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2006 Life Care Planning Summit Proceedings

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Editor's Note: The following proceedings were invited to be included in the Journal and represent the author's summary of the 2006 Life Care Planning Summit.

Introduction and Background

Networking with colleagues, celebrating individual and professional achievements, getting the latest on best practices, and hearing from panels of provocative, engaging and inspiring speakers, more than 150 life care planners gathered in Chicago, Illinois for the 2006 Life Care Planning Summit on May 6-7, 2006.

The organization of this year's Summit required some creative thinking on the part of the planning committee to be responsive to attendees' expectations while also be reflective of current life care planning practices and issues. Hopeful to step "outside the box" to view the complex situations and challenges faced by new and experienced life care planners, the 2006 meeting was, for the first time ever, conducted in a "town hall" style. Similar to previous Life Care Planning Summits, the purpose of this year's Summit was to demonstrate the continuation of the review of process and methodology for life care planning and the exploration of issues impacting the field. The town hall style was selected to provide an open forum for discussions in a relaxed, supportive environment. This style of meeting was in contrast to previous Summits where roundtable discussions about specific issues were focused on achievement of consensus from the field (Weed & Berens, 2001; Riddick-Grisham, 2003; Deutsch & Allison, 2004).

2006 Life Care Planning Summit Goals

Titled, "A Celebration of Life Care Planning…10 Years Later," the 2006 Life Care Planning Summit had many purposes and goals. Billed as a "town hall" meeting, the following message was disseminated to life care planners prior to the Summit and captures the essence of the meeting:

> Continuing education and professional development is part of the process of lifelong learning. Learning that occurs in the context of the daily workplace is far more likely to be relevant and reinforced, leading to better practice. As a profession we need to be self-confident enough to embrace a culture where continuing education and development, peer review, appraisal, and revalidation are not

> threatening concepts. Join us as we provide an open forum for experiential discussions about lessons learned by seasoned and new life care planners. Walk away with practical information that you can immediately apply to your practice setting (S. Grisham, personal communication, 2006).

One goal of the Summit was to share in a celebration of the growth in the field, specifically over the past 10 years, and its multiple accomplishments including:

- Development of professional organizations for life care planners.
- Publication of peer reviewed Standards of Practice.
- Development of a national examination leading to certification of life care planners.
- Development of a Code of Ethics for life care planners.
- Development and quarterly publication of the *Journal of Life Care Planning*.
- Successful completion of four Life Care Planning Summits which have allowed life care planning professionals an opportunity to discuss and debate issues in the field.
- Development of an annual international life care planning conference.
- Ongoing presentation of quality continuing education programs directed at expanding the application of comprehensive, clinically-based life care plans.
- Multiple publications specific to life care planning.
- Implementation of listservs allowing for the sharing of resources and a discussion forum on a daily basis.
- Creation of the Foundation for Life Care Planning Research (FLCPR).
- Publication of research specific to life care planning including: Cimino-Ferguson, 2005; Deutsch et al., 2003; Deutsch et al., 2005; Deutsch et al., 2006; Kendall & Deutsch, 2002; Kendall & Casuto, 2005; Marini & Harper, 2006; Pomeranz, 2005; Sutton et al., 2002, and many others).

A second goal of the Summit was to create a forum for sharing experiences, questions and challenges among life care planners and in a relaxed and supportive environment. A third goal was to share useful tools, tips, and ideas among attendees as a way to enhance the efficiency and effectiveness of life care planners in providing quality and sound life care planning services. By all accounts, these goals and others were achieved!

Additional announcements leading up to the conference proclaimed that the 2006 Summit would provide life care planners a platform upon which they could discuss the changing market place, explore new business opportunities, and share success stories. The discussions were expected to be full of candor, humility, and, perhaps, some braggadocio. And indeed they were!

Sample of Participant Comments

Evaluations completed by Summit participants have been received and reviewed. A sam-

ple of some of the positive comments generated by the 2006 Life Care Planning Summit are included below. For privacy and confidentiality purposes, the names of those making the comments have been removed.

