was sent to all attendees, speakers and participating organizations and their comments were solicited. Corrections and clarification were obtained from the participants and incorporated as appropriate into the proceedings. Finally, a second "prepublication draft" incorporating the second edited version which represented consensus and majority views was distributed to participating organizations for endorsement and final comment. This document is a culmination of the efforts of many individuals and representative organizations that have contributed and endorsed the contents contained in the proceedings.

Outcomes of Summit Proceedings

Over time, life care planning Summit results have been published and relied upon by practitioners in their daily practice. Published Summit results are generally accepted and relied upon by life care planning practitioners. The Best Practices and Consensus and Majority Statements derived from past Summits serve as reinforcement for the work of the life care planner. Summits are unique, in that their proceedings are developed by practicing life care planners, for life care planners and about life care planning. The Consensus and Majority Statements serve as reinforcement for the work of the life care planner. Practitioners are on occasion asked about these statements during depositions as well, so familiarity with the statements is important.

In 2010, the Consensus and Majority Statements were combined and reviewed with the attendees to ensure their relevance and continued applicability as a consensus statement. This was again reviewed in 2018 in a more formal manner with a delphi study completed by Cloie Johnson, MEd and Jamie Pomeranz, PhD. These results were then published in the Journal of Life Care Planning (Johnson, Pomeranz & Stetten, 2018). Life care planners and professional organizations that provide support and services to life care planners are encouraged to use the results of the Summit to evaluate personal skills and practices, and to develop future services and programs for the life care planning community.

History of Summits

A brief time and location history of past Summits is noted below.

**2000- Dallas, TX – April 12, 2000**

The first life care planning Summit was held in Dallas, Texas on April 12, 2000 and was chaired by Dr. Roger Weed. The mission was to specifically address life care planning topics and issues with the goal of achieving consensus on five focus areas:

1. Professional preparation
2. Basic tenets and procedures for completing life care plans
3. Ethics:
4. Reliability and validity of the life care plan
5. Information dissemination

The Summit was sponsored by IARP, IALCP, Intelicus/University of Florida and the CDEC. In addition, the AALNC and the CMSA participated. Each organization was asked to identify a speaker/group facilitator to lead a small focus group.

In order to establish a consistent foundation, the definition of life care planning was distributed as follows:

*A Life Care Plan is a dynamic document based upon*
published standards of practice, comprehensive assessment, data analysis and research, which provides an organized concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs.

Source: Combined definition of the University of Florida and Intelicus annual life care planning conference and the American Academy of Nurse Life Care Planners (now known as the International Academy of Life Care Planners) presented at the Forensic Section meeting, NARPPS (now known as the International Association of Rehabilitation Professionals) annual conference, Colorado Springs, CO, and agreed upon April 3, 1998.

At the Summit, the group was assembled in a general session to explain the procedures and invite the speakers to make opening statements that would serve to help focus attendees on various topics and issues. The initial schedule was planned as follows:

- Introduction and purpose — Roger Weed, Ph.D., CRC, CLCP, CCM, CDMS, LPC
- Keynote speaker for the issues — Paul Deutsch, Ph.D., CRC, LMHC, CLCP
- Plaintiff attorney perspective — Tyron Elliott, Esq.
- Defense attorney perspective — Donald Lawson, Esq. (unable to attend due to weather)
- Medical foundation issues — Richard Bonfiglio, MD and Terry Winkler, MD, CLCP
- Economic foundation issues — Frederick Raffa, Ph.D.
- Overview of effects on the industry based on legal research — Timothy Field, Ph.D.

Organizations and associations serving life care planners were invited to provide comments. The following representatives spoke:

- ICHCC/CLCP - Robert May, Rh.D., CRC (unable to attend due to weather)
- IALCP - Patricia McColloM, MS, RN, CRRN, CDMS, CCM, CLCP
- NARPPS (now IARP) - Ann Neulicht, Ph.D., CRC, CDMS, CVE, LPC, CLCP, DABVE
- AALNC - Patty Costantini, RN, M. Ed., CRC, CCM, CLCP, LNCC
- CMSA - Anne Llewellyn, RN.C., BPSHSA, CCM, CRRN, CEAC

Curriculum comments

- Intelicus - Linda Shaw, Ph.D., CRC
- University of Florida - Horace Sawyer, Ph.D., CRC

After the first Summit, with the goal of continuing the ongoing progress in life care planning education, standards development, professionalism, and research, an online national survey of life care planners was conducted in November 2001. Results of the survey were peer-reviewed and published, along with the survey instrument, in an article titled "Life Care Planning Survey 2001: Process, Methods and Protocols" (Neulicht et al., 2002). The results specifically described the current state of life care planning practice along with protocols/procedures used by life care planners.

2002- Chicago, IL – May 18 & 19, 2002

The next Summit was held on May 18 and 19, 2002 in Chicago, Illinois and was chaired by Susan Riddick-Grisham, RN. The topic areas included:

1. Scope of practice and skills
2. Ethics
3. Professional development
4. Methodology and functions
5. Future of life care planning

Building on the significant accomplishments of the April 2000 meeting, this Summit again created a forum for discussion among professionals about issues which impact the field of life care planning. In preparation for this professional meeting, an educational committee worked to identify five focus areas to be addressed in the roundtable discussions. The five topic areas and objectives included:

1. Life Care Plan Methodology/Functions - to explore life care plan methodology as outlined in the IALCP Standards of Practice (IARP, 2015) and to determine if revisions are needed to better reflect changes in the field.
2. Professional Development - to explore professional development of the life care planner.
3. Scope of Practice/Specialty Skills - to explore the current requirements for becoming qualified and/or certified as a life care planner.
4. Ethics - to explore ethics involved in the practice of life care planning.
5. Future of Life Care Planning - to explore future developments, issues, and trends in life care planning.

To better prepare attendees for the program, relevant materials were assembled and sent to all registered participants in advance of the Summit. Materials consisted of:

- IALCP Standards of Practice
- Code of Ethics for Rehabilitation Counselors
- CHCC Guidelines

Prior to the Summit the attendees participated in a day long educational program focused on advanced practice issues. Presentations covered issues such as research methodology for life care planners, evidence-based guidelines, care management applications and factors in assessing medical equipment choices. The Summit convened with a keynote presentation on the meaning and value of standards. In preparation for the roundtable discussions, each attendee was assigned a number within their professional discipline so that an integrated mix of experience, training and knowledge was assured.

2004- Atlanta, GA – April 24-25, 2004

The Life Care Planning Summit 2004 was held April 24-25, 2004 in Atlanta, Georgia with nearly 100 professionals in attendance. Paul Deutsch, PhD chaired the Summit. Sponsored by MediPro Seminars, LLC and the University of Florida, the Summit again drew support and participation.
from key professional organizations in life care planning including the IALCP, IARP, Care Planner Network, FLCPR, AALNC and ICHCC. Although this year marked the third Summit for life care planning professionals, for the first time the Summit was held over a two day period, allowing for more dialogue and in-depth discussion of pertinent issues, with less need to hustle through the roundtable groups. With the overriding theme of “Competence,” the Summit focused on five (5) topics:

1. Certification Process
2. CLCP Examination and CEUs
3. Future Research in life care planning
4. CLCP Mentoring Program
5. Standards of Practice for life care planners

Following the structure of the previous two Summits, this year’s Summit also utilized a modified nominal group technique in which a roundtable discussion group was held on each of the five topics listed above and attendees rotated through each of the roundtable discussions to provide input in the topic area. A group facilitator and recorder were assigned to each of the five discussion groups to assist the group through the process and record the comments and salient discussion points, with the goal of achieving consensus among the topics. Dr. Deutsch opened the session and Dr. Roger Weed provided an explanation of the modified nominal group technique to the entire audience. Introductory sessions were presented to the entire group to include a presentation by Dr. Weed and Susan Riddick-Grisham on Positive Outcomes from Summits 1 & 2, an Update on the CHCC from CEO Bob May and executive director Linda McKinley, overview of the Development of Standards of Practice by Karen Preston, and Life Care Planning Mentoring Program by Patti McCollom.

2006-Chicago, IL – May 6 & 7, 2006

The May 6 and 7, 2006 Summit in Chicago, Illinois occurred with a panel comprised of representatives of the IALCP, CHCC, and the FLCPR. The panel discussed trends and plans for the future of life care planning and each represented organization had an opportunity to offer suggestions.

IALCP offered the following plans:
1. Complete transition to new organizational model, i.e., IARP,
2. Increase IALCP visibility/awareness of our existence within the life care planning community
3. Increase membership in the IALCP
4. Increase membership-driven services and programs
5. Increase education opportunities through a variety of venues/media/technologies.

The CHCC proposed the following plans:
1. Continued establishment of certifications: Canadian Certified Life Care Planner (CCLCP), Australia, Netherlands, China, Chinese Physical Therapists certified as Certified Disability Examiner (CDE)
2. Additional development of Certified Elder Care Specialist (CECS)
3. Accreditation through National Commission for Certifying Agencies (NCCA)
4. Development of a review textbook for certification review course
5. Acceptance of CLCP qualifications by all pre-approved training programs
6. Continued academic research

The Foundation for Life Care Planning Research proposed the following plans:
1. Implementation of a Foundation fundraising project.
2. Continued support of research projects addressing the reliability and validity of the life care planning process.
4. Scholarship support to students pursuing life care planning education.


