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RESEARCH ARTICLES

Consensus and Majority Statements Since 2000: Updated at the 2025 Life Care Planning Summit

Cloie Johnson, MEd, Caroline Williams, MS, Ph.D., Amy MacKenzie, Ph.D., RN, CLCP, CCM, Brook Feerick, RN, CCM, CLCP, ICCCP(F)

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The following statements were created by life care planners at various Summits between 2000 and 2025, updated via Delphi study in 2018, and analyzed and organized at the 2025 Life Care Planning Summit (Williams et al., 2025). They are relevant and applicable to all life care planners and organizations, associations, credentialing bodies and educational programs. Further, those items indicating "*Revised*" were revised through the Delphi Study (Johnson, 2019) and those with an "*" did not receive majority to accept, modify, or delete during the Delphi Study; however, these statements remain relevant to the life care planner.

RELEVANT TO THE LIFE CARE PLANNER

The following 12 statements originally developed dating back to 2000 by majority and consensus have been deemed still relevant and applicable to the practicing life care planner.

Statement 5: Life Care Planners shall understand the definition of reliability and consistently practice in such a manner.

Statement 8: *Revised*: Life Care Planners shall promote and participate in a national organization for life care planners that serves as a collective voice for the specialty practice and as a repository for resources.

Statement 31: Standards of Practice shall allow for individual judgment and expertise.

Statement 32: Standards of Practice shall be utilized in the development of the practice of life care planning.

Statement 33: Standards of Practice shall be applicable to current practices.

Statement 63, *Revised*: Life Care Planners will use consistent methodologies to evaluate similar cases.

Statement 65: Life Care Planners shall methodically handle divergent opinions.

Statement 73: Differences in clinical judgment can result in different recommendations.

Statement 79: Life Care Planners shall understand and explain research used in a life care plan.

Statement 85: 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.

Statement 87: Life Care Planners have the option to use support staff under their direction and guidance in completing life care plans.

Statement 89: Life Care Planners shall identify the sources of their recommendations.

RELEVANT TO THE LIFE CARE PLANNER – ALSO PUBLISHED ELSEWHERE

The following 41 statements originally developed dating back to 2000 were deemed relevant and applicable to the practicing life care planner and were further reinforced by their appearance in alternative life care planning literature sources.

Statement 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.

Statement 6: Life Care Planners shall have knowledge of relevant laws and regulations as well as local and national care standards.

Statement 7: Life Care Planners shall understand optimal outcomes achievable for particular injuries.

Statement 15: 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.

Statement 28: Standards of Practice shall delineate educational requirements for entry into the practice of life care planning.

Statement 35: Life Care Planners shall maintain objectivity.

Statement 36: Life Care Planners shall maintain strict adherence to confidentiality practices.

Statement 37: Life Care Planners shall renounce inappropriate, distorted or untrue comments about peers.

Statement 39: Life Care Planners shall disclose and differentiate between the roles in which they may be called upon to act.

Statement 40: Life Care Planners shall avoid dual relationships when objectivity may be challenged.

Statement 41: Life Care Planners shall establish themselves within their primary field of practice.

Statement 43: Life Care Planners shall adhere to relevant Codes of Ethics.

Statement 44: Life Care Planners shall have access to recourse/corrective action process for ethical violations.

Statement 45: Life Care Plans shall be individualized.

Statement 46: Life Care Plans shall be objective and consistent.

Statement 48: Life Care Plans shall be a clear, concise and user-friendly document.

Statement 49: Life Care Plans shall be comprehensive and based on multidisciplinary data.

Statement 50, *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.

Statement 51: Life Care Planners shall consider the integrity of data.

Statement 52: Life Care Planning shall depend on data collection, analysis and synthesis.

Statement 53: Life Care Planners may request additional data, testing and evaluation if required.

Statement 54: Life Care Planners shall research condition, resources, services and costs.

Statement 58: Life Care Plans shall include a basis for recommendations.

Statement 59: Life Care Planners shall utilize a reliable, consistent method for reaching conclusions.

Statement 60: Life Care Planners shall utilize adequate medical and other data for opinions.

Statement 62, *Revised*: Life Care Planners shall utilize standardized procedures and tools for gathering and reporting information and feature standardized forms and formats.

Statement 64: Life Care Plans shall rely on medical/allied health professional opinions.

Statement 66: *Revised*: Life Care Planners shall properly inject professional expertise.

Statement 67: Life Care Planners shall utilize credible, evidence-based guidelines.

Statement 69: Life Care Planners shall utilize protocols for cost research.

Statement 70: Life Care Planners shall gather geographically relevant & representative prices.

Statement 71: Life Care Planners shall utilize protocols for using local versus national resources.

Statement 72: Life Care Planners shall follow generally accepted methodology.

Statement 75: Life Care Planning products and processes shall be transparent and consistent.

Statement 80: Life Care Planners may independently make recommendations for care items/services that are within their scope of practice.

Statement 81: 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.

Statement 83: Life Care Planners shall consider the impact of aging.

Statement 84: Review of evidence-based research, review of clinical practice guidelines, medical records, medical and multidisciplinary consultation and evaluation/assessment of evaluee/family are recognized as best practice sources that provide foundation in life care plans.

Statement 86: Life Care Planners will define terminology of our work product(s).