- "This Summit brought 'real issues' to discuss and promoted 'fabulous' discussions between seasoned and newer Life Care Planners."
- "Best Summit yet! Good to see new faces in the presenters."
- "Really enjoyed the networking opportunities and I learned much from each of the sessions."
- "…lots of 'newbies'…great!"

Something New to Try

In advance of the 2006 Summit, attendees were offered the opportunity to participate in the first ever peer review of a sample of life care plans. According to the Standards of Practice for life care planners, "The Life Care Plan should be a working document that provides accurate and timely information which can be easily used by the client and interested parties. It should be a document that can be updated and serve as a lifelong guide to assist in the delivery of health care services in a managed format" (International Academy of Life Care Planners, Section II, 2006). What the Standards do not define is one single format for the presentation of the life care information. Instead, each life care planner decides on the report format that best allows him or her to relate pertinent information and the result has been a wide variety in report designs. The purpose of the Summit peer review process was to allow professionals who practice in the life care planning field a way to offer feedback regarding the strengths and weaknesses of the sample formats submitted by colleagues. The process also provided a framework for the reviewers to identify their own personal learning needs.

In total, twenty-two (22) sample life care plans were collected, sanitized, and sent to the registered program participants for review prior to the Summit. The samples showed wide variations in layout, organization, and the formatting of information. Summit participants were asked to review samples 1-11 using the "Comparison Matrix of Published Step-by-Step Procedures for Life Care Planning and Expert's Procedures" (see Appendix A, as cited in Weed, 2004) and samples 12-22 were reviewed using the Deutsch & Associates Critique Form (see Appendix B). Participants also were asked to review the "Checklist for Review of Life Care Plans (see Appendix C, as cited in Weed, 2004). Additionally, as part of the overall peer review process, participants were asked to provide feedback regarding the strength of the two review tools.

In addition to the field reviews by registered participants of the 2006 Summit, each of the 22 life care plans was reviewed by a panel of workers' compensation insurance professionals who offered feedback regarding the organization of the report form and the plan's ability to provide relevant information in an organized easy-to-read format. This first ever "customer" review process was designed to give life care planning professionals feedback to allow for a better understanding of some customer needs as it pertains to the design format of the life care plan report. Insurance reviewers included:

- Kim Griffiths- Pinnacol Assurance
- Tom Klasnick- Broadspire Services, Inc., a third party administrator
- Chris Lemon- Broadspire Services, Inc., a third party administrator
- Karen Wilbanks- CNA Insurance

The results of the peer review activity were mixed. While many reviewers stated they found it to be a valuable experience, others stated they found the activity to be overwhelming and time consuming. Below is a sampling of some of the comments made, with reviewers' names removed to preserve their privacy:

- "This exercise helped me to see other organizational approaches."
- "A very time intensive project, but what an eye opener."
- "Yes it was great to see how others approach their plans."
- "The diversity of the plans was education in and of itself. I appreciate the different styles; however, the exercise had some challenges and perhaps I did not understand the directions clearly."

Currently, the reviews of each sample life care plan are being summarized and prepared for distribution to the Summit attendees at a later date. The preliminary results suggest that the preferred life care plan report format should include a narrative report which includes a comprehensive review of medical and psychosocial information, inclusion of references regarding medical foundation for the basis of conclusions contained within the report, the use of charts which clearly delineate the start/stop dates of usage, frequency of recommendation, annual costs, and lifetime totals. The insurance reviewers emphasized the usefulness of including annual and lifetime totals as part of the life care plan.

Overview of 2006 Summit Presentations

Day One of the two day Summit began with a presentation by Ann Neulicht and Carol Walker titled, The Life Care Plan RACE: Review, Analysis, Critique, Evaluation? The presentation focused on issues to consider in writing, reviewing, analyzing, critiquing and/or evaluating a plan. (Editor's Note: See article by the same name beginning on page 91 of this issue). The presentation was followed by a panel discussion, A Closer Look at Process/Methodology Issues, moderated by Karen Preston who guided the discussions covering sources influencing methodology and highlighting some of the methodology conflicts. One example cited was the use of an in-person interview versus a telephone interview to gather information for consideration of life care plan opinions. Questions arose about the use of Standards of Practice as a methodology guide allowing for individualized decision making based on unique case characteristics rather than a tool to lock the process into an "only one way avenue." Attendees also were provided an opportunity at the Summit to conduct a peer review of the proposed revisions to the Standards of Practice and provide feedback into the revised Standards.