The 2008 Summit was held May 15 and 16, 2008 in Los Angeles, California. Co-Chairs for this event were Karen Preston, RN, Jamie Pomeranz, PhD and Carol Walker, PhD. This Summit was intended to examine issues and provide direction at both the individual practitioner level and at the field level. Specific areas included:

1. Visions for LCP Future: Identifying controversial aspects of plans created by various professional disciplines
2. Developing Unity in the Field: Standards of Practice shaping the role and function of life care planning
3. Best Practices: Methodology Issues in Data Collection
4. Best Practices: Methodology issues in creating admissible life care plans
5. Research: Priorities, needs, and practical applications in day-to-day practice
6. Professional business issues: Risks and benefits of databases, templates, software

2010- Atlanta, GA – April 17 & 18, 2010

On April 17 and 18, 2010 the Summit was held in Atlanta, Georgia. The Theme and Goals of Life Care Planning Summit 2010 were to:

1. Enable Life Care Planning practitioners to develop improved practice skills
2. Establish best practices in the life care planning process
3. Enable life care planning organizations to develop priorities for education, research, and services for Life Care Planning professionals

The topics were narrowed to the following:

**Topic 1:** Best Practices for Establishing Foundation for Necessity: Boundaries for Decision Making

**Topic 2:** Best Practices for Determining Sources of Attendant Care in the Home

**Topic 3:** Review of Consensus Statements, Majority-View Statements and Results of Life Care Planning Summits 2000 – 2008
In preparation for the Summit, discussion topics were selected by a planning committee who gathered ideas from life care planning practitioners in the field over a period of several months. The committee also reviewed topics discussed on various listserves relevant to life care planning. The process resulted in a lengthy list of topics that life care planners could address. The final selection was narrowed to cover topics that fit two categories:

1. Topics that were of the highest interest to individual practitioners, as demonstrated by frequency and duration of discussion.
2. Topics that were of priority to the field in terms of what would provide insight to organizations that support life care planners. This category included potential controversial topics that had not previously been discussed openly by practitioners and organizations.

Past Consensus and Majority Statements were reviewed by the attendees as homework and they were surveyed on the 2000, 2002, 2004, 2006 & 2008 Consensus and Majority Statements that had been compiled in 2010. Real-time voting was used with the participants for their feedback to review past consensus statements and majority-view statements for continued support, modification, or deletion. The goal was to ensure that consensus statements and majority-view statements, which are published and form expectations for life care planning practice, are accurate, relevant, and appropriate. To require modification, the statement had to require substantive change to stay within the originally intended meaning. For deletion, it could not be modified without substantially altering the meaning, or if was now is irrelevant and was no longer required. It was not the intent of the Summit 2010 to reread previous statements for the sake of inconsequential wording.

Upon review of over 100 consensus statements from previous Summits, an analysis of the participants’ voting was completed. Those items with 75% or greater consensus for “accept” were retained, and those with 75% or greater for “delete” were noted for deletion. Only one statement received 100% consensus, i.e., “Life Care Plans shall be individualized,” and one statement had a majority of votes to recommend deletion, i.e., “Some aspects of Standards of Practice are too detailed.”

2011- Toronto, ON – June 3 & 4, 2011

On June 3 and 4, 2011, the Canadian Life Care Planning Summit 2011 was held in Toronto, Ontario, Canada. This Summit was co-chaired by Cloie Johnson, MEd and Michel Lacerte, MD. The event brought together leaders in life care planning from a variety of organizations with a goal of promoting unity within Canada. Mimicking the first Summit, the goal was ensuring that those practicing in Canada were oriented to the Standards and identify any differences in life care planning practices outside of the United States. Multiple organizations provided invaluable support for this event including the FLCPR, The Care Planner Network, ICHCC, Canadian Society of Medical Evaluators (CSME), Vocational Rehabilitation Association (VRA) of Canada, College of Vocational Rehabilitation Professionals (CVRP), and the University of Florida.

For purposes of the Canadian Summit, topics and issues were sorted into five focus areas which include:

1. Professional preparation
2. Basic tenets and procedures for completing life care plans
3. Ethics
4. Reliability and validity of the life care plan
5. Information dissemination


2012-Dallas, TX – May 5 & 6, 2012

The 2012 Life Care Planning Summit was held in Dallas, TX on May 5 & 6, 2012. The Summit was chaired by Cloie Johnson and hosted by the IALCP with co-sponsors including IARP, ICHCC, FLCPR and the University of Florida. The 2012 LCP Summit was benefitted by exhibitors and sponsors: PATE Rehabilitation Hospital, NeuroRestorative, Tanglewood Medical Supplies, Dr. Rodney Isom and Bright Sun Technologies/Reg Gibbs.

The 2012 Life Care Planning Summit took the typically inclusive approach even further by soliciting associations and organizations to participate in a round table discussion for the benefit of educating all life care planners on each association and organizations mission and progress. The 2012 Life Care Planning Summit was unique with an “outside the box” format. The committee put together a very ambitious agenda and began with a moderated town hall meeting, conducted a review of past Consensus and Majority Statements, participated in the nominal group technique sessions on three hot topic areas, and held an ethics session. The open dialogue/town hall meeting had representatives from the associations and organizations involved in the multidisciplinary practice. Representatives included:

FLCPR - Susan Grisham & Christine Reid
IALCP - Elizabeth Davis, Heidi Fawber & Steve Yuhas
ICHCC - Sherry Latham & Evelyn Robert
AANLCP - Nancy Zangmeister & Joan Schofield

Each representative association/organization gave an introductory statement. They provided a brief statement of the current state of each association and their targeted goals for the foreseeable future (1, 5 and 10 years). Participants were then requested to provide statements, comments and/or concerns or questions to the representatives. They were limited to one minute and if there was a response given, it was also limited to one minute. At the conclusion, each representative was requested to provide closing comments. A very lively discussion ensued with professionalism and a unanimous desire for unity and cooperation between associations and organizations. The representatives then gathered together in the evening after the first day and reported on the second day that they had agreed to create
liaison positions within their respective boards and continue to have interactive dialogue to ensure the members’ needs are met.

As part of the 2012 Summit, there were 43 statements that did not receive a majority vote to accept or delete and have been identified by the Summit participants for review for modification. The 2012 Summit attendees were asked for input to verify the results as two years had passed since the original process occurred. Twenty-two statements received a majority vote to “Accept”, one statement received a majority to “Revise” and no statements received majority to “Delete”. There were no statements with an overwhelming majority to change, therefore all other statements remain relevant. Four statements received zero deletion recommendations. The group chose to attempt to revise the following statement: Life Care Planners shall utilize protocols for handling the impact of aging. The reworked statement receiving consensus was Life Care Planners shall consider the impact of aging.

The Summit attendees agreed that all Consensus and Majority Statements would be routinely reviewed for relevance, and all Consensus and Majority Statements will be reprinted and published. These were republished for reference at the end of the written proceedings. The Summit attendees then received a brief overview of the three hot topics in Life Care Planning. The areas of focus included Definitions of Life Care Plans and Terminology, Best practices for Costing and Best Practices for Foundations in Life Care Plans.

In follow-up, each attendee was asked to review the IALCP Standards of Practice, the ICHCC Code of Ethics, and the Code of Ethics for each license and organization for which they belong. The attendees were then asked to report their observation of the differences between the various Codes of Ethics and then what they believe could/should be done with the differences. After a lively discussion, the following Consensus statement was created:

Life Care Planners recommend the Life Care Planning Professional Associations and Life Care Planning certifying bodies, including but not limited to: IARP, IALCP, AANLCP, ICHCC, and CNLCP, jointly work toward a unified code of ethics for the practice of Life Care Planning.

2015- Scottsdale, AZ – September 18, 2015

On September 18, 2015 the 2015 Life Care Planning Summit was held as a pre-conference to the International Symposium on Life Care Planning (ISLCP) in Scottsdale, Arizona. This Summit was sponsored by IARP and the Life Care Planning Section/International Academy of Life Care Planners (IALCP). This Summit was chaired by Cloie Johnson, MEd. Since the last Summit that was held in Dallas in 2012, Karen Preston, PhN had taken the lead on a task force to review and revise the life care planning standards of practice with the aid of the community of life care planners. This was completed and published in the Standards of Practice for Life Care Planners, Third Edition (IALCP, 2015). Through this process new topics were identified which were focal to the 2015 Summit.

Best practices for business and best practices for transparency were the main topics for the 2015 Summit. This one-day Summit was a full day with a working lunch including an ethics presentation by Dr. Christine Reid followed by association and organization updates from the IALCP, FLCPR, AANLCP, CNLCP Certification Board and the ICHCC. Consensus Statements from the 2015 Life Care Planning Summit to be added to the prior 99 Consensus and Majority Statements from earlier Summits brought the total to 102.

2017- May 19 & 20, 2017 -Denver, Colorado

In 2017, the tenth life care planning Summit was held in Denver, Colorado. The summit was sponsored by IALCP and IARP with support and representation from the ICHCC, AANLCP and the FLCPR. The International Academy of Life Care Planners took the leadership role in chairing the Summit, with collaboration and support from various associations and organizations within the life care planning community. The 2017 Summit was co-chaired by Cloie B. Johnson and Susan Grisham.

Practicing life care planners in attendance actively participated in identifying venues where life care plans are utilized were developed. As a group, attendees compiled 29 venues or applications in which a life care plan may be developed. Additionally, the attendees reviewed the results of the 2017 Collateral Source Survey created by Dr. Jamie Pomerantz, which was sent to all known life care planners in March 2017. The results were enlightening, finding that 47% of the respondents were being asked to include collateral sources in life care plans, while 53% had not. Of the respondents, 59% had never included collateral sources in the development of a life care plan; 39% sometimes included collateral sources; and 2% reported always including collateral sources in their life care plans. When asked who instructs them to include collateral sources in the development of a life care plan, respondents answered: The referral source (57%), federal rulings (4%), state rulings (6%) or done at my discretion (34%). When asked what specific collateral sources they had included in the development of life care plans, the following were reported: Medicaid (35%), Medicare (41%), Tricare (16%), VA Benefits (22%), Medicaid Waivers (13%), Federal/State mandated Vocational Rehabilitation Services (20%), Federal/State mandated Blind Services (14%), Federal/State mandated Deaf Services (8%), ACA or other private health insurance (35%) and Other (47%). Respondents included collateral sources in the following types of cases: Litigated plaintiff cases (38%), litigated defense cases (59%), trusts (17%), vaccine cases (16%), dissolution cases (8%), direct hire from family (18%) and other (25%).

