

Role and Function Study of Life Care Planners

Jamie L. Pomeranz, Ph.D., CRC, CLCP

Nami S. Yu, MHS, CRC

Christine Reid, Ph.D., CRC

Abstract

This article summarizes the results of a two-year role and function study. The purpose of this study was to identify the role and function employed by professional life care planners. Role and function studies help to define a profession and provide an empirical basis for establishment of educational standards and certification requirements. The study encompassed four phases that included qualitative and quantitative methodologies. A qualitative analysis of the life care planning, case management, and rehabilitation counseling literature revealed 532 potential roles and functions performed by life care planners. Following a content analysis and expert review by participants attending the 2008 Life Care Planning Summit, a 122-item role and function instrument was developed and administered to professional life care planners (n=160). Participants who completed the instrument indicated that all 122 roles and functions were at least "important" to the field of life care planning. Additionally, a majority of the items were "occasionally" to "often" performed by life care planners. Finally, to confirm the 22 themes or constructs that emerged from the study, participants at the 2009 International Symposium on Life Care Planning (n=93) were asked to place the specific roles and functions into corresponding themes to validate those constructs. Results of this study have important implications for updating life care planning training curricula and certifications requirements, as well as for practicing life care planners and other stakeholders.

Introduction

Role and function studies are evidence-based studies of the knowledge, skills, and activities performed by individuals engaging in their profession or a specialty area within their profession. The practice of life care planning is a relatively new specialty in rehabilitation, with initial descriptions of the practice published fewer than 30 years ago (Deutsch & Raffa, 1981, 1982). Since that time, a growing body of literature has addressed a wide variety of topics relevant to life care planning; training programs to prepare professionals to become life care planners have been established; and organizations focusing on life care planning practice have developed (Reid, Deutsch, & Kitchen, 2005; Weed & Berens, 2010). Over the past decade, biennial Life Care Planning Summits have been held to establish a consensus definition of the practice of life care planning (Berens, Johnson, Pomeranz, & Preston, 2010; Weed & Berens, 2001) and agreed-upon standards of practice (International Academy of Life Care Planners, 2006; Reavis, 2002). Doctoral students have completed dissertations related to life care planning practice; examples of publications resulting from these dissertations include Turner, R.N., Taylor, D.W., Rubin, S.E., and May, V.R., III. (2000), and Pomeranz, J.L., Shaw, L.R., Sawyer, H.W., and Velozo, C.A. (2006). Other researchers have addressed a variety of topics relevant to life care planning, primarily through retrospective analyses or surveys. Some of this research has been supported by the Foundation for Life Care Planning Research (FLCPR, <http://flcpr.org/>). However, until recently, there had been no extensive study of the

role and function of life care planners, and none conducted independent of a certification organization.

Role and function studies help to define a profession, and to provide an empirical basis for establishment of educational standards and certification requirements (Leahy, Chan, & Saunders, 2003). Life care planners are frequently asked to explain the role and function of a life care planner; having a contemporary empirical basis for answering that question would be valuable. For some people seeking information about life care planning, having access to a study describing the essential functions would be informative and potentially useful in deciding whether or not to retain the services of a life care planner. For attorneys and judges, reference to a methodologically sound peer-reviewed published role and function study could help to establish parameters for the expertise associated with life care planning practice.

The results of role and function studies have great value in establishing and revising standards for educational programs and certification processes. For example, after the initial role and function study for the profession of Rehabilitation Counseling was published (Muthard & Salamone, 1969), the knowledge areas identified in that study served as the basis for the examination content “blueprint” for the first Certified Rehabilitation Counselor Exam (CRCE) administered in 1974. Since that time, periodic updated role and function studies have served to update that examination content blueprint to ensure that the certification examination is empirically based on knowledge currently needed by members of that profession. For example, the two most recent role and function studies for certified rehabilitation counselors (Leahy, Chan, & Saunders, 2003; Leahy, Muenzen, Saunders, & Strauser, 2009) identified knowledge of life care planning as essential for rehabilitation counseling practice; however, that knowledge area was not identified in the initial 1969 study. Similarly, the accrediting body for rehabilitation counseling education programs, the Council on Rehabilitation Education (CORE, [HYPERLINK "http://www.core-rehab.org" http://www.core-rehab.org](http://www.core-rehab.org)) used the first published role and function study in the early 1970s to inform development of educational standards for the accreditation of rehabilitation counseling graduate programs. The process used by CORE to periodically revise accreditation standards includes consideration of updated role and function study results, as well as other evidence of what is necessary to evaluate the quality of educational programs.

Although educational programs have already been developed to help prepare life care planners, the results of a role and function study focused on life care planning should prompt educators to ensure that they teach all of the elements that are necessary for life care planning practice, as identified through empirical study. Similarly, any certification examinations for life care planning credentials should be developed and revised to appropriately sample the actual knowledge domains determined to be essential for life care planning practice. Designing or revising examination content blueprints to reflect a current role and function research result is an appropriate way to establish the content validity of such an examination.

This article describes the process used to conduct a comprehensive life care planning role and function study. The multi-method processes used to conduct the study itself, and results of that study, will be presented.

Methods

Phase 1: Identification of Roles and Functions

This study encompassed four phases spanning over a two-year period. For phase 1, the team of researchers identified literature on previous role and function studies performed for case managers, rehabilitation counselors and life care planners (e.g. Muthard et al., 1969;

Rubin, et al., 1984; Turner et al., 2000). Potential roles and functions were identified and synthesized using a qualitative approach. A qualitative data analysis using NVivo® Qualitative Software Version 7 (2006) was used to group all roles and functions into themes. NVivo® is designed for researchers who are interested in combining subtle coding with qualitative linking, shaping and modeling. NVivo® provides the researcher with a means for handling qualitative data records and information about them, for browsing and enriching text, coding it visually or at categories, and annotating and gaining access to data records accurately and swiftly (QSR International, 2006). To group the items into themes, a team of researchers browsed and coded the data based on specific constructs and items to be considered for the development of a life care planning role and function survey.

Following the initial analysis, items were reviewed by an expert panel to determine which items should be retained for the life care planning role and function survey. The purpose of this panel was to ensure content validity of the items to be used in the survey stage. The panel consisted of five experienced life care planning experts representing multiple disciplines (i.e., rehabilitation counseling, nursing, neuropsychology, and research methodology). Two panel members were past recipients of the LCP lifetime achievement award and had over 20 years experience each in life care planning, and one panel member currently serves as the research director for the Foundation of Life Care Planning Research. Each member of the expert panel was asked to review the items and themes and determine which ones should be retained for the life care planning role and function survey instrument. They were asked specifically if, in their opinion, the items presented were relevant to life care planning. The expert panelists also were asked to recommend if any items should be combined or organized differently, as well as to remark on the appropriateness of the themes. A telephone conference followed to discuss the comments reported by the expert panelists. The research team, made up the principal investigator, two co-investigators, and a research assistant, then organized the recommendations into a role and function survey instrument. The instrument included demographic questions as well as items in which life care planners were asked to rate the importance of performing each item and the frequency in which those roles and functions are performed in practice. Some demographic questions were adapted from the 2001 Life Care Planning Survey conducted by Neulicht, Riddick-Grisham, Hinton, Costantini, Thomas, and Goodrich (2002). For purposes of the role and function survey, the following rating scale was used:

Importance:

- 1 – Not Important
- 2 – Somewhat Important
- 3 – Important
- 4 – Very Important
- 5 – Essential

Frequency:

- 1 – Never (0%)
- 2 – Occasional (1-33%)
- 3 – Often (34-66%)
- 4 – Very Often (67-99%)
- 5 – Always (100%)

Phase II: Initial Administration

The role and function survey was presented for review to all life care planners who attended the 2008 Life Care Planning Summit (n=40). Participants were asked to include comments regarding the appropriateness and breadth of coverage of the instrument, or any other issues that the research team should consider when making revisions to the survey. Feedback from the Summit participants was used to develop a revised version of the role and function survey instrument.

Phase III: Life Care Planning Role and Function Online Survey

The updated role and function instrument was then distributed online with an invitation for all life care planners to participate. Requests for participation were placed on three life care planning listservs (The Care Planner Network, International Commission on Healthcare Certification list serv for Certified Life Care Planners/CLCPs, and Forensic Section of the International Association of Rehabilitation Professionals). Participants were asked to provide demographic information, and for each item, indicate an importance rating and frequency with which that role or function is performed in practice. A copy of this instrument is provided in Appendix A. The authors used the online survey company, SurveyMonkey, (HYPERLINK "<http://www.surveymonkey.com>"www.surveymonkey.com) to develop, administer, collect, and analyze the survey results. This software allowed the researchers to obtain accurate information on a secure server. Participants received one continuing education credit offered by ICHCC toward CLCP renewal. The survey was available to life care planners for two months.