During this panel, a lengthy discussion was held regarding the importance of meeting the

challenges of Daubert by utilizing a consistent methodology (Daubert, 1993). Dr. Paul Deutsch, long considered a leader in the field, offered his comments regarding the importance of creating a medical foundation for specific portions of the life care plan. He pointed out that the medical foundation can be created by collaboration with treating physicians or evaluators, and other clinical input. The use of evidenced-based Clinical Practice Guidelines such as those offered by the National Guideline Clearinghouse, http://www.guideline.gov/, can also offer the life care planner additional, relevant scientific literature on clinical and behavioral issues in a multitude of diagnostic conditions.

Two sessions of the Summit were devoted to interactive discussions regarding challenging issues faced by many life care planners, including the importance of obtaining reliable information. Opening the discussion, Ann Neulicht and Susan Riddick-Grisham explored the use of assessment tools as part of the information gathering phase of life care planning. Tools discussed included The Achenbach System for Empirically Based Assessment/ASEBA® (Achenbach, 2000), Behavior Rating Inventory of Executive Function/BRIEF™ (Gioia, Isquith, Guy, & Kenworthy, 1999), Judgment and Safety Screening Inventory (VCU/MCV, 2001), Disability Limitations Checklist (Reagles, 1997), Residential Accessibility Survey (Reagles, 2003), and the Community Integration Questionnaire/CIQ (Willer, 1993).

The speakers emphasized that many of these standardized assessment tools require specialized training and state licensure to administer and score, and the life care planner is advised to be aware of these requirements. The sessions resulted in an action plan to develop a comprehensive listing of assessment tools and instruments commonly used by life care planners when developing a life care plan. Summit participant and fellow life care planner, Joanne McDaniel, has offered and is in the process of compiling the list which will be available in the future on www.careplanners.net and possibly published in a future issue of the *Journal of Life Care Planning*.

Continuing the discussion among participants, the group explored issues pertaining to ways to efficiently work with clinical teams and the establishment of medical foundation for the medical entries of a life care plan. Suggestions included:

- At the time of referral, confirm with referral source what and which physician(s) will be utilized to support the medical foundation for relevant aspects of the life care plan
- Understand the limitations of each physician's specialty and area of expertise.
- Understand the specialized knowledge of the life care planner and his or her ability to provide the needed foundation for select portions of the life care plan.
- Acknowledge that there are differences in how life care planners approach the clinical teams
- Acknowledge that life care planners come from a variety of professional and experiential backgrounds and typically will have varying credentials to offer the life care planning process.

As a new learning tool, the 2006 Summit provided attendees an opportunity to hear a brief presentation from Mary Anne Ehlert, CFP (certified financial planner). Ms. Ehlert, Founder of Protected Tomorrows, a company focused on helping families with special needs plan for the future, has successfully built a national network of Protected Tomorrows expert advisors, or "Advocates," who share her financial planning background and her dedication to serving the families of individuals with special needs. Ms. Ehlert reported that she has assisted over 3,000 families to develop financial plans. She shared her experiences in working with families as they make decisions in many of the areas that life care planners explore in the development of an individualized care plan. One excellent example that created a great deal of discussion was the issue of home care. It was noted that many life care planners may become challenged when trying to outline realistic home care scenarios. The shortage of nurses has resulted in many home care agencies refusing to guarantee the availability of services and life care planners are being forced to plan, consider or contemplate other options to meet the individual's need. One idea that generated useful discussions was the provision to privately hire caregivers. Attendees explored ways to thoroughly assess the complex issues involved in a private hire situation, including how to complete background checks, bonding, costing and long term management. Attendees agreed that this is an area of great interest and suggested that additional educational programs addressing home care would be useful for the field.