The following survey question was posed: When including collateral sources in the development of life care plans, do you verify and document the limitations? (Examples: Waiting lists for Medicaid Waivers or if Medicaid
is a payer source, one can only go to physicians who accept Medicaid). The following answers were given: Always (49%), sometimes (21%) and never (29%). Regarding knowledge of collateral sources, respondents noted: I am aware of all of the them and everything they pay for (11%); I know some information about some of them and/or some of what they pay for (68%); I know little about them and what they pay for (14%); I know nothing about them and what they pay for (4%); and I don't care (3%).

A working lunch was held during the first day of the Summit proceedings. At this time, updates were provided by organizations which offer support, certification, education and/or guidance to life care planners. Presentations were made by representatives of the ICHCC, IARP, IALCP, FLCPR and AANLCP. The American Academy of Physician Life Care Planners (AAPLCP) was invited, however, declined attendance.

On day one of the life care planning Summit, an ethics workshop was again held. It is well-known that life care planning is a specialty practice, in which a variety of professionals, holding various licenses and certifications, participate. A review of the various credentials for those who prepare life care plans was shared with historical background for each. The credentials explored include American Board of Vocational Experts (ABVE), Certified Case Manager (CCM), Certified Disability Management Specialist (CDMS), Certified Life Care Planner (CLCP), Certified Nurse Life Care Planner (CNLCP), Certified Physician Life Care Planner (CPLCP) and Certified Rehabilitation Counselor (CRC). The analysis of each credential included identifying if there was independent accreditation, the year established, minimum education and experience requirements, code of ethics/standards of practice, requirement for examination and continuing education units (CEU) as well as non-profit status. This information is presented in Table 1 below and was originally published by Field, Choppa, Johnson and Fountaine (2007), which was updated in Johnson, Lacerte and Fountaine (2015) and most recently updated in 2017 (Albee, Gamez & Johnson, 2017). It is illustrative of the historical nature, background and requirements of each credential.

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<th>Year Est.</th>
<th>Minimum Education Required</th>
<th>Minimum Experience Required</th>
<th>Code of Ethics/Standards of Practice</th>
<th>Exam Required</th>
<th>CEUs Required</th>
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The presentation included aspects of various credential codes of ethics, followed by small and large group discussion surrounding a variety of applicable ethical dilemmas. Participants were asked to contemplate and propose resolutions to these ethical dilemmas.

After the working lunch, two panel presentations filled the remainder of Summit day one. The first panel was made up of four speakers: Lan Lievense of Healthcare Financial Consultants; Robert Meier, MD of Amputee Services of America; Cassandra Smith of Yavapai Professional Medical Billing and Coding; and Ray Agostinelli of FairHealth. The goal was to gain insight into the issues of charges and costs.

The second panel of the day included Tony Choppa, Joan Schofield, Amy Sutton, Ray Agostinelli and Lan Lievense. The theme of this panel was “Associated Costs and Collateral Sources – Understanding the various payer sources which impact life care plans combined with court rulings that also direct the inclusion or exclusion of payer sources or billed versus paid amounts in various jurisdictions.”

The second day of the Summit began with a review of the group nominal process and roundtable discussions. Interestingly, it was noted that there was consensus that the attendees did not want statements that were specifically focused on the litigation aspect of life care planning work included. It was also consensus that a comprehensive and systematic review be undertaken of the existing 102 statements from the life care planning summits since 2000, through a multi-association process to determine if they were still appropriate and relevant is needed. Additionally after review of the 102 statements, life care planners agreed that a position statement (white paper) would be prepared regarding the presentation of charges and/or costs in life care plans to provide guidance to life care planners for the variety of uses and jurisdictional requirements encountered. The paper:

a. Must take into consideration that “associated costs” are referenced in the definition of a life care plan and
b. Ensure the current geographically relevant monetary charges for a good and service in the life care plan.

Additionally, the group reaffirmed prior Consensus and Majority Statements including #98, #86, #82 and #79 and a recommendation was made to look closely at #56 (applicability, relevance and the obligation of life care planner to know the integrity of our data versus only the sources of data) to consider the definition of “integrity”.

Summary

Summits remain an important barometer for the specialty practice of life care planning. It is through these events that our community of multidisciplinary professionals can unite and direct the continued success of life care planners. Taking a vested interest in the past and working towards a better tomorrow serves every life care planner. The outcomes of the Summits reveal issues for life care planning associations and organizations to shape and reinforce the standards of practice, ethics and day-to-day work. The Consensus and Majority Statements reinforce these activities. Because these statements are so important, the most recent Consensus and Majority Statements are outlined below in Table 2 so that once again history makes its mark and all readers can benefit. Additionally, all resources used in the development of the Summits are provided for reference in Table 3.

Consensus and Majority Statements

Table 2

| 1. Life Care Planners may come from a variety of disciplines, provided they have qualifications including five years’ experience in a primary discipline, complete supervised time under a qualified Life Care Planner and belong to a Life Care Planning professional association. |
| 2. Life Care Planners shall seek out mentor relationships, educating students and unaffiliated professionals about Life Care Planning training, education, experience, special knowledge and required credentials. |
| 3. Life Care Planners shall disseminate information regarding their area of practice through electronic collaboration, Web sites, peer-reviewed journals, books, conferences and symposia and professional associations. |
| 4. Life Care Planning research shall be reviewed by peers through an objective and “blind” process that addresses methodology. |
| 5. Life Care Planners shall understand the definition of reliability and consistently practice in such a manner. |
| 6. Life Care Planners shall explore markets for Life Care Planning outside litigation. |
| 7. Life Care Planners shall have knowledge of relevant laws and regulations as well as local and national care standards. |
| 8. Life Care Planners shall understand optimal outcomes achievable for particular injuries. |
| 9. Revised: Life Care Planners shall promote and participate in a national organization for Life Care Planners that serves as a collective voice for the field and as a repository for resources. |
| 10. Life Care Planners shall complete 120 hours of training including courses that focus on disability issues and is specific to Life Care Planning. |
11. Life Care Planning programs shall be based on the latest knowledge and practices.
12. Life Care Planning programs shall cover certification-preparation as well as advanced topics and complex issues.
13. Life Care Planning programs shall be offered in accessible geographic locations and electronically.
14. Life Care Planning continuing education units shall be available at an increasing number of forums.
15. Life Care Planning continuing education units shall be available at forums that may not focus solely on Life Care Planning.
16. Life Care Planners shall keep up to date on best practices in Life Care Planning by completing and encouraging others to participate in continuing education.
17. Life Care Planner certification shall render its holder a qualified Life Care Planner, provided that certification is maintained.
18. Life Care Planner certification shall be renewed every five years with the accumulation of 60 continuing education units.
19. Life Care Planners shall be licensed and/or certified in their professional discipline before being certified as a Life Care Planner.
20. Life Care Planner certification standards shall be augmented.
22. Life Care Planners shall hold a certification that has mechanism for complaints and resolution.
23. Life Care Planning certification shall flow from a practitioner-created core curriculum.
24. The Life Care Planning certifying body shall not be proprietary.
25. The Life Care Planning certifying body shall manage and disclose ethical complaints and violations.
26. Life Care Planning certification exams shall be developed and maintained by an advisory group.
27. Life Care Planning certification exams shall be administered by an autonomous entity independent of any organization that provides Life Care Planning training and/or education.
28. Standards of Practice terminology shall be reviewed.
29. Standards of Practice terminology shall be defined.
30. Standards of Practice shall delineate educational requirements for entry into the practice of Life Care Planning.
31. Standards of Practice shall assert the role and accountability of Life Care Planners.
32. Standards of Practice shall be based on a study defining the role and accountability of Life Care Planners.
33. Standards of Practice shall allow for individual judgment and expertise.
34. Standards of Practice shall be utilized in the development of the practice of Life Care Planning.
35. Standards of Practice shall be applicable to current practices.
36. Life Care Planners shall accept referrals only in their area of expertise.
37. Life Care Planners shall draft Life Care Plans under supervision for one year.
38. Life Care Planners shall maintain objectivity.
39. Life Care Planners shall maintain strict adherence to confidentiality practices.
40. Life Care Planners shall renounce inappropriate, distorted or untrue comments about peers.
41. Life Care Planners shall renounce inappropriate processes and training.
42. Life Care Planners shall disclose and differentiate between the roles in which they may be called upon to act.
43. Life Care Planners shall avoid dual relationships when objectivity may be challenged.
44. Life Care Planners shall better define dual relationships.
45. Life Care Planners shall establish themselves within their primary field of practice.
46. Life Care Planners shall objectively place their client’s interests before any personal or professional consideration.
47. Life Care Planners shall adhere to relevant Codes of Ethics.
48. Life Care Planners shall have access to recourse/corrective action process for Ethical violations.
49. Life Care Plans shall be individualized.
50. Life Care Plans shall be objective and consistent.
51. Life Care Plans shall be lifelong and flexible.
52. Life Care Plans shall be a clear, concise and user-friendly document.
53. Life Care Plans shall be comprehensive and based on multidisciplinary data.
54. Revised: Life Care Planners shall utilize research (including identifying relevant literature to provide a foundation for recommendations, costing for equipment and services, etc.) in Life Care Plan that is reasonable, relevant and appropriate.
55. Life Care Planners shall consider the integrity of data.
56. Life Care Planning shall depend on data collection, analysis and synthesis.
57. Life Care Planners may request additional data, testing and evaluation if required.
58. Life Care Planners shall research condition, resources, services and costs.
59. Life Care Plans shall utilize established procedures.
60. Revised: Life Care Planning methods shall be peer
reviewed (formally or informally reviewed by other experts in the field) at national organization meetings and Summits.