Statement 88: Life Care Planners shall identify conflicts of interest.

Statement 94: *Life Care Plans shall be limited to the planner's expertise and scope of practice.

ADVISORY TO LIFE CARE PLANNING EDUCATIONAL PROGRAMS, CERTIFYING BODIES, PROFESSIONAL ASSOCIATIONS AND ORGANIZATIONS

The following 15 statements were agreed to remain relevant, however not directly applicable to the practitioner, and also agreed to have advisory value to ancillary life care planning entities who oversee the standards of practice, educational programs and certifications, and professional associations and organizations.

Statement 4: Life Care Planning research shall be reviewed by peers through an objective and "blind" process that addresses methodology.

Statement 10: Life Care Planning programs shall be based on the latest knowledge and practices.

Statement 11: Life Care Planning programs shall cover certification-preparation as well as advanced topics and complex issues.

Statement 12: Life Care Planning programs shall be offered in accessible geographic locations and electronically.

Statement 13: Life Care Planning continuing education units shall be available at an increasing number of forums.

Statement 14: Life Care Planning continuing education units shall be available at forums that may not focus solely on life care planning.

Statement 21: Life Care Planning certification shall flow from a practitioner-created core curriculum.

Statement 22: The Life Care Planning certifying body shall not be proprietary.

Statement 23: The Life Care Planning certifying body shall manage and disclose ethical complaints and violations.

Statement 24: Life Care Planning certification exams shall be developed and maintained by an advisory group.

Statement 25: 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.

Statement 26: Standards of Practice terminology shall be reviewed. Statement 27: Standards of Practice terminology shall be defined.

Statement 29: Standards of Practice shall assert the role and accountability of life care planners.

Statement 30: Standards of Practice shall be based on a study defining the role and accountability of life care planners.

UNDER FURTHER REVIEW

The outcome of the 2025 Life Care Planning Summit identified the following 15 prior Statements, which were relevant to life care planners, in need of review and revision to keep up with current times, and did not receive consensus for other action. These statements remain relevant to the life care planner until such time as consensus is reached to modify.

Statement 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.

Statement 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.

Statement 9: Life Care Planners shall complete 120 hours of training including courses that focus on disability issues and is specific to Life Care Planning.

Statement 16: Life Care Planner certification shall render its holder a qualified Life Care Planner, provided that certification is maintained.

Statement 17: Life Care Planner certification shall be renewed every five years with the accumulation of 60 continuing education units.

Statement 18: Life Care Planners shall be licensed and/or certified in their professional discipline before being certified as a Life Care Planner.

Statement 20: Life Care Planners shall hold a certification that has mechanism for complaints and resolution.

Statement 56, *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.

Statement 57, *Revised*: Life Care Plans shall be developed in the client's/evaluee's best interest.

Statement 68: Life Care Planners shall conduct an in-person interview whenever permitted.

Statement 76, *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.

Statement 77, *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.

Statement 82: The cost of private hire home care includes caregiver compensation and associated expenses.

Statement 91: *Life Care Planner certification standards shall be augmented.

Statement 96: *When the Life Care Planner includes home care, both private-hire and agency-procured services are options to be considered.

PREVIOUSLY DELETED, AND NOW HISTORICALLY IRRELEVANT OR NO LONGER VALID

The following 16 statements were reviewed at the 2010 Life Care Planning Summit, via Delphi methodology in 2018, and at the 2025 Life Care Planning Summit. It was recommended by consensus these statements were to be archived for historical preservation and removed from the Consensus and Majority Statements.

In 2010, the following statement was deleted by majority:

Some aspects of Standards of Practice are too detailed.

Per the 2018 Delphi study, there was a majority opinion to delete the following two prior statements as they had greater than 75% agreement:

Life care planners shall evaluate the cost effectiveness of life care plans.

Life care planning programs shall be promoted widely.

The following 13 statements were reviewed and agreed upon by consensus at the 2025 Life Care Planning Summit to place in this category.

Statement 19: The International Commission on Health Care Certification shall apply for National Commission for Certifying Agencies accreditation.

Statement 34: Life Care Planners shall accept referrals only in their area of expertise.

Statement 38: Life Care Planners shall renounce inappropriate processes and training.

Statement 42: Life Care Planners shall objectively place their client's interests before any personal or professional consideration.

Statement 47: Life Care Plans shall be lifelong and flexible.

Statement 55: Life Care Plans shall utilize established procedures.

Statement 61: Life Care Plans shall include an annotated list of requested and reviewed data/sources.

Statement 74: Life Care Planning databases, templates and software shall have appropriate foundation.

Statement 78: Life Care Planners shall study the impact of life care plans upon quality of life.

Statement 90: *Life Care Planners shall explore markets for life care planning outside litigation.

Statement 92: *Life Care Planners shall draft life care plans under supervision for one year.

Statement 93: *Life Care Planners shall better define dual relationships.

Statement 95: *Life Care Planners shall be involved in research.

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References

Johnson, C. (2019). A historical review of life care planning summits since 2000. *Journal of Life Care Planning*, *17*(3), 37–51.

Williams, C., MacKenzie, A., Feerick, B., & Johnson, C. (2025). 2025 Life Care Planning Summit: Aligning for Consensus, Past Foundations to Future Needs. *Journal of Life Care Planning*, *23*(2), 41–69.