The afternoon of Day One brought a lively discussion by keynote speaker, Dr. Jeffrey Kreutzer, a widely known neuropsychologist who has worked with life care planners across the country. Dr. Kreutzer's presentation, *How to Use Research to Develop Intelligent, Empirically–Based Life Care Plans*, provided an overview of research regarding long-term neuropsychological problems following brain injury, post-brain injury driving, employment, productivity status and quality of life indicators. (Editor's Note: See reprint of one of Dr. Kreutzer's articles presented at the Summit beginning on page 99 in this issue.). The conclusion to Day One included three breakout sessions where each group was provided a sample life care plan for review and critique. The three sessions were led by three physicians experienced in life care planning: Dr. Terry Winkler, Dr. Richard Bonfiglio, and Dr. Robert Meier. The sessions allowed for group discussions regarding the assumptions and conclusions contained in each of the three sample life care plans.

Day Two of the Summit commenced with a panel discussion titled, "Best and Worst Trial Experiences" moderated by Bill Goodrich. This panel was designed to allow the participants to share real life deposition or trial experiences as a learning tool for future depositions or trials. Although this sometimes comical session was viewed by some as a "war story" session, many participants agreed that the power of interaction on this sensitive topic allowed for a great deal of individual learning and information exchange that helped to de-mystify the testimony experience.

The lively discussion continued into the next session, titled "Malpractice Concerns and Ethical Dilemmas" and moderated by Debbie Berens. Representing the Commission on Health Care Certification (CHCC), Evelyn Robert reviewed some ethical complaints submitted to the CHCC which included:

- Misrepresentation of credential.

- Unqualified applicants with completed training from pre-approved training programs.
- Communication with opposing counsel who is counsel for retained certified life care planner (CLCP).
- Commissioner's review of life care plan of current seated commissioner.
- Certified life care planner's misrepresentation of employment status.
- File review of care plan to develop alternate care plan for opposing counsel – No injured party contact.
- Life care plan development without primary physician or rehabilitation team input.
- Development by CLCP of a Medicare Set Aside (MSA) document on a client whom the CLCP developed the life care plan.
- Disregard of conflicting file documents to life care plan goals.

Discussion focused on the possible perception of an ethical conflict involving a sole author of a life care plan and a MSA. The attendees requested additional feedback from the CHCC regarding future decisions pertaining to this dual role dilemma and requested an opportunity to offer field feedback before the CHCC made any final decision on the issue. Discussion also focused on the status of the CHCC's application for certification by a national certifying body. Questions on this topic were deferred to the CHCC chief executive officer.

Following the CHCC's report of ethical concerns brought before the Commission, Dr. Carol Walker initiated a lively discussion regarding professional licensure considerations when performing life care plan evaluations across state lines. Dr. Walker provided an overview of the mutual recognition model of nurse licensure that allows a nurse to have one license (in his or her state of residence) and to practice in other states (both physically and electronically), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted. The attendees explored how this model applies to the other disciplines involved in the practice of life care planning.

Debbie Berens then presented an overview of actual ethics complaints submitted to the IALCP which included:

- Retaining attorney does not think life care plan is appropriate and refuses to pay for the life care planner's services leading up to and including development of the plan.
- Client/family disagrees with the life care plan and plan reportedly gives the appearance of inappropriate inclusion of some items and "over charging" of some items. Legal action reportedly is threatened against the life care planner.
- A life care planner retained by defense counsel contacts the client's treating physician without consent from the client or client's attorney.

Following the ethics session, the morning concluded with a panel discussion about "New Markets" in life care planning including trust case management or the implementation of life

care plans as an expanding area of practice. Other new markets include life care planning/case management consultation to physicians and private life care planning consultation.

The afternoon session was opened by Leslie Watson and was titled "Work Smarter, Not Harder." Strategies to improve work productivity included the use of life care plan research assistants who can offer support by providing medical records review and summary and costing research. A comprehensive listing of research assistants can be found at http://www.careplanners.net/lcp_tools.asp. Resources for physician, lab, and medical facility fees were also outlined.

The 2006 Life Care Planning Summit concluded with a panel comprised of representatives of the IALCP, CHCC, and Foundation for Life Care Planning Research (FLCPR). The panel discussed trends and plans for the future of life care planning and each represented organization had an opportunity to offer suggestions. In addition to a membership drive, the IALCP offered the following plans:

- Complete transition to new organizational model, i.e., IARP.
- Increase IALCP visibility/awareness of our existence within the life care planning community.
- Increase membership in the Academy.
- Increase membership-driven services and programs.
- Increase education opportunities through a variety of venues/media/technologies.
- Develop long-range plans.