61. Revised: Life Care Plans shall be developed in the client's/evaluatee’s best interest.

62. Life Care Plans shall include a basis for recommendations.

63. Life Care Planners shall utilize a reliable, consistent method for reaching conclusions.

64. Life Care Planners shall utilize adequate medical and other data for opinions.

65. Life Care Plans shall include an annotated list of requested and reviewed data/sources.

66. Revised: Life Care Planners shall utilize standardized procedures and tools for gathering and reporting information and feature standardized forms and formats.

67. Revised: Life Care Planners will use consistent methodologies to evaluate similar cases.

68. Life Care Plans shall rely on medical/allied health professional opinions.

69. Life Care Plans shall be limited to the planner’s expertise and scope of practice.

70. Life Care Planners shall methodically handle divergent opinions.

71. Revised: Life Care Planners shall properly inject professional expertise.

72. Life Care Planners shall utilize credible, evidence-based guidelines.

73. Life Care Planners shall conduct an in-person interview whenever permitted.

74. Life Care Planners shall utilize protocols for cost research.

75. Life Care Planners shall gather geographically relevant & representative prices.

76. Life Care Planners shall utilize protocols for using local versus national resources.

77. Life Care Planners shall follow generally accepted methodology.

78. Differences in clinical judgment can result in different recommendations.

79. Life Care Planning databases, templates and software shall have appropriate foundation.

80. Life Care Planning products and processes shall be transparent and consistent.

81. Life Care Planners shall be involved in research.

82. Life Care Planners shall study the reliability, validity and accuracy of Life Care Plans.

83. Revised: Life Care Planners as a whole /or part of the specialty practice of Life Care Planning through ethical practice will contribute to the reliability, validity and accuracy of Life Care Plans.

84. Revised: Life Care Planners, as a whole and/or part of the specialty practice of Life Care Planning will encourage and participate, if able, in longitudinal studies on Life Care Planning.

85. Life Care Planners shall study the impact of Life Care Plans upon quality-of-life.

86. Life Care Planners shall understand and explain research used in a Life Care Plan.

87. Life Care Planners may independently make recommendations for care items/services that are within their scope of practice.

88. Life Care Planners seek recommendations from other qualified professionals and/or relevant sources for inclusion of care items/services outside the individual Life Care Planner’s professional scope(s) of practice.

89. When the Life Care Planner includes home care, both private-hire and agency-procured services are options to be considered.

90. The cost of private hire home care includes care giver compensation and associated expenses.

91. Life Care Planners shall consider the impact of aging.

92. Review of evidence based research, review of clinical practice guidelines, medical records, medical and multidisciplinary consultation, and evaluation/assessment of evaluatee/family are recognized as best practice sources that provide foundation in Life Care Plans.

93. Best practices for identifying costs in Life Care Plans include:
   a. Verifiable data from appropriately referenced sources
   b. Costs identified are geographically specific when appropriate and available.
   c. Non-discounted/market rate prices.
   d. More than one cost estimate, when appropriate.

94. Life Care Planners shall define terminology of our work product(s).

95. Life Care Planners have the option to use support staff under their direction and guidance in completing Life Care Plans.

96. Life Care Planners shall identify conflicts of interest.

97. Life Care Planners shall identify the sources of their recommendations.

References Cited in Summit Proceedings

Table 3

References Cited in Summit Proceedings

The following references were referenced at various Summits between 2000 and 2017:


Davis v. Ford Motor Co., 128 F.3d 631 (8th Cir. 1997).


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Dillman, E. (1999). The role of the economist in life care


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Weed, R. (August 1, 1992). Working with the life care
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Author’s note:
It has been an honor and privilege to be an attendee, a planning committee member, a facilitator, a recorder and a chair multiple times over through the years. My appreciation is extended to the many professionals who have piloted our course and those who have continually served this specialty practice.
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Jacksonville, FL       www.SpruanceRehab.com       (904) 399-5357
A Historical Look at the Fellow of the International Association of Life Care Planning (FIALCP) Designation

Tracy Albee

*Note: Portions of this article appeared in Insights into the International Association of Life Care Planning Fellow Program: Questions and Answers from Program Developers (Shahnasarian, 2015) in the Journal of Life Care Planning, 13(4), 21-25.

Abstract

The Fellow of the International Academy of Life Care Planning (FIALCP) designation is an industry honor that has been bestowed upon only twenty-one individuals since its inception almost two decades ago. This article explores the creation and evolution of the life care planning Fellowship designation. The requirements for application, the criteria by which applicants are scored and the purpose and goals of the Fellowship designation are discussed.

“The International Academy of Life Care Planning (IALCP) introduced the Fellow designation in 2000 to recognize life care planners who both possess extraordinary life care planning skills and have made significant contributions to the profession” (Shahnasarian, 2015, p. 21). The original life care planning association was the brainchild of Patricia McCollum, RN, in 1996, when there were no formal organizations that represented life care planners. At that time, many of the life care planners were nurses. Initially Ms. McCollum set out to start the American Academy of Nurse Life Care Planners. However, as the idea evolved, she found that life care planners at that time, as is the case in 2019, were not just nurses, but a group of multi-disciplined professionals with backgrounds in healthcare that included physicians, neuropsychologists, rehabilitation counselors, physical therapists and others. These individuals were providing life care planning services to the legal community, insurance companies, within worker’s compensation systems, in the private healthcare industry, and other entities.

In December of 1997, Dr. Roger Weed hosted a life care planning meeting. Attendees included: Roger Weed, PhD; Patricia McCollum, RN MS CRRN CDMAS CCM; Linda Shaw, PhD; Robert May, RhD; Dan Devine, COO of Intelicus, a nationwide training organization; and Debbie Berens, MS CCM CRC (Shahnasarian, 2015). As the leaders met to discuss the best way to approach the concept of a formal life care planning organization, it was decided that the organization should include all life care planners, not just nurses. The topics at that 1997 meeting were multiple, but this is when the idea of forming a “Fellow” designation was initially discussed. The purpose of the designation was to recognize professionals with a certain level of skill, knowledge, experience and dedication to promoting life care planning concepts beyond billable time-related activity. A committee was formed soon after, in order to design what the Fellow designation would look like; what was required to achieve the honor; and how a life care planner could apply. The credential was eventually announced in 2000 (Shahnasarian, 2015). According to the original application procedures, the purpose of the Fellow Program was as follows:

The purpose of this program is to recognize expertise, experience and contribution to the field of life care planning. The program recognizes those life care planners who have achieved a high level of skill and who use their skills and knowledge to promote the advancement of life care planning (Shahnasarian, 2015, p.21)

Fellowship (FIALCP) Criterion

The initial Fellow application summarized 10 criteria which were worth a total of 120 points. An applicant was required to achieve 80% of those possible points in order to be passed and acknowledged as a FIALCP. These criteria, as taken off the application, were as follows:

CRITERION ONE: Applicant maintains necessary license or certification to practice in his/her health care discipline. There are no pending or prior sanctions relating to licensure or certification.

CRITERION TWO: Applicant contributes to the development of the field through providing education, conducting research, publishing in professional journals/texts, and/or providing mentoring for other life care planners. Education (teaching), research and publications are related to life care planning. Applicant participates in professional organizations (activity beyond holding membership, such as committee work or holding office). Applicant will submit a minimum of five (5) examples within the past two years and verification of participation in at least one (1) professional organization other than the International Association of Rehabilitation Professionals.

CRITERION THREE: Applicant demonstrates satisfactory acceptance of the life care plan product by obtaining at least two letters of recommendation from referring sources (i.e., the sources requesting the life care plan).

CRITERION FOUR: Applicant has completed a
minimum of 50 life care plans.

**CRITERION FIVE:** Applicant demonstrates systematic, comprehensive data collection (consistent method of collecting data, from appropriate sources).

**CRITERION SIX:** Applicant demonstrates analysis of data that reflects whether client needs are being met, comparison to expected norms, and comparison to expected standards of care.

**CRITERION SEVEN:** Applicant demonstrates a consistent planning process that includes methods for organizing data, consistent documentation tools, a process of validating inclusion/exclusion of content, and use of expert resources in formulating opinions.

**CRITERION EIGHT:** Applicant demonstrates evaluation of the life care plan for completeness and internal consistency; all information is detailed completely or marked as not applicable; there is a method for the recipient of the life care plan to contact the life care planner.

**CRITERION NINE:** Applicant who acts as an expert witness or consultant in legal matters demonstrates accuracy of record keeping for participation in sworn testimony and can describe his/her activity.

**CRITERION TEN:** Applicant maintains professional knowledge and skills through continuing education.

At the time of its original inception, it was decided by the founding committee that once achieved, the Fellow designation would not require renewal, as long as the Fellow remained a member of the International Academy of Life Care Planning (IALCP). At the discretion of the IALCP, the designation could be removed for such reasons as failure to follow standards of practice, ethical violations, or malpractice (Shahnasarian, 2015).

In 2012, the IALCP board of directors formed a task force to revamp the Fellow Program. This volunteer task force included eight IALCP members, one of whom was designated as a fellow. The purpose of the task force was to address concerns that there was a disinterest by life care planners on how the designation was being utilized and that there may be standards that were not being followed by those already holding the designation. After two years of work, this task force made some changes to the verbiage and requirements of some of the criteria and the task force suggested that the Fellow designation should require a renewal process. This process would provide an opportunity to ensure that those life care planners deemed to meet the Fellow criteria continued to do so during their active career as life care planners. In other words, a life care planner could not just obtain the FIALCP designation and then discontinue their contributions and promotion of the advancement in the field. The changes to the criteria were made in 2014 and are noted below in bold and italicized font (IARP, 2019):

**CRITERION ONE:** Applicant maintains license and certifications to practice in his/her healthcare discipline. In addition, he/she attests there are no pending or prior sanctions relating to licensure or certification.

**CRITERION TWO:** Applicant contributes to the development of the field through providing education, conducting research, publishing in professional journals/texts, and/or providing mentoring for other life care planners. Education (teaching), research and publications are related to life care planning. Applicant participates in professional organizations (activity beyond holding membership, such as committee work or holding office). Applicant will submit a minimum of five (5) examples within the past five years and verification of participation in at least one (1) professional organization other than the International Association of Rehabilitation Professionals.