Phase IV Theme Placement: Construct Validity

In order to assess construct validity, 99 participants at the 2009 International Symposium on Life Care Planning (ISLCP) were asked to sort into themes those items that were endorsed as "important." Among the 21 identified themes, participants were asked to designate a first choice (the most applicable theme) and second choice (the second most applicable theme) for each item. A total of ninety-three life care planners participated in the final phase of the study. The research team collaborated and developed a decision rule for assessing whether category selection accuracy rates were evidence of construct validity. The researchers determined that all items were considered accurately placed into theme categories if the items were associated with their respective categories by a factor of at least three times the rate one would expect from random categorization by chance alone.

Results**Phase 1: Identification of Roles and Functions**

As previously described, the researchers identified previous role and function studies performed for case managers, rehabilitation counselors, and life care planners, as well as other literature relevant to life care planning. Qualitative analysis produced a total of 532 items grouped into 22 themes. To establish content validity, the expert panel reviewed the 532 items and determined which items should be retained for the life care planning role and function survey instrument. The expert panel reduced the number of items to 235 and reorganized and renamed them into 21 themes.

Phase II: Initial Administration

An initial administration of the instrument incorporated the 235 items. The instrument was administered to participants at the 2008 Life Care Planning Summit (N = 40). Participants were asked to complete the survey and include comments regarding the appropriateness and breadth of coverage of the instrument or any other issues that the research team should consider when making revisions to the survey. Feedback from all Summit participants was reviewed and synthesized resulting in a 122-item survey instrument.

Phase III: Life Care Planning Role and Function Online Survey

The life care planning role and function online survey was administered to life care

planners using SurveyMonkey (See Appendix A). Two hundred seventeen participants began the survey and 155 completed the full survey (71.42 % response rate). Table 1 represents the demographic characteristics of the sample. As Table 1 indicates, the sample represents a heterogeneous group of individuals from different professions, with a majority coming from nursing, case management and rehabilitation counseling professions (49.7%, 45.2% and 37.6% respectively), and some of whom were certified and/or licensed in more than one discipline. A majority of the participants fell within the 46-65 years age range (79.2%), and 41.5% of the respondents had completed over 100 life care plans. Females were more highly represented than males in this sample, which is consistent with previous studies of life care planners (Neulicht, et al., 2002, Pomeranz, et al., 2006; Pomeranz, Yu, Wemmer, & Watson, 2007). Additionally, 74.9% of the participants were CLCP.

Table 1. Demographic Variables

Variable	Std. Dev.
Mean Experience (in years) 11.19	8.43
Range (in years) (0-39)	
Variable	Percentage
Number of LCP Completed	
0-20	25.2%
21-40	13.8%
41-60	8.8%
61-80	6.9%
81-100	3.8%
Over 100	41.5%
Gender	
Male	17.0%
Female	83.0%
Age (in years)	
18-25	0.0%
26-35	4.4%
36-45	11.3%
46-55	43.4%
56-65	35.8%
Over 65	5.0%
Highest Level of Education	
Bachelor's Degree	36.8%
Master's Degree	48.9%
PhD/EdD	12.8%
JD/LLB/LLM	0.0%
MD	0.8%
Technical	0.8%
Other: Associate's Degree, Nursing Degree	24.8%

Primary Clinical Field(s) of Practice

Audiology	0.0%
Case Management	45.2%
Counseling	5.1%
Marriage and Family Therapy	0.6%
Medicine	1.3%
Nursing	49.7%
Occupational Therapy	2.5%
Physical Therapy	1.9%
Psychology/Neuropsychology	1.3%
Rehabilitation Counseling	37.6%
Social Work	1.3%
Speech-Language Pathology	0.0%
Other: Life Care Planning, Legal Consulting	12.1%

Currently Licensed/Registered and/or Certified in the Following Fields of Practice

Audiology	0.0%
Case Management	39.9%
Counseling	16.3%
Marriage and Family Therapy	1.3%
Medicine	0.7%
Nursing	57.5%
Occupational Therapy	2.6%
Physical Therapy	2.0%
Psychology/Neuropsychology	0.7%
Rehabilitation Counseling	34.0%
Social Work	1.3%
Speech-Language Pathology	0.0%
Other: Life Care Planning, Disability Management Specialist	23.5%

Licensed/Registered and/or Certified as a:

ABPP	0.0%
ABVE	8.3%
ACSW	0.6%
CCM	49.7%
CDMS	22.3%
CLCP	75.2%
CLNC	5.1%
CNA	0.6%
CNLCP	11.5%
CRC	32.5%
CRRN	12.7%
CVE	3.8%
FIALCP	3.8%
LMHC	3.2%
LNCC	5.1%

LPC	9.6%
LPN	0.0%
NCC	1.3%
OT	2.5%
PT	1.9%
RN	43.9%
SLP-CCC	0.0%
Other: ABDA, CEA, CEN, PHN, MSCC	28.7%
 Active Membership to the Following Organizations	
AALNC	24.7%
AANLCP	18.7%
ABVE	10.7%
ACA/ARCA	4.0%
ACRM	1.3%
ANA	10.0%
AOTA	2.7%
APTA	2.0%
AREA	3.3%
ARN	12.7%
ASHA	0.0%
BIA	12.7%
CMSA	30.0%
IALCP	60.7%
IARP	69.3%
NAFE	2.7%
NASPPR	2.7%
NRA/RCEA	10.0%
ARCA	8.7%
RESNA	1.3%
Other: AASCIN, ABA, ACCM, APA, NAMSAP, NANDA, NCRE, VRAC, WCRCMA	29.3%
 Current Primary Practice Setting	
Attorney's Office	1.3%
Corporation with Sub-Contractors	3.4%
Hospital/Rehabilitation Setting	3.4%
Insurance Company	4.0%
Owner/Independent Practice (With Employees)	32.2%
Private Rehabilitation Company as an Employee	14.8%
Sole Proprietor (No Employees)	48.3%
Other: Educational Setting, S Corporation	10.1%
 Life Care Planning Activities Constitute Approximately ___ of My Work Activities	
None	1.9%
1-25%	35.8%
26-50%	13.8%

51-75%	28.3%
76-100%	20.1%
Provide Life Care Planning Services on a ___ Level	
Local (e.g., statewide)	32.7%
Regional (e.g., 3-5 state radius)	47.4%
National	38.5%
International	10.3%
Typical Age Range of Clients	
All, or mostly all adults (18 years and older)	55.2%
All, or mostly all children (under the age of 18)	0.6%
Typically evenly split between adults and children	44.2%
Other	3.2%
Population You Typically Work With	
Acquired Brain Injury/Traumatic Brain Injury	95.5%
Amputations	76.8%
Birth Injuries/Anoxia	60.0%
Burns	47.7%
Chronic Diseases (e.g., MS, Diabetes, Chronic Pain, Cancer)	53.5%
Developmental Disabilities (e.g., MRI)	38.7%
Non-Catastrophic Injuries	35.5%
Organ Transplants	28.4%
Orthopedic Conditions	80.0%
Psychological/Psychiatric Conditions	34.8%
Spinal Cord Injuries	89.0%
Other	6.5%
How Often Are You Asked To Analyze/Critique Other Life Care Plans?	
I am never asked to analyze/critique other life care plans	13.2%
1-10 times per year	60.4%
11-20 times per year	13.8%
21-40 times per year	7.5%
40+ times per year	5.0%
Percentage of Caseload Comprised of Analyzing the Plans of Other	
0-25%	84.9%
26-50%	11.9%
51-75%	3.1%
76-100%	0.0%
Have Office Staff/Subcontractees Who Assist with Completion of the Life Care Plan	
Yes	54.1%

If So, Which Activities Do The Office Staff/Subcontractees Perform?	
Verbal Correspondence	40.5%
Written Correspondence	47.6%
Medical Review	56.0%
Research for Supporting Recommendations	53.6%
Costing Research	83.3%
Report Development	31.0%
Other	14.3%
No	45.9%

Table 2 illustrates the participants' responses to the "importance" of each life care planning role or function, as well as the "frequency" with which the life care planner performs such roles or functions. The results are ordered on "importance" based on item means. Life care planners responded using the following importance and frequency scales:

Importance:

- 1 – Not Important
- 2 – Somewhat Important
- 3 – Important
- 4 – Very Important
- 5 – Essential

Frequency:

- 1 – Never (0%)
- 2 – Rarely (1-25%)
- 3 – Occasionally (26-50%)
- 4 – Often (51-75%)
- 5 – Frequently (76-100%)

Table 2 includes "importance" and "frequency" results of responses, with corresponding means, and standard deviations (s.d.). All the items were endorsed with a mean of at least "3-Important." This suggests that all 122 items in the survey were considered important roles and functions of a life care planner. Additionally, there appeared to be low rates of variability in responses, as evidenced by small standard deviations. The standard deviations associated with "importance" for the entire survey ranged from .08 (Item 100) to 1.42 (Item 42). A majority of the items were "occasionally" to "often" performed by life care planners. The lowest mean frequency value reported by life care planners was 2.70 (s.d. 1.4), "*performing program evaluations and research functions to document improvements in client outcomes following LCP development.*" This suggests that life care planners on average are occasionally to often performing this role and function in practice. In terms of the "importance" of performing this role and function, life care planners indicated a mean of 3.62, translating to "important" to "very important." This suggests that although life care planners may not perform a role and function frequently, they do believe that the role or function is important.