The CHCC proposed the following plans:

- Continued establishment of certifications:
  - Canadian Certified Life Care Planner (CCLCP)
  - Australia
  - Netherlands
  - China
  - Chinese Physical Therapists certified as Certified Disability Examiner (CDE)
- Additional development of certifications:
  - Certified Elder Care Specialist (CECS)
- Accreditation through National Commission for Certifying Agencies.
- Development of a review textbook for certification review course.
- Acceptance of CLCP qualifications by all pre-approved training programs.
- Continued academic research.

The Foundation for Life Care Planning Research proposed the following plans:

- Implementation of a Foundation fund raising project.

- Continued support of research projects addressing the reliability and validity of the life care planning process.
- Development of a Foundation newsletter.
- Scholarship support to students pursuing life care planning education.

Conclusion

In the opinion of this author, the 2006 Life Care Planning Summit was a great success and an enhancement to the field. As program chair, I was most pleased by the incredible amount of information sharing, professional support, and camaraderie that was displayed. There was an amazing amount of positive energy about where the practice is heading and what individual life care planners can contribute to the growth of the IALCP, FLCPR, and other entities focused on life care planning education and research. While the 2006 Life Care Planning Summit was not perfect (is that even possible?), much was learned from and about the process. Historically, each time a Life Care Planning Summit has been held, attempts are made to apply the lessons learned to the next Summit. Problems regarding the size and layout of the meeting room and technical problems with the microphones and audio-visual equipment will not be ignored as plans for the Summit 2008 get underway. Evaluations from the attendees have all been read and indicate that the "town hall" meeting format was an effective style. However, there were requests for a greater blend of panel presentations mixed with traditional lectures.

Looking forward to the 2008 Life Care Planning Summit, it is my hope that the specialty practice of life care planning will maintain the focus and energy generated thus far and that practitioners work together to build on all of the accomplishments of the past 25 years.

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Program Sponsors:

The Care Planner Network
Virginia Commonwealth University Medical Center
University of Florida
The Foundation for Life Care Planning Research (FLCPR)
Commission on Health Care Certification (CHCC)
International Association of Rehabilitation Professionals (IARP)/International Academy of Life Care Planners (IALCP)

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A Celebration of Life Care Planning—10 Years Later

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Appendix A, Comparison Matrix of Published Step-by-Step Procedures for Life Care Planning and Expert's Procedures

Published Step-by-Step Procedures for Life Care Planning *(Source: Step-by-Step Procedure for Life Care Planning, p. 624-625, in Weed. R. (Ed.). 2004. Life care planning and case management handbook. Boca Raton, FL: St. Lucie/CRC Press)*	**Comments Regarding Expert's Procedures** (Based on records, report, deposition transcript, etc.)
Case Intake: 1) When you talked with the referral source, did you record the basic referral information? 2) Time frames discussed? 3) Financial/billing agreement? 4) Retainer received (if appropriate)? 5) Arrange for information release?	
Medical Records: 1) Did you request a **complete** copy of the medical records? 2) Nurses' notes? 3) Doctor's orders? 4) Ambulance report? 5) Emergency room records? 6) Consultants' reports? 7) Admission and discharge reports? 8) Lab/x-ray/etc.?	
Supporting Documentation: 1) Are there depositions of client, family or treatment team that may be useful? 2) "Day in the life of" videotapes? 3) And if vocational issues to be included in report – school records (including test scores)?	

4) Vocational and employment records? 5) Tax returns?	
Initial Interview Arrangements: 1) Is the interview to be held at the client's residence? 2) Have you arranged for all appropriate people to attend the initial interview (spouse, parents, siblings)?	
3) Did you allow 3-5 hours for the initial interview?	
Initial Interview Materials: 1) Do you have the initial interview form for each topic to be covered? 2) Supplemental form for pediatric cases, CP, TBI, SCI as needed? 3) Do you have a copy of the life care plan checklist? 4) Example plan to show the client? 5) Copy of appropriate Life Care Plan step-by-step booklet? 6) Camera or video camcorder to record living situation, medications, supplies, equipment, and other documentation useful for developing a plan?	
Consulting with Therapeutic Team Members: 1) Have you consulted with and solicited treatment recommendations from appropriate therapeutic team members?	
Preparing Preliminary Life Care Plan Opinions: 1) Do you have information that can be used to project future care costs? 2) Frequency of service or treatment?	