**CRITERION THREE:** Applicant demonstrates satisfactory acceptance of the life care plan product by obtaining at least two (2) letters of recommendation from referring sources (i.e., the sources requesting the life care plan) within the past five (5) years. Letters of recommendation from referring sources. Content of letters should be supportive of the skills and expertise of the applicant.

**CRITERION FOUR:** Applicant has completed a minimum of 50 life care plans and a minimum working five (5) years as a life care planner.

**CRITERION FIVE THROUGH TEN:** No changes were made and it was determined that the criteria appropriately followed the published life care planning Standards of Practice (Planners, 2015).

In regard to the renewal process, it was determined that Fellows would be required to provide a renewal application every five years. The language in the updated Fellow application stated:

A renewal process has been created to ensure that this prestigious designation is bestowed on life care planners who continue to follow standards of practice and who contribute to the field of life care planning. The following recommendations for a renewal process are intended to reflect consistency with the criteria that are met when achieving the Fellow designation (IARP, 2019, p. 10).

A peer review committee was formed to randomly audit renewal applications as any Fellow seeking renewal may be selected to undergo a blind review of one life care plan completed within the two prior years, in order to assure the Standards of Practice were still being met. (Planners, 2015)

In April of 2014, the current 14 Fellows were notified about the change in the program and that renewal would be required by the end of 2015. Early in 2015, reminders were sent out as well. By the fall of 2015, 75% of the current Fellows had submitted their renewal. This demonstrated to the IALCP Board that the current Fellows were seeing value in their designation.

Between 2015 and 2017, under the lead of the IALCP Section Board in place at that time (which was now under the umbrella of the International Association of Rehabilitation Professionals), it was determined that the Fellow Program
could still benefit from updating and rebranding. The number of Fellow applicants was not increasing over time, which was a concern to the organization. It was determined, upon researching the subject, that the majority of the Fellow Programs for other professional organizations were typically termed a “college”. The application was updated to include the following language:

The College of Life Care Planning Excellence was formed to recognize those life care planners whose expertise, experience and contribution to the field of life care planning are exemplary. The College rewards those life care planners who have achieved a high level of skill and who use their skills and knowledge to promote the advancement of life care planning. The College of Life Care Planning Excellence grants its Fellow designation based upon criteria established nearly 20 years ago. (IARP, 2019)

The change in this language led to additional questions by the IALCP Board. If The College of Life Care Planning Excellence was formed to recognize those life care planners whose expertise, experience and contribution to the field of life care planning are exemplary, would an 80% passing score really achieve the goals of the program? In response to this concern, an ad hoc committee was formed. After several months of meetings, it was recommended that only those who met the criterion with a 100% passing score should be provided this recognition of excellence. In addition, an eleventh criterion was added to the application. The eleventh criterion was as follows:

**CRITERION ELEVEN:** Applicant provides a 1-paragraph blinded-biography summarizing, at a minimum, their credentials, their years of life care planning experience and a brief history of what industry segments in which they have worked. This blinded-biography will assist the blind reviewers to understand the applicant’s background without knowing the identity of the applicant.

Since 2017, the Fellow Application now states the following regarding how the application is scored:

Applicants who meet all criterion will be awarded the Fellow designation. Those who do not meet all of the criterion are provided information to determine which areas require improvement or clarification. The applicant can reapply and there is no waiting period. On the application, eleven criteria of skilled practice are delineated. Successful applicants are expected to consistently demonstrate skill and knowledge in each criterion. Each criterion is scored as a pass or fail. All three reviewers must agree on a pass of all eleven criterion. If all three reviewers do not agree, they may hold a conference call for discussion and reconsideration on the decision. If consensus cannot be reached, the application will be denied. The decisions of the reviewers are final. The review process is conducted using objective criteria. To ensure the integrity of the review process and the Fellow program, exceptions to the criteria will not be made (IARP, 2019, p. 3).

For the renewal process every five years, the newest application states:

Renewal of the Fellow designation occurs on the 5-year anniversary that the original designation was awarded.

After the 2017 changes were made, interest in the FIALCP designation gained momentum. There are currently 21 individuals who hold the title of Fellow, 12 of whom renewed for the first time in 2015 and will be up for renewal again in 2020. The newer Fellows will be required to renew five years following their initial approval of their professional recognition.

The list of life care planners who hold the designation of FIALCP as of September 2019 is as follows:

Tracy Albee, RN, LNCC, CLCP
Cary Bartlow (deceased)
Rebecca Busch, NR, MBA, CCM, CHS-III, FHFMA
Darlene Carruthers, M.Ed., CCM, CDMS, CRC
Paul Deutsch, Ph.D., CRC, CCM, CLCP (retired)
Lawrence Forman, M.Ed., CCM, CDMS, CRC, CVE
Reg Gibbs, MS, CRC, LCP, CBIS
Bob A. Gisclair, MS, CRC, LRC, LPC, CCM/R, CDMS, CLCP, MSCC, CMSP
Heidi Fawber, M.Ed, LPC, CRC, CCM, CLCP
Sherry A. Latham, BSN, RN, CLCP, MSCC, CNLCP
Judith Masterson, RN, MSN, CRRN
Patty McCollom, MS, RN, CRNR, CDMS, CCM, CLCP (deceased)
Nancy Mitchell, MA, OTR/L, CLCP
Kathleen Murphy, MSN, CRRN
Terri Patterson, MSN, RN, CRRN
Karen Preston, Ph.N., CRRN, MS
Sharon Reavis, RN, MS, CRC, CCM
Tanya Rutherford-Owen, Ph.D., CRC, CLCP, LPC, CDMS
Michael Shahnasarian, Ph.D., CRC, CVE, CLCP, NCCC, NCC
Roger Weed, Ph.D., CRC/R, LPC/Ret, CLCP/R, CCM/R, CDMS/R(retired)
Tracy Wingate, OTR/L, CLCP, CCM

**The Future of the FIALCP Designation**

As the practice of life care planning enters into its third decade of existence, there are individuals within the field who have committed to leadership, education and professional development of the field. As a result of their efforts, the life care planning field has emerged as a formidable subspecialty in rehabilitation. Through its evolution, these leaders have created a peer-reviewed life care planning journal, life care planning textbooks, life care planning curricula, a life care planning certification, as well as a designation as a Fellow in life care planning. This fellowship designation was designed to recognize individuals who possess extraordinary life care planning skills and have contributed significantly to the field of life care planning.

Currently, there are 891 individuals who are certified in life care planning in the United States and Canada (ICHCC,
In 2019, many in the field of life care planning are nearing retirement. To date, there are 17 actively practicing Fellows in the life care planning in the United States, representing a small proportion of the life care planning community. As more individuals gain experience in life care planning and contribute to the field, it is hoped that the list of recognized Fellows will continue to grow as the field of life care planning continues to expand.

References
Standards of Practice for Life Care Planners: A 25-Year History

Karen Preston

Abstract
This article provides a review of the origin of standards of practice in life care planning. Beginning with the first edition published in 2000 through today, standards reflect an increasing availability of resources to aid life care planners in establishing a credible life care planning practice.

Introduction
In 1996, when the International Academy of Life Care Planners (IALCP) was in its infancy and the focus of the life care planning community was on establishing uniform education and training and exploring the development of certification, there were no published Standards of Practice. In the late 1990s, life care planners sought to improve the standing of the field and achieve consistency in how life care planners performed their work. Despite this desire, there was also resistance to having published Standards of Practice. Many life care planners were self-trained and had prepared their own version of future care and cost projections for years. There was reluctance to have someone else tell the “old timers” what to do and how to do it. A frequent argument was that no one had the authority to develop standards or to tell others what to do. It was permissible for life care planners to each do things their own way and be able to present what they chose in litigation matters. This was the landscape into which life care planning began its tremendous evolution.

Responsibility for developing standards of practice
Standards of practice are created by the people who practice in that field, typically through their professional association. As the voice for the profession, associations see the development of standards of practice as their responsibility (American Nurse Association, 1998). It is an important part of being recognized as the leader in shaping, enhancing, and promoting professional’s work. Life care planners come from a variety of health care professions, including occupational therapy, physical therapy, medicine, psychology, nursing, rehabilitation, and speech/language pathology (Mauk, 2019). First and foremost, life care planners are bound by the Standards of Practice that exist in these primary disciplines. For example, nurses are bound by the Standards of Practice of the nursing profession. There is not a regulation or law that requires standards of practice to be developed by professional associations, but that is how the process has evolved over decades. Professionals accept that standards of practice exist and that their profession takes responsibility for developing them. However, those professional associations do not have the ability to create standards for professionals in other fields.

In addition to those developed by the profession, standards can also be developed for the various roles in which practicing professionals engage. Life care planning is a role, not a profession itself, and it can be practiced by multiple professionals. The full depth and breadth of knowledge and skills that are necessary for life care planning are not part of the generic training for any of the healthcare professions. It is a role that requires additional knowledge and skills, which are typically obtained after a professional has entered practice and has eventually chosen to engage in the role of life care planner. Thus, the associations for any single profession could not develop standards of practice for a multidisciplinary role. For example, in the field of case management, which is a multidisciplinary field, case managers created an association for the role of case manager, and promoted membership for all the disciplines that practice case management (Case Management Society of America, 2017). The Case Management Society of America published, and periodically revises, standards of practice for the role of case manager, but does not partake in the standards for the professions from which case managers come.

Life care planners founded the association that became the International Academy of Life Care Planners (IALCP) in 1996 (Preston, 2017). Work quickly began on the development of standards of practice. An important hurdle that had to be overcome was that life care planners needed to accept IALCP as the professional association for the field of life care planning. Increasing the membership of IALCP to represent a greater percentage of life care planners was important to establishing the notion that the IALCP represented the broad array of practitioners from the many professions who engaged in the role of life care planner.