Table 2. Importance and Frequency

Items	Importance Scale			Frequency Scale		
	Responses	Mean	SD	Responses	Mean	SD
100. Avoid dual/biased relationships.	1-0	4.99	.08	1-1	4.95	.37
	2-0			2-0		
	3-0			3-1		
	4-1			4-1		
	5-152			5-147		
86. Use reliable, dependable, and consistent methodologies for drawing life care planning conclusions.	1-0	4.97	.16	1-0	4.96	.24
	2-0			2-0		
	3-0			3-1		
	4-4			4-5		
	5-151			5-150		
98. Abide by life care planning-related ethical and legal considerations of case communication and recording.	1-0	4.97	.21	1-0	4.96	.25
	2-0			2-0		
	3-1			3-2		
	4-3			4-2		
	5-150			5-151		
97. Consider the worth and dignity of individuals with catastrophic disabilities.	1-0	4.97	.21	1-0	4.97	.21
	2-0			2-0		
	3-1			3-1		
	4-3			4-3		
	5-149			5-150		
84. Remain objective in your assessments.	1-0	4.96	.19	1-0	4.96	.22
	2-0			2-0		
	3-0			3-1		
	4-6			4-4		
	5-149			5-151		
87. Have an adequate amount of medical and other data to form recommendation.	1-0	4.95	.21	1-0	4.93	.28
	2-0			2-0		
	3-0			3-1		

	4-7				4-9		
	5-148			5-146			
48. Review medical records from physicians, nurses, PTs, OTs, and speech therapists to assess the client's medical status.	1-0	4.95	.22	4.88	1-0	.46	
	2-0				2-0		
	3-0				3-2		
	4-8				4-11		
	5-145				5-141		
54. Apply interpersonal communication skills (verbal and written) when working with all parties involved in a case.	1-0	4.90	.34	4.87	1-1	.46	
	2-0				2-0		
	3-2				3-2		
	4-11				4-12		
	5-142				5-141		
9. Assess the need for medications and supplies.	1-0	4.90	.38	4.74	1-1	.66	
	2-1				2-1		
	3-1				3-10		
	4-10				4-13		
	5-142				5-131		
83. Refrain from inappropriate, distorted or untrue comments about colleagues and/or life care planning training programs.	1-0	4.90	.35	4.87	1-1	.51	
	2-0				2-1		
	3-2				3-2		
	4-12				4-9		
	5-140				5-141		
11. Assess the need for future routine medical care.	1-0	4.89	.34	4.77	1-1	.61	
	2-0				2-1		
	3-1				3-6		
	4-15				4-16		
	5-137				5-129		
85. Disclose to the client and referral sources what role you are assuming and when or if roles shift.	1-0	4.89	.41	4.86	1-1	.58	
	2-1				2-2		
	3-2				3-4		
	4-10				4-4		

39. Provide fair and representative costs relevant to the geographic area or region.	5-140	4.88	.43	5-142	4.83	.59
	1-0			1-1		
	2-1			2-2		
	3-3			3-4		
	4-9			4-8		
	5-141			5-140		
28. If applicable, specifies cost for future routine medical care.	1-0	4.88	.34	1-1	4.84	.54
	2-0			2-1		
	3-1			3-3		
	4-16			4-12		
	5-136			5-137		
2. Assess the need for projected therapeutic modalities.	1-0	4.88	.35	1-1	4.79	.58
	2-0			2-1		
	3-1			3-4		
	4-17			4-17		
	5-138			5-133		
47. Apply knowledge of health care/medical/rehabilitation terminology.	1-0	4.88	.35	1-0	4.87	.41
	2-0			2-1		
	3-1			3-1		
	4-17			4-15		
	5-136			5-138		
10. Assess the need for home/attendant/facility care.	1-0	4.88	.37	1-1	4.71	.67
	2-0			2-2		
	3-2			3-7		
	4-15			4-21		
	5-137			5-125		
4. Assess the need for wheelchair/mobility needs.	1-0	4.87	.41	1-1	4.62	.72
	2-1			2-2		
	3-1			3-10		
	4-15			4-29		
	5-138			5-113		

22. If applicable, specifies cost for wheelchair/mobility needs.	1-0	4.86	.40	1-1	4.74	.68
	2-0			2-3		
	3-3			3-6		
	4-15			4-16		
	5-136			5-129		
61. As appropriate, rely upon qualified medical and allied health professional opinions when developing the life care plan.	1-0	4.86	.40	1-1	4.82	.49
	2-0			2-0		
	3-3			3-1		
	4-15			4-22		
	5-136			5-131		
26. If applicable, specifies cost for medication/supply.	1-0	4.86	.40	1-1	4.80	.59
	2-0			2-1		
	3-3			3-5		
	4-15			4-14		
	5-135			5-133		
68. If allowed, conduct a comprehensive interview with the client, his/her family and/or significant other(s), if possible.	1-0	4.86	.43	1-2	4.75	.66
	2-0			2-1		
	3-5			3-4		
	4-12			4-19		
	5-137			5-129		
6. Assess independent living and adaptive equipment needs.	1-0	4.86	.37	1-1	4.69	.61
	2-0			2-1		
	3-1			3-3		
	4-20			4-34		
	5-132			5-114		
27. If applicable, specifies cost for home/attendant/facility care.	1-0	4.85	.45	1-0	4.77	.61
	2-2			2-3		
	3-0			3-6		
	4-17			4-14		
	5-136			5-132		

20. If applicable, specifies cost for projected therapeutic modalities.	1-0 2-0 3-6 4-12 5-136	4.84	.46	1-1 2-1 3-5 4-16 5-131	4.79	.59
105. Maintain continuing education in areas associated with your life care planning practice.	1-0 2-0 3-4 4-17 5-130	4.83	.44	1-0 2-2 3-7 4-10 5-133	4.80	.58
70. Include recommendations that are within your area of expertise.	1-0 2-0 3-2 4-22 5-131	4.83	.41	1-1 2-0 3-0 4-20 5-134	4.85	.46
23. If applicable, specifies cost for independent living and adaptive equipment needs for independent function/living.	1-0 2-0 3-3 4-19 5-127	4.83	.43	1-1 2-5 3-4 4-16 5-123	4.71	.74
16. Assess the need for architectural renovations for accessibility.	1-0 2-0 3-5 4-17 5-132	4.82	.46	1-1 2-3 3-13 4-28 5-109	4.56	.78
19. If applicable, specifies cost for projected evaluations.	1-0 2-0 3-7 4-13 5-134	4.82	.49	1-1 2-2 3-6 4-15 5-131	4.76	.65
82. Accept referrals only in the areas of you or your agency's competency.	1-0	4.82	.54	1-0	4.84	.54

2-2	2-3			
3-5	3-3			
4-12	4-10			
5-136	5-139			
1-0	1-1	4.60	.45	.77
2-0	2-3			
3-4	3-12			
4-20	4-25			
5-129	5-114			
1-0	1-1	4.68	.51	.75
2-2	2-5			
3-2	3-5			
4-18	4-20			
5-130	5-123			
1-0	1-1	4.74	.46	.63
2-1	2-2			
3-2	3-4			
4-22	4-23			
5-132	5-128			
1-0	1-1	4.66	.44	.74
2-0	2-4			
3-3	3-7			
4-23	4-23			
5-128	5-120			
1-0	1-1	4.72	.49	.72
2-1	2-3			
3-3	3-6			
4-20	4-17			
5-128	5-124			
1-0	1-2	4.75	.45	.68
2-0	2-1			
8. Assess the need for home furnishings and accessories.				
24. If applicable, specifies cost for and replacement of orthotics and prosthetics.				
1. Assess the need for projected evaluations.				
29. If applicable, specifies cost for transportation needs.				
122. Consider the impact of aging on disability and function when developing life care planning recommendations.				
49. Apply knowledge regarding the interrelationship between medical, psychological, sociological, and behavioral components of injury/illness.				