3) Duration? 4) Base cost? 5) Source of information? 6) Vendors?	
Filling in the holes: 1) Do you need additional medical or other evaluations to complete the plan? 2) Have you obtained the approval to retain services of additional sources from the referral source? 3) Have you composed a letter outlining the "right" questions to assure you are soliciting the needed information?	
Researching Costs and Sources: 1) Have you contacted local sources for costs of treatment, medications, supplies, equipment? 2) Or do you have catalogs or flyers? 3) For children, are there services that might be covered, in part, through the school system?	
Finalizing the Life Care Plan: 1) Did you confirm your projections with the client and/or family? 2) Treatment team members?	
3) Can the economist project the costs based on the plan? 4) Do you need to coordinate with a vocational expert?	
Last But Not Least: 1) Have you distributed the plan to all appropriate parties (client, referral source, attorney, economist, if there is one)?	

Appendix B, Sample Life Care Plan Review Form

PAUL M. DEUTSCH & ASSOCIATES, P.A.

CRITIQUE CONSULTANT:

Referred By:

Date Received:

Date Returned:

Type of Impairment:

I. REVIEW OF AREAS COVERED

A. In relation to the type of disability involved, has the Life Care Planner analyzed all necessary areas?

II. REVIEW OF TERMINOLOGY

A. Has the Life Care Planner used appropriate disability specific terminology?

B. Does the use of this terminology reflect appropriately the Life Care Planner's knowledge of the disability?

III. ANALYSIS OF OVERLAPS

A. Are the total number of hours involved in therapy within reasonable guidelines?

B. Are the total number of weeks per year required to implement this plan within reasonable guidelines?

C. Are the total number of days involved in implementing this plan per year within reasonable guidelines?

D. Has the Life Care Planner avoided programmatic overlaps?

IV. ADDITIONAL RECOMMENDATIONS TO BE CONSIDERED BY THE LIFE CARE PLANNER

A. Projected Evaluations:

[ ] No Further Recommendations
[ ] See Below For Recommendations

B. Projected Therapeutic Modalities:

[ ] No Further Recommendations
[ ] See Below For Recommendations

C. Diagnostic Testing/Educational Assessment:

[ ] No Further Recommendations
[ ] See Below For Recommendations

D. Wheelchair Needs:

[ ] No Further Recommendations
[ ] See Below For Recommendations

E. Wheelchair Accessories and Maintenance:

[ ] No Further Recommendations
[ ] See Below For Recommendations

F. Orthopedic Equipment Needs:

[ ] No Further Recommendations
[ ] See Below For Recommendations

G. Orthotics/Prosthetics:

[ ] No Further Recommendations
[ ] See Below For Recommendations

H. Aids For Independent Function:

[ ] No Further Recommendations
[ ] See Below For Recommendations

I. Home Furnishings and Accessories (Durable Medical Items):

[ ] No Further Recommendations
[ ] See Below For Recommendations

J. Drug/Supply Needs:

[ ] No Further Recommendations
[ ] See Below For Recommendations

K. Home/Facility Care:

[ ] No Further Recommendations
[ ] See Below For Recommendations

L. Future Medical Care - Routine:

[ ] No Further Recommendations
[ ] See Below For Recommendations

M. Future Medical Care Surgical Intervention or Aggressive Treatment Plan:

[ ] No Further Recommendations
[ ] See Below For Recommendations

N. Potential Complications:

[ ] No Further Recommendations
[ ] See Below For Recommendations

O. Transportation:

[ ] No Further Recommendations
[ ] See Below For Recommendations

P. Architectural Renovations:

[ ] No Further Recommendations
[ ] See Below For Recommendations

Q. Leisure Time and/or Recreational Equipment:

[ ] No Further Recommendations
[ ] See Below For Recommendations

R. Vocational/Educational Plan:

[ ] No Further Recommendations
[ ] See Below For Recommendations

V. IS THE PLAN EASY TO UNDERSTAND FOR ALL PARTIES CONCERNED (FAMILY, CLIENT, ATTORNEY, ECONOMIST, COUNSELOR)?

VI. OTHER COMMENTS

Appendix C, Checklist for Review of Life Care Plans

CHECKLIST FOR REVIEW OF LIFE CARE PLANS

Was a complete set of medical and other relevant records provided with the referral? Did narrative report accompany LCP? Deposition transcripts of client, family, and/or treatment team provided? "Day in Life of" or other videotapes of client? Photographs of client? Deposition of life care planning expert?