Progression of the development of standards of practice for life care planning
As the field of life care planning has grown and matured, so have the standards of practice (Preston & Reid, 2015). The first edition arose from a limited number of sources that influenced what comprised a standard (see Table 1). Primarily, these sources relied on the personal experience and opinions of practitioners. Life care planners created opportunities to gather and discuss how the field should develop and how life care plans should be done. In 1997, Dr. Roger Weed solicited input for standards from approximately 200 participants of the Annual Life Care Planning Conference. In 1998, Dr. Weed developed an initial draft for a standards document. The IALCP then formed a committee in January 1999 to continue work on the first edition, relying heavily on the opinions obtained from the conference. In 2000, the first edition was presented for field review and...
comment. Field review consisted of presentations at educational events and dissemination through a published newsletter. In December 2000, the Standards of Practice for Life Care Planners, First Edition, was adopted and published (Reavis, 2000).

Table 1. Early development of life care planning standards of practice

<table>
<thead>
<tr>
<th>Work product: Life Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life care planner core:</td>
</tr>
<tr>
<td>Knowledge</td>
</tr>
<tr>
<td>Skills</td>
</tr>
<tr>
<td>Behaviors (consistency not present)</td>
</tr>
</tbody>
</table>

Early Development Sources:
- Personal experiences
- Individual innovations
- Collegial sharing and agreement
- Training programs (new, not all practitioners attended)
- Publications (limited texts, manuals, newsletters)
- External influences (health care, legal)

Within a few years, development sources had grown, as had the ways of collaborating within the field (see Table 2). Associations, publications, and extensive training and continuing education provided more vehicles for the dissemination of knowledge and the ability to peer review life care plans. These also provided a springboard for the next phase of development, that would include research and validation of practices. In 2005, IALCP formed a committee to revise the standards document. Using comments provided by practicing life care planners, the committee drafted a revision. Again, soliciting opinions and ideas from practitioners, controversy was re-ignited about the authority to publish standards. Using Summits (Riddick-Grisham, 2006) and conferences, practitioners debated whether formal Standards of Practice should influence methodology, whether published standards were applicable to non-members, and whether a professional association can state that all practitioners should follow standards. An article written by an attorney was published in the *Journal of Life Care Planning* (Fick & Preston, 2006) to address these controversies. Field review was completed and the *Standards of Practice for Life Care Planners, Second Edition* was published in 2006 (International Academy of Life Care Planners, 2006).

Table 2. Growing resources influence development of standards of practice

<table>
<thead>
<tr>
<th>Work product: Life Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing what can be expected of the life care planner to produce the work product</td>
</tr>
</tbody>
</table>

| Standards of Practice: |
| Stating expectations for core knowledge, skills and behavior (1st edition 2000) |

| Dissemination of core: |
| Newsletters |
| Journals |
| Associations |
| Education |

| Life care planner core: |
| Knowledge |
| Skills |
| Behaviors (consistency desired) |

| Early and Ongoing Development Sources: |
| Personal experiences |
| Individual innovations |
| Collegial sharing and agreement |
| Training programs |
| Publications: texts, manuals |
| External influences (health care, legal) |

| Professional self-determination: |
| Associations |
| Summits |
Contemporarily, standards of practice reflect a complex and symbiotic relationship of the many resources available to life care planners. In addition, the standards have become sophisticated enough to influence the development of more programs and resources, such as credentials and the ability to measure and validate our work (see Table 3). These, then, enhance life care planners’ personal experiences and expectations for themselves and for others.

Table 3. Standards of practice continue to grow and to become a resource for further development of the field of life care planning

![Diagram of Standards of Practice]

Work on the third edition began in 2013 with the formation of the largest committee and most complex review process yet. Thirteen life care planners formed the primary working committee, with another 21 life care planners serving as an advisory group to offer opinions and guidance. A review of literature, Summit proceedings, and published Standards of Practice from professional associations representing the professional origins of life care planners was completed. Formal surveys were sent to all known life care planners. Approximately 150 unique comments and suggestion were received, with 81 suggestions approved for changes in the standards. A review process lasting nearly one year followed, with 28 additional suggestions for change being submitted. The Standards of Practice for Life Care Planners, Third Edition was published in January 2015 (Preston & Reid, 2015).

The future development of Standards of Practice
The resources that contribute to the evolution of standards of practice are dynamic. There is a continuous flow of new publications, new research, new education, and new ideas. Of note, life care planners who practice in the litigation area have also seen a rise in the impact of case law and jurisdictional requirements on the methods that life care planners use. This adds the element of forces “outside” of the life care planning community creating an environment that causes life care planners to re-examine practices and define what constitutes the proper methodology. It is inevitable that standards of practice will continue to evolve and will be formally revised regularly. The third edition is now five years old, which means there is a lot of new information and material that may impact standards. The IALCP board of directors will be responsible for determining when a new revision committee will be formed. When this occurs, all life care planners will once again have the opportunity and responsibility to contribute opinions and suggestions for the continued self-direction of our field through Standards of Practice for Life Care Planners.
References


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A Journey Through the History of Life Care Planning Research:  
The Journal of Life Care Planning and the Foundation for Life Care Planning Research  
Debra E. Berens

Abstract

The purpose of this article is to provide a historical overview of both the Journal of Life Care Planning and the Foundation for Life Care Planning Research. The symbiotic relationship of these two entities has evolved to be a relevant and necessary part of the fabric of life care planning, both historically as well as in present times. The article will first provide a historical description of the Journal of Life Care Planning followed by a description of the Foundation for Life Care Planning Research.

Introduction

With both of their roots dating back to 2002, it is difficult to determine the history of which came first: The Journal of Life Care Planning (JLCP) or the Foundation for Life Care Planning Research (FLCPR). While it appears that the FLCPR technically came first with the filing of the non-profit organization’s Articles of Incorporation on December 11, 2001, the JLCP was not far behind with its inaugural issue published in February 2002. Not wanting to split hairs over which came first, it is this author’s conclusion that the actual timing may not be relevant as both the Journal and the Foundation have enjoyed a symbiotic relationship since their respective beginnings.

History of the Journal of Life Care Planning

A review of the inaugural issue of the JLCP, volume 1, issue 1, published in 2002, begins with an Editorial titled “A New Beginning” and welcomes all life care planners to “a new era in life care planning practice…[in which] life care planners have come together to share knowledge, research [emphasis added] and experiences in a new arena” (p. 1). The five (5) objectives established for the JLCP at that time were to:

1. Publish materials that will add to the growing literature base regarding life care planning practice.
2. Provide the field with information regarding events and developments important to the practice of life care planning.
3. Provide a forum for practice issue discussion and debate.
4. Promote professional practice through addressing certification, ethics, standards and research methodology.

The impetus for the Journal came out of the vision of Patricia (“Patti”) McCollom who, trained as a nurse, also received a master’s degree in rehabilitation counseling and was president of LifeCare Economics, Ltd. and Management Consulting & Rehabilitation Services, Inc. in Ankeny, Iowa. Patti also served as CEO of the International Academy of Life Care Planners (IALCP) and was vice president of the Foundation for Life Care Planning Research (FLCPR). A prolific author, Patti wrote textbooks, chapters, and articles related to life care planning and championed the idea of a professional, peer-reviewed journal specific to life care planning practice. Patti’s vision resulted in the JLCP being established in 2002 by the IALCP, which later became a section of the International Association of Rehabilitation Professionals (IARP) in 2006. According to Dr. Tim Field:

…there was a growing demand for educational and research materials in support of the life care planning process [and] recognizing a continuing need to develop a ‘body of knowledge’ in life care planning, we embarked upon a venture to establish a professional journal for the field of life care planning” (Field, 2006, p. 158).

Taking the charge to serve as publisher of the JLCP through his company Elliott & Fitzpatrick, Inc., Dr. Field has continued as publisher of the JLCP since its inception and acknowledged a long time ago that “…the journal has been a success and obviously a significant contribution to the growing body of knowledge and information germane to life care planning” (Field, 2006, p. 158).

For three (3) years Patti volunteered her time as editor of the JLCP from its inaugural issue in 2002 until 2004. at which time editorship was passed to one of the JLCP’s associate editors (see list of the Journal’s editors at end of this section). In reflecting on the history of life care planning, Dr. Roger Weed acknowledges that “another natural evolution for an organization with mutual interest to promote and educate the specialty practice, was the development of a peer-reviewed journal and the JLCP was launched” (Weed, 2017, p. 261). In recognition for Patti’s vision and contributions to the life care planning practice, she was named 2007 recipient of the Lifetime Achievement Award in life care planning which was awarded to her days prior to her untimely death in 2007 due to health challenges.

A copy of the front and back cover of the inaugural issue of the JLCP is found in Appendix A and shows the relevant
articles that were published in the first issue, including a bibliography of almost 200 references of publications that had already been published pertaining to life care planning. It is interesting to note that, in the spirit of collaboration and collegiality, a copy of the inaugural issue of the JLCP was given to each attendee of the 2002 Life Care Planning Summit and the JLCP was thought to “…dramatically expand[s] the communication of current issues to the field and develops a much wider audience than individual conferences can do” (Knouse, 2003, p. 49). Prior to this time, not only were conferences specific to life care planning sparse but articles related to life care planning were being published in various journals including The Case Manager, Journal of Rehabilitation, Journal of Private Sector Rehabilitation, Inside Life Care Planning, and Rehabilitation Nursing Journal, such that no one resource was published specific the advanced specialty practice of life care planning (McCollom, 2002). Recognizing successful completion of the first publication year of the JLCP, Patti emphasized that life care planning had “evolved into a complex and advanced specialty practice” and stated that the goal for the JLCP was “to serve as a vehicle for promoting education and advanced practice… highlighting education as a strategy for quality” (McCollom, 2003, p. 237). In keeping with this goal, readers to this day will recognize several seminal life care planning publications that have been published in the JLCP over the years including, but not limited to, the Life Care Plan Survey (Neulicht, Riddick-Grisham, Hinton, Costantini, Thomas & Goodrich, 2002; Neulicht, Riddick-Grisham & Goodrich, 2010), Role and Function Study of Life Care Planners (Pomeranz, Yu & Reid 2010), Standards of Practice for Life Care Planners (Reavis, 2000; IARP, 2006; IARP, 2015), and Consensus and Majority Statements derived from Life Care Planning Summits (Johnson, Pomeranz & Stetten, 2018). Other prominent publications that have been published in the JLCP through the years include Special Edition issues on topics such as life care planning summits (2018), life expectancy (2013), communication sciences and disorders (2015), occupational therapy (2017), and brain injury (2018). Perhaps a more contemporary topic for life care planners, the JLCP published an exploration of multicultural and cross-cultural issues in life care planning (Barros-Bailey, 2017), among many other relevant topics. For a comprehensive listing of articles and features published in the JLCP, the reader is referred to https://rehabpro.org/page/journal_life_care.