	3-3			3-6		
	4-24			4-16		
	5-126			5-128		
21. If applicable, specifies cost for diagnostic testing/educational assessment.	1-0	4.80	.51	1-2	4.72	.72
	2-1			2-2		
	3-5			3-6		
	4-17			4-17		
	5-130			5-128		
5. Assess the need for wheelchair/mobility accessories and maintenance.	1-0	4.80	.50	1-1	4.58	.75
	2-1			2-3		
	3-4			3-10		
	4-20			4-33		
	5-130			5-109		
51. If applicable, recognize psychological problems requiring consultation or referral.	1-0	4.80	.48	1-1	4.62	.77
	2-0			2-4		
	3-5			3-10		
	4-21			4-24		
	5-128			5-117		
46. Apply medical knowledge of potential complications, injury/disease process, including the expected length of recovery and the treatment options available.	1-0	4.79	.54	1-1	4.69	.69
	2-2			2-3		
	3-3			3-5		
	4-20			4-25		
	5-127			5-121		
12. Assess the need for transportation.	1-0	4.79	.51	1-1	4.60	.77
	2-1			2-4		
	3-4			3-9		
	4-22			4-27		
	5-127			5-111		
33. If applicable, specifies cost for architectural renovations for accessibility.	1-0	4.78	.49	1-1	4.50	.91
	2-0			2-8		
	3-5			3-15		

3. Assess the need for diagnostic testing/educational assessment.	4-23 5-125	4-20 5-111			
	1-1 2-0 3-5 4-20 5-130	1-4 2-3 3-5 4-30 5-117	4.78	.56	4.59 .85
25. If applicable, specifies cost for home furnishings and accessories.	1-0 2-1 3-5 4-21 5-128	1-1 2-5 3-9 4-18 5-122	4.78	.53	4.65 .79
78. Stay current with the relevant life care planning literature.	1-0 2-0 3-4 4-26 5-124	1-1 2-1 3-8 4-36 5-109	4.78	.48	4.62 .68
50. Synthesize assessment information to prioritize care needs and develop the life care plan.	1-3 2-2 3-1 4-14 5-134	1-4 2-2 3-1 4-11 5-136	4.78	.71	4.77 .76
89. Prepare case notes and reports using applicable forms and systems in order to document case activities in compliance with standard practices and regulations.	1-0 2-2 3-4 4-21 5-127	1-2 2-1 3-4 4-22 5-124	4.77	.56	4.73 .67
88. Monitor to ensure that the life care planning work is performed and that it meets standards and accepted practices.	1-2 2-1 3-2 4-20	1-3 2-5 3-5 4-15	4.77	.64	4.66 .85

7. Assess the need for and replacement of orthotics and prosthetics.	5-127	4.77	.58	5-126	4.51	.82
	1-0			1-1		
	2-2			2-5		
	3-6			3-12		
	4-18			4-34		
	5-129			5-104		
77. Apply knowledge regarding the types of personal care.	1-0	4.74	.52	1-1	4.60	.81
	2-0			2-6		
	3-6			3-8		
	4-29			4-24		
	5-120			5-117		
101. Identify one's own biases, strengths, and weaknesses that may affect the development of healthy client relationships.	1-1	4.74	.63	1-2	4.64	.78
	2-2			2-4		
	3-3			3-5		
	4-24			4-24		
	5-121			5-117		
69. Address gaps in records and/or life care plan recommendations.	1-1	4.727	.60	1-2	4.68	.77
	2-0			2-3		
	3-6			3-8		
	4-26			4-17		
	5-121			5-125		
58. Recommend services that maximize functional capacity and independence for persons with catastrophic disabilities through the aging process.	1-1	4.71	.60	1-0	4.67	.64
	2-0			2-2		
	3-5			3-8		
	4-31			4-29		
	5-116			5-114		
41. Use effective time management strategies when developing the life care plan.	1-1	4.70	.65	1-2	4.54	.81
	2-2			2-4		
	3-4			3-7		
	4-28			4-37		
	5-119			5-103		

102. As appropriate, attend professional conferences.	1-0 2-0 3-7 4-32 5-113	4.70	.55	1-0 2-2 3-17 4-39 5-95	4.48	.74
90. Apply knowledge of clinical pathways, standards of care, practice guidelines.	1-0 2-4 3-7 4-22 5-122	4.690	.68	1-1 2-7 3-12 4-19 5-116	4.56	.87
104. Belong to an organization that reviews life care planning topics and issues, as well as offers continuing education specifically related to the industry.	1-1 2-3 3-7 4-21 5-119	4.68	.72	1-1 2-3 3-11 4-16 5-120	4.67	.76
60. Assess the need for training in activities of daily living (ADLs) and instrumental activities of daily living (IADLs).	1-0 2-2 3-7 4-30 5-116	4.68	.62	1-1 2-8 3-8 4-27 5-112	4.54	.86
36. Assess the need for case management services.	1-0 2-1 3-10 4-27 5-116	4.68	.63	1-1 2-1 3-18 4-26 5-109	4.55	.77
81. As appropriate, review/utilize current literature, published research and data to provide a foundation for opinions, conclusions and life care planning recommendations.	1-0 2-2 3-7 4-31 5-115	4.67	.63	1-0 2-6 3-8 4-33 5-109	4.57	.76

37. Reviews current catalogs and websites to determine the costs of needs and services.	1-0 2-0 3-8 4-36 5-111	4.66	.57	1-1 2-1 3-11 4-27 5-115	4.64	.70
108. Educate parties regarding the life care planning process.	1-0 2-3 3-7 4-30 5-112	4.65	.66	1-2 2-4 3-16 4-25 5-106	4.50	.88
40. Establish fee schedules (how much you or your practice charge) for life care planning services to be rendered.	1-2 2-4 3-7 4-19 5-118	4.65	.80	1-3 2-8 3-9 4-16 5-116	4.54	.97
79. Select evaluation/assessment instruments and strategies according to their appropriateness and usefulness for a particular client.	1-0 2-3 3-10 4-26 5-115	4.64	.69	1-2 2-5 3-13 4-24 5-111	4.53	.88
53. Apply knowledge of human growth and development as it relates to life care planning.	1-0 2-3 3-6 4-33 5-109	4.64	.66	1-2 2-12 3-10 4-27 5-103	4.41	1.00
103. Apply knowledge regarding legal rules.	1-0 2-2 3-6 4-38 5-106	4.63	.63	1-2 2-5 3-10 4-36 5-100	4.48	.86
99. If appropriate, be credentialed in their area of expertise that also provides a	1-2	4.62	.80	1-4	4.66	.86

mechanism for ethics complaint resolution.	2-2 3-12 4-18 5-114			2-2 3-7 4-15 5-120	
71. Address needs/preferences of the client and/or family.	1-0 2-1 3-14 4-29 5-111	4.61	.68	1-1 2-3 3-11 4-33 5-108	4.56 .76
76. Present various health care options (facility vs. home care).	1-0 2-4 3-11 4-34 5-105	4.56	.74	1-1 2-7 3-12 4-31 5-105	4.49 .87
30. If applicable, specifies cost for health/strength maintenance.	1-0 2-2 3-17 4-27 5-105	4.56	.75	1-1 2-9 3-19 4-30 5-95	4.36 .95
64. Compile and interpret client information to maintain a current case record.	1-1 2-2 3-11 4-36 5-103	4.56	.74	1-4 2-7 3-10 4-31 5-102	4.43 .98
55. Apply knowledge of the existence, strengths and weaknesses of psychological and neuropsychological assessments.	1-0 2-3 3-11 4-38 5-103	4.55	.71	1-2 2-4 3-13 4-41 5-96	4.44 .85
63. When applicable, evaluate and select facilities that provide specialized care services for clients.	1-1 2-1	4.55	.71	1-3 2-7	4.33 .97

34. If applicable, specifies cost for nutritional education.	4-45 5-93	4-51 5-73			
	1-0 2-4 3-22 4-29 5-100	1-3 2-11 3-30 4-22 5-89	.83	4.45	4.18
110. Serve as an expert witness in a court case for an individual who sustains a catastrophic injury.	1-3 2-1 3-17 4-34 5-95	1-13 2-14 3-24 4-28 5-72	.87	4.45	3.87
94. Keep abreast of the laws, policies, and rule making affecting health care and disability-related rehabilitation service delivery.	1-0 2-5 3-14 4-47 5-87	1-3 2-7 3-21 4-52 5-71	.79	4.41	4.18
115. Consider the life expectancy of the client when developing a life care plan.	1-5 2-10 3-10 4-21 5-105	1-7 2-14 3-10 4-15 5-103	1.08	4.40	4.30
35. If applicable, specifies cost for short/long-term vocational/educational services.	1-5 2-3 3-17 4-31 5-98	1-10 2-13 3-25 4-19 5-86	.99	4.39	4.03
67. Provide progress of life care plan development to retaining party.	1-1 2-6 3-20 4-34	1-2 2-10 3-15 4-40	.90	4.38	4.31
					1.29
					.98
					1.22
					.96
					1.29
					.98

34. If applicable, specifies cost for nutritional education.	4-45			4-51		
	5-93			5-73		
110. Serve as an expert witness in a court case for an individual who sustains a catastrophic injury.	1-0	4.45	.83	1-3	4.18	1.10
	2-4			2-11		
	3-22			3-30		
	4-29			4-22		
	5-100			5-89		
94. Keep abreast of the laws, policies, and rule making affecting health care and disability-related rehabilitation service delivery.	1-3	4.45	.87	1-13	3.87	1.33
	2-1			2-14		
	3-17			3-24		
	4-34			4-28		
	5-95			5-72		
115. Consider the life expectancy of the client when developing a life care plan.	1-0	4.41	.79	1-3	4.18	.96
	2-5			2-7		
	3-14			3-21		
	4-47			4-52		
	5-87			5-71		
35. If applicable, specifies cost for short/long-term vocational/educational services.	1-5	4.40	1.08	1-7	4.30	1.22
	2-10			2-14		
	3-10			3-10		
	4-21			4-15		
	5-105			5-103		
67. Provide progress of life care plan development to retaining party.	1-5	4.39	.99	1-10	4.03	1.29
	2-3			2-13		
	3-17			3-25		
	4-31			4-19		
	5-98			5-86		
35. If applicable, specifies cost for short/long-term vocational/educational services.	1-1	4.38	.90	1-2	4.31	.98
	2-6			2-10		
	3-20			3-15		
	4-34			4-40		