Does LCP follow published standards and procedures? Refer to IALCP website www.ialcp.com for published standards. Use of published or standard checklists, forms, charts, etc.? Collaborative effort? Potential Complications referenced on appropriate page and not included in LCP?

Are entries in LCP appropriate for disability/injury? Input obtained from treatment team or consulting physician(s)? Medical, psychological and/or neurological foundation established? Life care planner's recommendations within his/her area of expertise? Medical/therapeutic recommendations within respective providers' area of expertise? Preventive and rehabilitative goals? All areas related to disability included? Costs related to disability only and not to general or routine care or pre-existing conditions? Costs based on geographic area or other appropriate database?

Overlaps? Are same or similar services listed more than once under different categories? Can one provider accomplish two recommendations and be more cost effective (e.g., qualified speech therapist or occupational therapist to also do assistive technology evaluation, primary care physician to also do urinalysis, etc.). Timeframes for services chronological or mutually exclusive?

In-home/Facility Care? For in-home pediatric care, are adjustments made for the time child at school and for time parents normally are expected to be available to parent the child? Adjustments made as child gets older and would normally require less assistance? Level of care appropriate to client's needs (in general LPN for G-tube management, bowel/bladder program, trach care, medication administration, cut/clean nails; CNA/PCA/HHA for ADLs, meal preparation, laundry, housekeeping, driver, safety/supervision at home. Also refer to each State's Nurse Practice act for specific requirements)? Do agencies surveyed provide CNA II or have special rules that allow trained CNAs to provide some "skilled" care under the supervision of RN/LPN? Consideration made to potential negotiated cost reduction with home health agency if long term contract? Parents/family expected to provide some of the care? Lawn/yard care and exterior/interior home maintenance included as adult? For residential community living program/facility, is average yearly cost of room and board deducted from per diem rate?

Appropriate cost reductions made or noted to economist with regard to general expenses incurred without disability? For wheelchair accessible van, cost of average vehicle or trade-in value of family vehicle deducted? Accessible home, cost of average home in local area deducted? Dental/medical care, cost of routine care recommended for general population deducted? Adaptive clothing allowance, average yearly cost of clothing for general population deducted? Adaptive leisure equipment allowance, average yearly cost of recreation/leisure activities of general population deducted? Total enteral nutrition, average yearly cost of food consumption for general same-age population been deducted? Alternatively, is distinction made that the recommended services in plan are over and above that which is recommended for general population?

Are cost calculated correctly? Is the math correct? Source of cost information known or documented? If economic calculations are included, is life care planner qualified to make such calculations? Are costs of PRN or as needed services/items included in plan? Are costs of Potential Complications included?

Vocationally relevant items? Are vocational issues addressed or deferred to qualified vocational specialist for vocational considerations?

Plan confirmation? Plan reviewed/confirmed/endorsed by physician(s) and/or team, if access is available? Client/family, if access available? Future updates expected?

Aesthetics? Are plan entries easy to read, follow and understand? Does plan overall look professional and make sense? Minimal to no typographical errors or date errors? Is the information presented clearly, logically and with sufficient detail? Consistency between narrative report, records and plan entries?

About the Author

Susan Riddick-Grisham has greater than 25 years of experience working with patients, families and clinical teams. Susan is the Founder of The Care Planner Network, an online community dedicated to improving the life care planning process by narrowing the variance in practice patterns, and by providing resources and networking opportunities to all practicing life care planners. She is also President of Life Care Manager, LLC which provides care manager and life care planning services on a national level.