Since its inception, the JLCP has remained true to its original purpose and has published rehabilitation-related original research, case studies, and practice guidelines for life care planning professionals. Today, the JLCP is known as the premiere and longest published peer-reviewed and professional journal dedicated to the practice of life care planning with the objective of publishing material that adds to the research and knowledge base of life care planning practitioners. The JLCP also strives to publish information that is relevant and valuable to life care planners and is appropriate and accurate within standards in the field, including research and evidence-based articles as well as case studies or real practice examples (IARP, 2019a).

Since its inaugural issue, the number of life care planning and related publications representing multiple professional disciplines has become nearly impossible to count (Weed, 2017). In addition, the JLCP provides opportunities for continuing education through readership of its articles as well as through the Ethics Interface column, that was established in 2006. "The Journal is abstracted and indexed in EBSCOHealth’s Cumulative Index to Nursing and Allied Health Literature (CINAHL), thereby extending its reach to professionals outside the life care planning arena and within the larger medical and health care communities. Echoing the JLCP’s current editor, Dr. Tanya Rutherford-Owen, “…[I am reminded] of our ongoing need for such valuable resources as… the articles offered through the Journal of Life Care Planning and the important learning that we do together…” (Rutherford-Owen, 2019, p. 1).

Historically and up to the present time, the JLCP has been published quarterly by the International Association of Rehabilitation Professionals (IARP) as a member benefit although annual subscriptions also are available to interested persons. The publisher, Elliott & Fitzpatrick, Inc. maintains a longstanding and unique feature of the JLCP that promotes the collaborative and interdisciplinary nature of life care planning practice. Specifically, the JLCP has a policy that “any subscriber or reader of the JLCP, without written permission, may freely reprint or duplicate articles, summaries, reviews, or any other copy published in the Journal when used for educational and training purposes” provided that proper acknowledgement and APA-style citation accompanies any reprint (IARP, 2019b). Currently, the readership of JLCP is estimated at 1,500 (EverybodyWiki, 2019).

**Editorship of the Journal of Care Planning**

The following individuals have served as editor through the duration of the JLCP:
- Patricia McCollom (2002-2004)
- Timothy Field (2008-2010)
- Irmo Marini (2011-2013)
- Dianne Simmons Grab (2015-2016)
- Tanya Rutherford-Owen (2016-present)

Supporting its symbiotic relationship with the FLCPR, the JLCP often publishes projects completed through the Foundation with a goal of promoting research in the field of life care planning and rehabilitation. In a 2002 interview with Patti McCollom, founding Editor of the JLCP, she describes her vision by stating “All areas of life care planning...”
will benefit from further research” (McCollom, 2002, p. 10). The remainder of this article will focus on just that, an historical journey of research in life care planning, through the Foundation for Life Care Planning Research.

**History of the Foundation for Life Care Planning Research**

Since its formal beginning in 2002, the Foundation for Life Care Planning Research (FLCPR) has helped guide and fund empirical research in life care planning (Weed, 2017), and was established to fill a need and void in the professional community with a primary focus on life care planning validation studies and rehabilitation research. Such recognizable topics funded by the FLCPR include the seminal Life Care Plan Surveys in 2001 and 2009 (Neulicht, Riddick-Grisham, Hinton, Costantini, Thomas & Goodrich, 2002; Neulicht, Riddick-Grisham & Goodrich, 2010), Life Care Planning Role & Function Study in 2010 (Pomeranz, Yu & Reid, 2010), Empirical Validation of Medical Equipment Replacement Schedules in Life Care Plans (Marini & Harper, 2006; Marini et al., 2019), and many others that have been published in the JLCP through the years. See Appendix B for a partial listing of research funded by the FLCPR and published in the professional literature.

Established by Dr. Paul Deutsch, the FLCPR is a nonprofit research group which was incorporated as a 501-c(3) non-profit organization in late 2001. According to Dr. Roger Weed, Dr. Deutsch is described as the founder of the Foundation for Life Care Planning Research and “…all-around powerhouse for developing established protocol and methodology of life care planning practice” (Weed & Berens, 2019, p. xi). Quoting from Deutsch (2006):

> Life care planning sits at the crossroads of the social and medical sciences. It benefits from research in both these areas but extensive research into the process of Life Care Planning itself is required for it to remain viable within the scientific arena” (p. 131).

Dr. Deutsch further describes the Foundation’s role as “The Foundation is committed to this research, which serves to maintain the highest standards of reliability and validity in Life Care Planning. Such commitment assures that patient needs will best be met and consultation standards will be maintained” (Deutsch, 2006, p. 131). Further description of Dr. Deutsch’s pivotal role in establishing and furthering life care planning as an advanced specialty practice can be found throughout the other articles in this issue.

Congruent with the history of the FLCPR, it is perhaps no mistake that the original Standards of Practice for Life Care Planners (Reavis, 2000) now in their third edition has research as one of its standards. The original standards as published in 2002 suggest that:

The Life Care Plan will have as its basis the Scientific Principles of medicine and health care [and] the involvement of the Life Care Planner in the area of research should include, but not limited to, the following objectives:

- The Life Care Planner will strive to identify and participate in research independently or in collaboration with others, utilizing research tools and activities that will promote quality outcomes.
- The Life Care Planner will critique literature for application to life care planning.
- The Life Care Planner will use appropriate research findings in the development of Life Care Plans (IALCP, 2002, p. 57).

Fast forward to the latest revision of the Standards of Practice for Life Care Planners (IARP, 2015), and research remains as a standard, specifically:

**III. Standards of Performance**

3. **STANDARD:** The life care planner uses the scientific principles of medicine and health care as a basis for life care planning.

**MEASUREMENT CRITERIA:**

a. Utilizes, and when possible, participates, in research relevant to life care planning practice.

b. Evaluates literature for application to life care planning.

c. Uses appropriate research findings in the development of life care plans (IARP, 2015, p. 7).

In addition to the published standards of practice, research has also been a topic or area of discussion for the Life Care Planning Summits dating back to the 2002 Summit in which Research was classified as a Priority Area within two (2) of the Summit’s Focus Areas: (1) Professional Development and (2) Future of Life Care Planning. As a result, two (2) areas of Consensus were reached within the Professional Development focus area:

1. Life Care Planners must be involved in research.
2. Continuing education programs focused on demonstrating how to include research in the life care plan and how to present it.

Within the Future of Life Care Planning focus area, two areas of discussion specifically focused on research:

1. Continue research on reliability and validation of life care plans.
2. Initiate research on long term results of the life care plan, cost research, and consistency of life care plans (Riddick-Grisham, 2003).

For a full historical and current description of Consensus and Majority Statements (Johnson, Pomeranz & Stetten, 2018) relevant to research, readers are encouraged to read the article on the history of life care planning Summits published elsewhere in this special issue.

In addition to the FLCPR, other rehabilitation-related professional organizations include research as one of their goals or mission including the International Association of Rehabilitation Professionals (IARP), which includes research as one of its strategic goals. Specifically, Goal 3 (of six) is to “Establish IARP as a leading source for high quality research, data and peer-reviewed research beneficial to the
rehabilitation community” (IARP, 2019c).

It is clear, looking back over the past 17 years of its existence, that the FLCPR’s impact has been both national and international. Although professional collaboration is the backbone of the FLCPR, the Foundation functions as a stand-alone entity with articles of incorporation, bylaws, and a board of directors. Since its inception, the FLCPR has brought together private practice professionals/life care planners, university academics, bench scientists and masters and doctoral students in a cooperative and collaborative effort to design and implement a variety of research projects related to life care planning, case management and closely related patient [client/evaluatee] disability issues (Countiss and Deutsch, 2002). In the first four years of its existence, the Foundation provided support to three doctoral dissertations, two master’s theses and eight research projects and seven of the research projects were published in peer-reviewed journals. While all research funded by the FLCPR is deemed valuable, one project that was originally published in the JLCP in 2002 has been reprinted at least four times in other major publications including the Life Care Planning and Case Management Handbook (Weed, 1999; Weed & Berens, 2010; Weed & Berens, 2019) as well as frequently cited by life care planning professionals in support of their life care plans. The research project involved a validation study to determine the predictive validity of selected sections of an initial life care plan and its updated plan; results of which found a statistical consistency between projected or recommended services outlined in the initial life care plan and the actual needs of the client/evaluatee (Sutton, Deutsch, Weed & Berens, 2001).

The Foundation continues to fund research to this day under the leadership of its president, Dr. Debbie Berens, and the Board of Directors. The FLCPR most recently funded an empirical study conducted by Dr. Irmo Marini and his research team of masters and doctoral students at the University of Texas Rio Grande Valley concerning replacement values of durable medical equipment (DME) that also was published in the Journal of Life Care Planning (Marini et al., 2019).