18. Assess the need for short/long-term vocational/educational services.	5-93	4.34	.90	5-89	3.96	1.20
	1-2			1-10		
	2-3			2-10		
	3-24			3-30		
	4-36			4-33		
	5-89			5-72		
57. Research and investigate the community to identify client-appropriate services for creating and coordinating agency service delivery.	1-1	4.34	.89	1-3	4.14	1.08
	2-6			2-13		
	3-19			3-24		
	4-42			4-35		
	5-86			5-80		
17. Assess the need for nutritional education.	1-0	4.31	.87	1-2	3.98	1.10
	2-5			2-15		
	3-27			3-37		
	4-38			4-32		
	5-85			5-70		
56. As appropriate, explain the services and limitations of various community resources to clients.	1-2	4.31	.90	1-5	4.10	1.10
	2-8			2-13		
	3-9			3-16		
	4-57			4-49		
	5-78			5-72		
38. If requested, work with an economist for an estimate of the lifetime costs of the LCP.	1-3	4.29	1.04	1-11	3.85	1.31
	2-11			2-15		
	3-16			3-32		
	4-31			4-23		
	5-92			5-72		
59. As appropriate, educate clients in modifying their lifestyles to accommodate functional limitations.	1-2	4.27	.93	1-5	4.03	1.14
	2-7			2-14		
	3-17			3-25		
	4-48			4-37		
	5-79			5-72		

31. If applicable, specifies cost for the client's recreational equipment needs.	1-0 2-12 3-31 4-23 5-88	4.21	1.02	1-2 2-20 3-31 4-23 5-78	4.01	1.16
111. Consult with a plaintiff attorney in the development of the life care plan.	1-6 2-12 3-18 4-32 5-83	4.15	1.15	1-8 2-15 3-25 4-30 5-71	3.95	1.23
32. If applicable, specifies cost for recreational therapy.	1-1 2-15 3-27 4-31 5-80	4.13	1.07	1-5 2-23 3-28 4-25 5-74	3.90	1.24
65. Monitor client progress and outcomes during the life care planning process.	1-5 2-5 3-31 4-40 5-73	4.11	1.05	1-9 2-19 3-27 4-32 5-68	3.85	1.27
14. Assess the need for recreational equipment.	1-0 2-9 3-34 4-46 5-65	4.08	.94	1-1 2-19 3-41 4-41 5-52	3.82	1.06
112. Consult with a defense attorney in the development of the life care plan.	1-6 2-13 3-21 4-35 5-76	4.07	1.16	1-9 2-21 3-36 4-29 5-55	3.67	1.26

121. When working with pediatric cases, keep abreast of guardian issues for protecting minors or those deemed mentally incompetent.	1-5 2-15 3-22 4-29 5-77	4.07	1.18	1-22 2-28 3-25 4-19 5-55	3.38	1.50
118. Review the plaintiff's plan and develop a rebuttal or comparison plan when consulting with defense attorneys.	1-2 2-11 3-29 4-42 5-65	4.05	1.03	1-10 2-24 3-31 4-33 5-51	3.61	1.29
72. Provide list and date of responses received from life care planning referral sources.	1-11 2-8 3-21 4-36 5-78	4.05	1.23	1-15 2-10 3-17 4-33 5-79	3.98	1.33
109. Educate and inform parties involved in settlement negotiation.	1-6 2-9 3-26 4-43 5-67	4.03	1.10	1-9 2-25 3-27 4-34 5-56	3.68	1.29
75. Promote and market the field of life care planning.	1-3 2-14 3-34 4-36 5-68	3.98	1.10	1-5 2-19 3-50 4-24 5-57	3.70	1.18
91. Apply advocacy, negotiation, and conflict resolution knowledge.	1-8 2-11 3-27 4-39 5-68	3.97	1.18	1-9 2-14 3-33 4-38 5-60	3.82	1.21
113. When appropriate, recommend other expert witnesses to a client's	1-8	3.94	1.14	1-13	3.56	1.22

attorney.	2-9 3-28 4-46 5-61	2-11 3-49 4-35 5-43			
107. Provide information regarding your organization's programs to current and potential referral sources.	1-7 2-9 3-35 4-37 5-61	1-10 2-22 3-31 4-30 5-57	3.91	1.15	3.68 1.30
95. Apply knowledge regarding workers' compensation benefits within the state of injury as it relates to life care planning.	1-9 2-11 3-27 4-38 5-63	1-12 2-26 3-26 4-27 5-58	3.91	1.21	3.64 1.35
15. Assess the need for recreational therapy.	1-1 2-16 3-38 4-40 5-59	1-3 2-26 3-40 4-36 5-51	3.91	1.05	3.68 1.15
74. Perform life care planning in multiple venues.	1-12 2-12 3-25 4-47 5-59	1-10 2-20 3-25 4-34 5-66	3.83	1.24	3.81 1.29
117. Develop your own life care plan when consulting with defense attorneys.	1-5 2-17 3-30 4-41 5-54	1-10 2-26 3-35 4-31 5-44	3.83	1.15	3.50 1.28
43. Apply knowledge regarding other funding sources as it relates to legal cases.	1-7 2-18	1-10 2-21	3.81	1.18	3.60 1.21

	3-27			3-38	
	4-47			4-39	
	5-55			5-46	
93. As appropriate, educate clients how to facilitate choice and negotiate for needed services.	1-8	3.77	1.18	1-15	1.31
	2-17			2-26	
	3-29			3-32	
	4-48			4-40	
	5-52			5-42	
62. Obtain regular client feedback regarding the satisfaction with services recommended and suggestions for improvement in a life care plan.	1-6	3.77	1.15	1-15	1.36
	2-20			2-41	
	3-28			3-23	
	4-51			4-36	
	5-50			5-41	
92. As appropriate, educate clients regarding their rights under federal and state law.	1-13	3.67	1.28	1-16	1.31
	2-17			2-31	
	3-28			3-39	
	4-43			4-31	
	5-51			5-36	
114. When appropriate, advise the client's attorney on the cross-examination of opposing counsel's expert witness.	1-11	3.67	1.21	1-19	1.33
	2-17			2-23	
	3-26			3-44	
	4-53			4-26	
	5-43			5-36	
106. Perform program evaluations and research functions to document improvements in client outcomes following life care plan development.	1-8	3.62	1.19	1-28	1.36
	2-21			2-56	
	3-31			3-22	
	4-46			4-18	
	5-41			5-25	
119. Have a physician review the life care plan prior to submission to referral source.	1-9	3.59	1.24	1-13	1.31
	2-27			2-27	
	3-27			3-36	

	4-45			4-32		
	5-45			5-45		
96. Apply risk management knowledge as it relates to life care planning.	1-14	3.56	1.30	1-21	3.30	1.43
	2-21			2-32		
	3-27			3-22		
	4-44			4-33		
	5-45			5-43		
116. Obtain and review day-in-the-life videos of clients when developing a life care plan.	1-7	3.42	1.15	1-20	2.83	1.28
	2-26			2-52		
	3-48			3-35		
	4-35			4-19		
	5-34			5-24		
42. Apply financial management knowledge when working with clients.	1-25	3.39	1.42	1-34	3.05	1.46
	2-17			2-28		
	3-26			3-26		
	4-43			4-33		
	5-42			5-33		
120. Utilize medical coding when developing a life care plan.	1-12	3.38	1.32	1-20	3.28	1.41
	2-33			2-31		
	3-38			3-32		
	4-26			4-25		
	5-45			5-44		
73. Apply managed care (insurance industry) knowledge when developing life care plans.	1-24	3.22	1.39	1-28	3.06	1.41
	2-26			2-30		
	3-30			3-34		
	4-38			4-28		
	5-35			5-34		

Phase IV Theme Placement: Construct Validity

In order to assess construct validity of the role and function categories, 93 life care planners who attended the 2009 ISLCP participated in the final phase of the study. At least 14 participants placed each item into one of 21 themes; therefore, all items satisfied the justification criterion of 3 times the expected number of endorsements based on chance alone. For cases where the two top categories (of the first choices) both received the same number of endorsements (tied), the category that ranked higher in the second choice became the appropriate category for the item. For example: #54 had a tie among first choices between "Counseling and Services" and "Coordination and Service Delivery." On the second choices for that item, "Coordination and Service Delivery" ranked higher than "Counseling and Services." Therefore, the category for #54 was determined to be "Coordination and Service Delivery." A total of 4 items received the same number of endorsements for two themes. Appendix B depicts the 21 themes with 122 respective roles and functions.