**Foundation Mission and Values**

Simply put, the FLCPR provides grants to support research in life care planning. Realistically, however, the Foundation not only provides grants to conduct research, but also supports students and professionals pursuing research within the life care planning and related rehabilitation practice. Since its original organization, the Foundation has broadened the scope of its mission to consider any well-developed research design in life care planning [and rehabilitation] that advances the field and/or makes a significant contribution to the population of individuals with disabilities that life care planners [and rehabilitation professionals] seek to serve. The mission statement of the Foundation is designed sufficiently broadly to allow for a substantial range of research, as long as it benefits life care planning, rehabilitation research, and the population of individuals with disabilities which it serves. Since 2002, the Foundation has forged associations among several universities and academic training programs, private practitioners, academicians and masters and doctoral level students including faculty and students at the University of Florida, Georgia State University, the Medical College of Virginia, University of Texas Rio Grande Valley and Virginia Commonwealth University. A rigorous grant application process was established and Dr. Sherie Kendall, who served in the capacity of director of research for many years. Under Dr. Kendall’s guidance, the FLCPR initiated a Research Mentoring Program which provided support in research design and methodology development, Institutional Review Board (IRB) application, statistical analysis of research data, and research consultation (Kendall, 2006). The Foundation has successfully promoted the initiation of several research projects (results of which have been published), and has supervised several doctoral students in the completion of their dissertation work, representing doctoral students at The Ohio State University, Georgia State University, University of Florida, University of North Texas, University of Texas-Rio Grande Valley, and Barry University (Kendall, 2006; FLCPR, 2007-2015).

**Funding Research Grants**

The FLCPR accepts proposals from practicing life care planners, individuals within the life care planning and rehabilitation or disability fields (i.e., physicians, attorneys, economists, researchers, advocates, etc.), and academic and research institutes to support promising graduate students with projects that combine academic research with solutions and improvements in the rehabilitation and long-term care of patients/clients/evaluatees who have experienced catastrophic injury and/or chronic disease. Through this collaborative program, the FLCPR reinforces its commitment to an open process and welcomes studies taking an innovative approach. By partnering with graduate students and professors with a particular research interest in life care planning, the FLCPR supports truly collaborative innovative research in all the areas of rehabilitation, including life care planning. The FLCPR utilizes a two-stage application process for grant funding and interested parties are encouraged to submit a preliminary letter that outlines the problem to be addressed, the purpose or goal of the research, an overview of the methodology and proposed timeline for the research, key personnel, and a general budget. The FLCPR research committee reviews letters and, if the preliminary description is determined appropriate, the committee will invite full proposals to be submitted to the FLCPR. For approved proposals, funding will be approved for one year at a time, but in some cases the FLCPR may fund a project that is expected to continue beyond one year. Approved funding amounts for research projects typically fall within the range
of $5,000 to $20,000 per project, depending upon the nature of the study and by approval of the Foundation (FLCPR, 2007-2015). Through a partner agreement with the JLCP, studies funded by the Foundation are submitted and peer-reviewed by the JLCP for potential publication in the journal.

The FLCPR exists through the generosity of those who believe in the mission of the Foundation and who have contributed to fund life care planning research. Each contribution is a testament to the support that the life care planning and rehabilitation community has extended to the Foundation, and also shows the commitment this community has made to the Foundation. Since its inception, the FLCPR has been successful in its fundraising efforts to secure financial donations and support from close to 200 individual and corporate donors from across the country (FLCPR, 2007-2015).

In addition to funding research, the FLCPR also historically provided financial support and sponsorship of the biennial Life Care Planning Summits and was a major sponsor or co-sponsor of the International Symposium on Life Care Planning (ISLCP). Each year from 2002 to 2016, the Foundation provided personnel and financial support for the annual ISLCP conference FLCPR and secured a total of over 100 exhibitors at the annual symposia. In 2015, a partnership was formed with IARP to co-sponsor the ISLCP for two years during the transition period for IARP to assume sole support for the annual ISLCP in the future. This transition was successfully completed as of 2016 so that the Foundation could resume its true mission of supporting research.

Annual Awards Program

Each year the FLCPR presents up to five (5) awards that recognize outstanding practitioners and rehabilitation professionals within or related to the practice of life care planning. The following annual awards are presented, assuming a qualified nominee is selected:

1. **Lifetime Achievement Award:** This award is given to an individual who has contributed significantly to the body of literature in life care planning. There is an expectation that the individual selected would have advanced the field through word and/or deed. Suitable nominees are considered based on their work in teaching life care planning, direct work with individuals with disabilities (applied life care planning), advances in the applications of life care planning or significant improvements in the networking capabilities of life care planners. Any activity that enhances the reliability and validity of the life care planning process and advances not only the process but also the general subspecialty of life care planning can be considered. It is essential that to be considered, the potential recipient be known for maintaining the highest personal and professional ethical standards with no actions against their licensure or certifications.

2. **Outstanding Life Care Planning Educator:** Given to an individual with demonstrated evidence of significant contributions to the dissemination of life care planning knowledge. The recipient should have teaching experience at the university level (but there may be other evidence to supplant this criterion). It is expected that recipients will demonstrate effective life care planning education through in-person or online classes, conference presentations, publications (peer and non-peer reviewed) and/or other means of disseminating life care planning related knowledge. Community service related to life care planning is also expected.

3. **Patricia McCollom/FLCPR Research Award:** Given to an individual who has produced research that:
   1. Meets the highest standards of design, methodology and analysis.
   2. Contributes to the field of life care planning.
   3. Provides meaningful data that can be applied directly to life care planning and case management practices.

   The Research Award should be viewed as prestigious and serve to encourage individuals to perform research in life care planning. It is expected the individual would have made a significant contribution not only to the body of literature in life care planning but to the everyday practices of Life Care Planners and either directly or indirectly to the lives and well being of individuals with disabilities. Recipients of this award receive a $1,500 check for use to further their research interests in life care planning.

4. **Sheri Jasper Memorial Recognition Award:** Given to an individual who exemplifies the consummate professional who continues to be a positive influence in the life care planning specialty practice (the award is NOT necessarily restricted to life care planning professionals). Criteria recommendations include that the individual:
   - Evidences a consistent positive, supportive, friendly and encouraging attitude toward colleagues.
   - Seeks out “newbies” at conferences and facilitate introductions to others.
   - Exemplifies a willingness to go the extra mile with good humor and perseverance (such as helping staff at conferences by volunteering or assisting in resolving problems).
   - Mentors others without expectation for personal gain.
   - Is a model for others in promoting life care planning (advancing the specialty practice, speaking about life care planning in positive ways, offering new visions, developing new concepts or practices, etc.).
   - Supporting research in life care planning and disability through the Foundation for Life Care Planning Research, university based research projects or in any fashion that is useful to the life care planning community.

5. **Graduate Student Paper Award:** This award is designed to encourage either post graduate students in life care planning training programs or traditional bachelor’s degree or graduate students in rehabilitation programs with
an interest in life care planning to submit papers for review. The paper can be either a qualitative or quantitative research based project but must be within a defined topic of life care planning. Recipient of the award receives travel expense and registration to the annual International Symposium on Life Care Planning (ISLCP) and the award-winning paper is presented as a poster session at the Symposium. A $500 cash award also is presented to the award recipient.

**Future Vision for the FLCPR**

The following includes some, but certainly not all, general future considerations for the FLCPR:

1. Continued expansion of research by providing monetary grants through a competitive application process. Such a process supports the mission and original intent of the FLCPR i.e., to support research within the rehabilitation profession and life care planning practice.

2. Continued contributions to the JLCP and other professional literature by publication of research projects funded by the FLCPR.

3. Research mentoring program in keeping with the Foundation’s mission and in an effort to enhance and support more research in the field. The Foundation believes such a research mentoring program will provide a vital link between academic professionals and private practitioners and clinicians and encourage more research to be conducted. Continued connection with and expansion of working affiliations between the FLCPR and rehabilitation facilities and universities will enhance research within the field.

4. Continued sustainability of the FLCPR to accomplish the research necessary to continually improve all aspects and service areas of the professional rehabilitation and life care planning industries. In this way, the FLCPR will continue to support rehabilitation and life care planning research that leads to published and peer-reviewed studies which add to the knowledge base and professional literature.

**Conclusion**

In the beginning, there was the question: What kind of research is needed to support and enhance the practice of life care planning? I think it is safe to say that the original question continues to exist today.

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Author’s Note: It would not be possible to let this opportunity pass without a personal thank you to the key individuals who founded and maintained both the JLCP and the FLCPR, namely Patti McCollom, Paul Deutsch, Roger Weed, and Tim Field, publisher of the JLCP, without whom the advancement of Life Care Planning as a recognized, respected, valued, and established advanced specialty practice within the managed care and health care fields would not exist as it is known today. Without the vision and dedication of these and countless other individuals through the years, the important work of the Foundation and the JLCP from their inception in 2002 to the present would not have been possible in order to provide valid, reliable, practical and published research that strengthens, enhances and furthers the credibility and validity of the professional practice of life care planning.

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Debra E. Berens, Ph.D., CRC, CCM, CLCP maintains a nationwide consulting practice since 1989 specializing in life care planning for children, adolescents, and adults with catastrophic injuries, disabilities, or chronic medical conditions. She has authored or co-authored over 40 articles/chapters and given over 50 presentations on topics of life care planning, rehabilitation consulting, and case management, and served for 16 years as Moderator of the International Symposium for Life Care Planning (ISLCP). Dr. Berens currently serves as President of the Foundation for Life Care Planning Research (2016-present) and was on the Editorial Board of the Journal of Life Care Planning from its inception in 2002 until 2018 when she completed her service as Honorary Editor. In addition to her private practice, she teaches in the Clinical Rehabilitation Counseling graduate program at Georgia State University since 1998 and currently is a Clinical Assistant Professor in the program. She is recipient of industry awards including the 2010 Faculty Excellence Award by Georgia State University College of Education; 2010 Outstanding Life Care Planning Educator; and 2013 Lifetime Achievement Award in Life Care Planning.
Appendix B: Partial list of Publications and Presentations supported by Research Grant Funding from the Foundation for Life Care Planning Research, 2002-2019 (source: www.flcpr.org).

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