Discussion

This study resulted in a comprehensive empirically-derived list of roles and functions of professional life care planners. These roles and functions are divided into 21 themes validated by professional life care planners. Although some life care planning job functions had been explored previously by Turner, Taylor, Rubin, and May (2000), this current study was the first comprehensive empirical analysis of the roles and functions of life care planners and was conducted independent of any certification organization. Because life care plans are developed by multiple rehabilitation professionals including catastrophic case managers, rehabilitation counselors, and rehabilitation nurses, to name a few, life care planning is a subspecialty creating numerous demands on the professional. Such professionals must balance the demands of their primary practice and apply their professional scope to the field of life care planning. It is important to note that a major goal of such professionals is to rely on consistent methodology for analyzing the life care planning needs dictated by the onset of a disability (Deutsch & Kitchen, 1994). Additionally, the decision of the U.S. Supreme Court in *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579 (1993) implicated the need for life care planners to scientifically validate their life care planning approach. Many variables must be considered by the life care planner as s/he develops a life care plan. These variables are dynamic, especially if one considers the multiple types of catastrophic disabilities and the multiple arenas in which life care plans are developed. Differences in such variables can affect the specific roles and functions performed by life care planners. For example, Theme 4: Consultation Services-Legal System, includes roles and functions pertinent to life care planners who practice within the forensic or legal arena. However, a life care planner hired by an individual with a spinal cord injury in a case management capacity most likely would not need to perform roles and functions such as "serve as an expert witness in a court case or when appropriate, advise the client's attorney on the cross-examination of opposing counsel's expert witness." However, there is a high probability that a life care planner would perform these functions if s/he were retained as a rehabilitation consultant to develop a life care plan in a personal injury legal case.

The 21 themes depicted within Appendix B are the result of extensive feedback from experienced life care planners who work in multiple capacities, from numerous specialties. By placing a great deal of emphasis on instrument development, the research team increased the likelihood that participants surveyed would agree that most of the roles and functions were important for life care planners. It is intuitive to expect similar responses for the frequency in

which roles and functions are performed. In other words, by employing multiple qualitative iterations, the content validity was further established.

Results of this study have significant implications for the education and credentialing of life care planners. Students of life care planning should develop expertise in each of the 21 identified themes and be able to perform each of the 122 functions considered important for life care planning practice. Development, revision, and validation of credentialing processes in life care planning should address appropriate assessment of each applicant's ability to competently perform those roles and functions.

Study Limitations and Future Research

There were limitations within this study that could affect reliability and validity of study results and conclusions. First, the somewhat low response rate (160 life care planners) represents a small percentage of existing life care planners. A larger sample size could allow additional validation of the constructs through confirmatory factor analysis. Stratifying a larger sample size by occupational background, practice setting, and other demographic characteristics could facilitate comparisons between groups of practitioners, as well as greater assurance of generalizability of results to the entire population of life care planners. Future analysis to examine differences regarding roles and functions between life care planners in different settings could have implications for education and certification of life care planners in those specialty areas.

About the Authors

Jamie L. Pomeranz, Ph.D., CRC, CLCP, Assistant Professor, Department of Behavioral Science and Community Health, University of Florida, has worked with people with disabilities in multiple capacities for over 19 years and also conducts life care planning research; some currently funded by the Veteran's Health Administration and the National Institute of Health.

Nami Yu, MHS, CRC, CLCP, doctoral candidate, Rehabilitation Science Program, University of Florida, focuses her research on time loss associated with activities of daily living for individuals with spinal cord injury. Her pilot work has been published and she has presented at national and international conferences including the International Symposium on Life Care Planning

Christine Reid, Ph.D., CRC, Professor, Virginia Commonwealth University, has over 25 years experience as a Rehabilitation Counseling educator, researcher, and service provider. Dr. Reid's primary research is in the area of psychometric methodology, focused on the development and validation of assessment instruments related to rehabilitation.

Acknowledgements

The authors would like to thank Dr. Roger Weed for all his guidance and support for this important study. Additionally, the authors acknowledge the ongoing support from Dr. Paul Deutsch and the Foundation for Life Care Planning Research. Finally, the authors thank all the professional life care planners whose participation and expertise made this study possible.

References

- Berens, D., Johnson, C., Pomeranz, J., & Preston, R. (2010). Life Care Planning Summit 2010 Proceedings. *Journal of Life Care Planning*, 9(2), 3-14.
- Daubert v. Merrell Dow Pharmaceuticals, 509 U.S. 579 (1993)
- Deutsch, P.M. & Raffa, F. (1981). *Damages in tort actions*. (vol. 8). New York: Matthew Bender.
- Deutsch, P. M., & Raffa, F. (1982). *Damages in tort actions*. (vol. 9). New York: Matthew Bender.
- Deutsch, P.M., & Kitchen, J.A. (1994). Life care planning. *Seminars in Hearing*, 15, 207-223.
- International Academy of Life Care Planners. (2006). Standards of practice for Life Care Planners. *Journal of Life Care Planning*, 5(3), 75-81.
- Leahy, M.J., Chan, F., & Saunders, J.L. (2003). Job functions and knowledge requirements of certified rehabilitation counselors in the 21st century. *Rehabilitation Counseling Bulletin*, 46(2), 66-81.
- Leahy, M.J., Muenzen, P, Saunders, J.L, & Strauser, D. (2009). Essential knowledge domains underlying effective rehabilitation counseling practice. *Rehabilitation Counseling Bulletin*, 52(2), 95-106.
- Muthard, J.E., & Salamone, P.R. (1969). The roles and functions of the rehabilitation counselor. *Rehabilitation Counseling Bulletin*, 13, 81-168.
- Neulicht, A.T., Riddick-Grisham, S.R., Hinton, L., Costantini, P.A., Thomas, R., & Goodrich, B. (2002). Life care planning survey 2001: Process, methods, and protocols. *Journal of Life Care Planning*, 1(2), 97-148.
- NVivo qualitative data analysis software; QSR International Pty Ltd. Version 7, 2006.
- Pomeranz, J.L., Shaw, L.R., Sawyer, H.W., & Velozo, C.A. (2006). Consensus among life care planners regarding activities to consider when recommending personal attendant care services for individuals with spinal cord injury: A Delphi study. *Journal of Life Care Planning*, 5(1&2), 7-23.
- Pomeranz, J.L., Yu, N.S., Wemmer, C.M., & Watson, L.L. (2007). Use of scientific research and clinical practice guidelines: A survey of experienced life care planners. *Journal of Life Care Planning*, 6(3), 77-98.
- Reavis, S.L. (2002). Standards of practice. *Journal of Life Care Planning*, 1(1): 49-58.
- Reid, C., Deutsch, P., & Kitchen, J. (2005). Life care planning. In F. Chan, M. Leahy, & J. Saunders (Eds.), *Case management for health professionals* (2nd ed.), Volume 1, Foundational Aspects (pp. 228-263). Osage Beach, MO: Aspen Professional Services.
- Rubin, S.E., Matkin, R.E., Ashley, J., Beardsley, M.M., May, V.R., Onstott, K., & Puckett, F.D. (1984). Roles and functions of certified rehabilitation counselors. *Rehabilitation Counseling Bulletin*, 27(4), 199-224.
- Turner, R.N., Taylor, D.W., Rubin, S.E., & May, V.R., III. (2000). Job functions associated with the development of life care plans. *Journal of Legal Nurse Consulting*, 11(3), 3-7.
- Weed, R., & Berens, D. (Eds.). (2001). *Life Care Planning Summit 2000 Proceedings*. Athens, GA: Elliott & Fitzpatrick.
- Weed, R.O., & Berens, D. (Eds.). (2010). *Life care planning and case management handbook* (3rd ed.). Boca Raton, FL: CRC Press.
-

Appendix A

Life Care Planning Roles and Functions Study

Demo

1. Demographic Information

1. How long have you been a Life Care Planner (in years)?

2. How many life care plans have you completed?

- 0-20
- 21-40
- 41-60
- 61-80
- 81-100
- Over 100

3. What is your gender?

- Male
- Female

4. What is your age (in years)?

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- Over 65

5. I live in the state or province of:

6. Highest level of schooling (please check):

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> JD/LLB/LLM |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> MD |
| <input type="checkbox"/> PhD/EdD | <input type="checkbox"/> Technical |

Other (please specify)

Demo

7. My primary clinical field(s) of practice is (please check all that apply):

- Audiology
- Case Management
- Counseling
- Marriage and Family Therapy
- Medicine
- Nursing
- Occupational Therapy
- Physical Therapy
- Psychology/Neuropsychology
- Rehabilitation Counseling
- Social Work
- Speech-Language Pathology

Other (please specify)

8. I am currently licensed/registered and/or certified at the State/Provincial/National level in the following fields of practice (check all that apply):

- Audiology
- Case Management
- Counseling
- Marriage and Family Therapy
- Medicine
- Nursing
- Occupational Therapy
- Physical Therapy
- Psychology/Neuropsychology
- Rehabilitation Counseling
- Social Work
- Speech-Language Pathology

Other (please specify)

9. I hold the following licenses/registrations and/or certifications (check all that apply):

- ABPP
- ABVE
- ACSW
- CLCP
- CCM
- CRC
- CDMS
- CLNC
- CNA
- CNLCP
- CRRN
- CVE
- FIALCP
- LMHC
- LNCC
- LPC
- LPN
- NCC
- OT
- PT
- RN
- SLP-CCC

Other (please specify)

Demo

10. Please check all organizations in which you hold an active membership:

<input type="checkbox"/> AALNC	<input type="checkbox"/> APTA	<input type="checkbox"/> IARP
<input type="checkbox"/> AANLCP	<input type="checkbox"/> AREA	<input type="checkbox"/> NAFE
<input type="checkbox"/> ABVE	<input type="checkbox"/> ARN	<input type="checkbox"/> NASPPR
<input type="checkbox"/> ACA/ARCA	<input type="checkbox"/> ASHA	<input type="checkbox"/> NRA/RCEA
<input type="checkbox"/> ACRM	<input type="checkbox"/> BIA	<input type="checkbox"/> NRCA
<input type="checkbox"/> ANA	<input type="checkbox"/> CMSA	<input type="checkbox"/> RESNA
<input type="checkbox"/> AOTA	<input type="checkbox"/> IALCP	

Other (please specify)

11. Please list the names of professional Listservs that you are a member of:

12. My current primary practice setting is (check all that apply):

- Attorney's Office
- Corporation with Sub-Contractors
- Hospital/Rehabilitation Setting
- Insurance Company
- Owner/Independent Practice (With Employees)
- Private Rehabilitation Company (Employee)
- Sole Proprietor (No Employees)

Other (please specify)

13. On average, Life Care Planning activities constitute approximately _____ of my work activities (please check):

- None
- 1-25%
- 26-50%
- 51-75%
- 76-100%

Demo

14. I provide Life Care Planning services on a _____ level. (check all that apply)

- Local (e.g., statewide)
- Regional (e.g., 3-5 state radius)
- National
- International

15. Typically, what is the age range of your clients? (please check)

- Adult/Geriatric (18 years +)
- Pediatric
- My caseload includes both adult/geriatric and pediatric cases

16. What population(s) do you typically work with when developing a life care plan (check all that apply)?

- Acquired Brain Injuries/Traumatic Brain Injuries
- Amputations
- Birth Injuries/Anoxia
- Burns
- Chronic Diseases (e.g., MS, Diabetes, Chronic Pain, Cancer)
- Developmental Disabilities (e.g., MR)
- Non-Catastrophic Injuries
- Organ Transplants
- Orthopedic Conditions
- Psychological/Psychiatric Conditions
- Spinal Cord Injuries

Other (please specify)

17. Do you have office staff who assist with completion of the life care plan?

- Yes
- No

18. How often are you asked to analyze/critique other life care plans?

- Never (0%)
- Rarely (1-25%)
- Occasionally (26-50%)
- Often (51-75%)
- Frequently (76-100%)

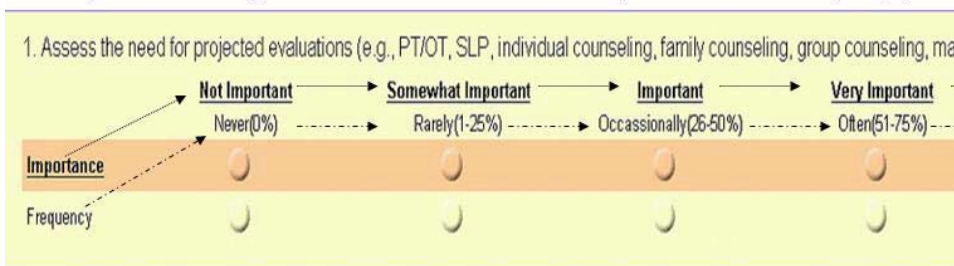
Demo

2. Default Section

Example

The following depicts how to answer the questions.

The **Importance Scale** (**Not Important**, **Somewhat Important**, **Important**, **Very Important**, **Essential**) refers to how imperative it is for you to perform the role or function in your practice. The ratings are bolded and underlined. These responses are the first row (orange).



The **Frequency Scale** (**Never**, **Rarely**, **Occasionally**, **Often**, **Frequently**) refers to how often you perform the role or function in your practice. The ratings are below the importance ratings. These responses are the second row (yellow).

1. Assess the need for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	j	j	j	j	j
Frequency	j	j	j	j	j

2. Assess the need for projected therapeutic modalities (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

3. Assess the need for diagnostic testing/educational assessment (e.g., neuropsychological, educational, medical labs)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

4. Assess the need for wheelchair/mobility equipment

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

5. Assess the need for wheelchair/mobility accessories and maintenance

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

6. Assess independent living and adaptive equipment needs

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

7. Assess the need for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

8. Assess the need for home furnishings and accessories (e.g., specialty bed, portable ramps, patient lifts)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

9. Assess the need for medications and supplies (bowel/bladder supplies, skin care supplies)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

Demo

10. Assess the need for home/attendant/facility care (e.g., personal assistance, nursing care)

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	J	J	J	J	J
Frequency	J	J	J	J	J

11. Assess the need for future routine medical care (e.g., annual evaluations, psychiatry, urology, etc.)

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	J	J	J	J	J
Frequency	J	J	J	J	J

12. Assess the need for transportation (e.g., adapted/modified vehicle with hand controls)

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	J	J	J	J	J
Frequency	J	J	J	J	J

13. Assess the need for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training)

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	J	J	J	J	J
Frequency	J	J	J	J	J

14. Assess the need for recreational equipment (e.g., adaptive skis, adaptive fishing equipment)

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	J	J	J	J	J
Frequency	J	J	J	J	J

15. Assess the need for recreational therapy (e.g., music, play, hippotherapy, RET)

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	J	J	J	J	J
Frequency	J	J	J	J	J

16. Assess the need for architectural renovations for accessibility (e.g., widen doorways, ramp installations)

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	J	J	J	J	J
Frequency	J	J	J	J	J

Demo

17. Assess the need for nutritional education (e.g., weight loss/weight reduction, diet)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

18. Assess the need for short/long-term vocational/educational services

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

19. If applicable, specifies cost for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

20. If applicable, specifies cost for projected therapeutic modalities (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

21. If applicable, specifies cost for diagnostic testing/educational assessment (e.g., neuropsychological, educational, medical labs)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

22. If applicable, specifies cost for wheelchair/mobility needs

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

23. If applicable, specifies cost for independent living and adaptive equipment needs for independent function/living

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

24. If applicable, specifies cost for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

25. If applicable, specifies cost for home furnishings and accessories (e.g., specialty bed, portable ramps, patient lifts)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

26. If applicable, specifies cost for medication/supply needs (e.g., bowel/bladder supplies, skin care supplies)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

27. If applicable, specifies cost for home/attendant/facility care (e.g., personal assistance, nursing care)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

28. If applicable, specifies cost for future routine medical care (e.g., annual evaluations, psychiatry, urology, etc.)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

29. If applicable, specifies cost for transportation needs (e.g., adapted/modified vehicle with hand controls)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

30. If applicable, specifies cost for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

31. If applicable, specifies cost for the client’s recreational equipment needs (e.g., adaptive skis, adaptive fishing equipment)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

32. If applicable, specifies cost for recreational therapy (e.g., music, play, hippotherapy, RET)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

33. If applicable, specifies cost for architectural renovations for accessibility (e.g., widen doorways, ramp installations)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

34. If applicable, specifies cost for nutritional education (e.g., weight loss/weight reduction, diet)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

35. If applicable, specifies cost for short/long-term vocational/educational services

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

36. Assess the need for case management services

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

37. Reviews current catalogs and websites to determine the costs of needs and services

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo					
38. If requested, work with an economist for an estimate of the lifetime costs of the LCP					
	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Provide fair and representative costs relevant to the geographic area or region					
	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Establish fee schedules (how much you or your practice charge) for life care planning services to be rendered					
	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Use effective time management strategies when developing the life care plan					
	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Apply financial management knowledge when working with clients (e.g., balance checkbook, banking, etc.)					
	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Apply knowledge regarding other funding sources as it relates to legal cases					
	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Identify attitudinal, social, economic, and environmental forces that may present barriers and/or advantages to clients' rehabilitation					
	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
<u>Importance</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demo

45. Apply knowledge of family dynamics, gender, multicultural, and geographical issues

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

46. Apply medical knowledge of potential complications, injury/disease process, including the expected length of recovery and the treatment options available

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

47. Apply knowledge of health care/medical/rehabilitation terminology

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

48. Review medical records from physicians, nurses, PTs, OTs, and speech therapists to assess the client's medical status

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

49. Apply knowledge regarding the interrelationship between medical, psychological, sociological, and behavioral components of injury/illness

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

50. Synthesize assessment information to prioritize care needs and develop the life care plan

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

51. If applicable, recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral

	Not Important Never(0%)	Somewhat Important Rarely(1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

52. If possible, maintain contact with clients in an empathetic, respectful, and genuine manner, and encourage participation

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely (1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

53. Apply knowledge of human growth and development as it relates to life care planning

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely (1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

54. Apply interpersonal communication skills (verbal and written) when working with all parties involved in a case

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely (1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

55. Apply knowledge of the existence, strengths and weaknesses of psychological and neuropsychological assessments

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely (1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

56. As appropriate, explain the services and limitations of various community resources to clients

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely (1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

57. Research and investigate the community to identify client-appropriate services for creating and coordinating agency service delivery

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely (1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

58. Recommend services that maximize functional capacity and independence for persons with catastrophic disabilities through the aging process

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely (1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

59. As appropriate, educate clients in modifying their lifestyles to accommodate functional limitations

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

60. Assess the need for training in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as cooking, shopping, housekeeping, and budgeting

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

61. As appropriate, rely upon qualified medical and allied health professional opinions when developing the life care plan

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

62. Obtain regular client feedback regarding the satisfaction with services recommended and suggestions for improvement in a life care plan

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

63. When applicable, evaluate and select facilities that provide specialized care services for clients

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

64. Compile and interpret client information to maintain a current case record

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

65. Monitor client progress and outcomes during the life care planning process

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

66. Clearly state the nature of the clients' problems for referral to service providers

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

67. Provide progress of life care plan development to retaining party

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

68. If allowed, conduct a comprehensive interview with the client, his/her family and/or significant other(s), if possible

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

69. Address gaps in records and/or life care plan recommendations

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

70. Include recommendations that are within your area of expertise

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

71. Address needs/preferences of the client and/or family

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

72. Provide list and date of responses received from life care planning referral sources

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

73. Apply managed care (insurance industry) knowledge when developing life care plans

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

74. Perform life care planning in multiple venues (e.g., personal injury, special needs trust, case management)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

75. Promote and market the field of life care planning

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

76. Present various health care options (facility vs. home care)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

77. Apply knowledge regarding the types of personal care (e.g., hospital, extended care facility, subacute facility, home, hospice) when developing the life care plan

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

78. Stay current with the relevant life care planning literature

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

79. Select evaluation/assessment instruments and strategies according to their appropriateness and usefulness for a particular client

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

80. Evaluate one's own practices and compare to ongoing evidence-based practice

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

81. As appropriate, review/utilize current literature, published research and data to provide a foundation for opinions, conclusions and life care planning recommendations

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

82. Accept referrals only in the areas of you or your agency's competency

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

83. Refrain from inappropriate, distorted or untrue comments about colleagues and/or life care planning training programs

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

84. Remain objective in your assessments

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

85. Disclose to the client and referral sources what role you are assuming and when or if roles shift

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

86. Use reliable, dependable, and consistent methodologies for drawing life care planning conclusions

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

87. Have an adequate amount of medical and other data to form recommendation

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

88. Monitor to ensure that the life care planning work is performed and that it meets standards and accepted practices

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

89. Prepare case notes and reports using applicable forms and systems in order to document case activities in compliance with standard practices and regulations

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

90. Apply knowledge of clinical pathways, standards of care, practice guidelines

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

91. Apply advocacy, negotiation, and conflict resolution knowledge

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

92. As appropriate, educate clients regarding their rights under federal and state law

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

93. As appropriate, educate clients how to facilitate choice and negotiate for needed services

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

94. Keep abreast of the laws, policies, and rule making affecting health care and disability-related rehabilitation service delivery

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

95. Apply knowledge regarding workers' compensation benefits within the state of injury as it relates to life care planning

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

96. Apply risk management knowledge as it relates to life care planning

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

97. Consider the worth and dignity of individuals with catastrophic disabilities

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

98. Abide by life care planning-related ethical and legal considerations of case communication and recording (e.g., confidentiality)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

99. If appropriate, be credentialed in their area of expertise that also provides a mechanism for ethics complaint resolution

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

100. Avoid dual/biased relationships, including but not limited to, pre-existing personal relationships with clients, sexual contact with clients, accepting referrals from sources where objectivity can be challenged (such as dating or being married to the referral source), etc.

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

101. Identify one’s own biases, strengths, and weaknesses that may affect the development of healthy client relationships

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

102. As appropriate, attend professional conferences

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

103. Apply knowledge regarding legal rules (justification for valid entries in a life care plan may vary from state to state and jurisdiction to jurisdiction)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

104. Belong to an organization that reviews life care planning topics and issues, as well as offers continuing education specifically related to the industry

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

105. Maintain continuing education in areas associated with your life care planning practice

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

106. Perform program evaluations and research functions to document improvements in client outcomes following life care plan development

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

107. Provide information regarding your organization’s programs to current and potential referral sources

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

108. Educate parties (e.g., attorneys, clients, insurance companies, students, family members) regarding the life care planning process

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

109. Educate and inform parties involved in settlement negotiation

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

110. Serve as an expert witness in a court case for an individual who sustains a catastrophic injury

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

111. Consult with a plaintiff attorney in the development of the life care plan

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

112. Consult with a defense attorney in the development of the life care plan

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

113. When appropriate, recommend other expert witnesses to a client’s attorney

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Demo

114. When appropriate, advise the client’s attorney on the cross-examination of opposing counsel’s expert witness

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

115. Consider the life expectancy of the client when developing a life care plan

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

116. Obtain and review day-in-the-life videos of clients when developing a life care plan

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

117. Develop your own life care plan when consulting with defense attorneys

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

118. Review the plaintiff’s plan and develop a rebuttal or comparison plan when consulting with defense attorneys

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

119. Have a physician review the life care plan prior to submission to referral source

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

120. Utilize medical coding when developing a life care plan (e.g., CPT, ICD-9/10, HCPIIC coder)

	<u>Not Important</u> Never(0%)	<u>Somewhat Important</u> Rarely(1-25%)	<u>Important</u> Occasionally(26-50%)	<u>Very Important</u> Often(51-75%)	<u>Essential</u> Frequently(76-100%)
Importance	⌋	⌋	⌋	⌋	⌋
Frequency	⌋	⌋	⌋	⌋	⌋

Demo

121. When working with pediatric cases, keep abreast of guardian issues for protecting minors or those deemed mentally incompetent

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

122. Consider the impact of aging on disability and function when developing life care planning recommendations

	Not Important Never(0%)	Somewhat Important Rarely (1-25%)	Important Occasionally(26-50%)	Very Important Often(51-75%)	Essential Frequently(76-100%)
Importance	j	j	j	j	j
Frequency	j	j	j	j	j

Appendix B

Life Care Planning Role and function Study

Theme 1: Advocacy - Items that represent acts or processes supporting a cause or proposal in favor of people with disabilities at the individual, community, and societal level.

- 44. Identify attitudinal, social, economic, and environmental forces that may present barriers and/or advantages to clients' rehabilitation.
- 56. As appropriate, explain the services and limitations of various community resources to clients.
- 71. Address needs/preferences of the client and/or family.
- 91. Apply advocacy, negotiation, and conflict resolution knowledge.
- 92. As appropriate, educate clients regarding their rights under federal and state law.
- 93. As appropriate, educate clients how to facilitate choice and negotiate for needed services.

Theme 2: Assess Independent Living Needs - Items that assess the need for tools and services that will allow an individual to complete certain tasks without the assistance of others.

- 6. Assess independent living and adaptive equipment needs.
- 8. Assess the need for home furnishings and accessories (e.g., specialty bed, portable ramps, patient lifts).
- 10. Assess the need for home/attendant/facility care (e.g., personal assistance, nursing care).
- 12. Assess the need for transportation (e.g., adapted/modified vehicle with hand controls).
- 16. Assess the need for architectural renovations for accessibility (e.g., widen doorways, ramp installations).
- 23. If applicable, specifies cost for independent living and adaptive equipment needs for independent function/living.
- 33. If applicable, specifies cost for architectural renovations for accessibility (e.g., widen doorways, ramp installations).
- 58. Recommend services that maximize functional capacity and independence for persons with catastrophic disabilities through the aging process.
- 59. As appropriate, educate clients in modifying their lifestyles to accommodate functional limitations.
- 60. Assess the need for training in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as cooking, shopping, housekeeping, and budgeting.
- 77. Apply knowledge regarding the types of personal care (e.g., hospital, extended care facility, subacute facility, home, hospice) when developing the life care plan.

Theme 3: Community Re-entry - Items that represent the process of assisting individuals' transition back into their pre-injury/disability environment or other less restrictive long-term care environment.

14. Assess the need for recreational equipment (e.g., adaptive skis, adaptive fishing equipment).
15. Assess the need for recreational therapy (e.g., music, play, hippotherapy, RET).
57. Research and investigate the community to identify client-appropriate services for creating and coordinating agency service delivery.

Theme 4: Consultation Services-Legal System - Items relating to providing expert opinions for disability-related cases in litigation.

38. If requested, work with an economist for an estimate of the lifetime costs of the LCP.
43. Apply knowledge regarding other funding sources as it relates to legal cases.
67. Provide progress of life care plan development to retaining party.
109. Educate and inform parties involved in settlement negotiation.
110. Serve as an expert witness in a court case for an individual who sustains a catastrophic injury.
111. Consult with a plaintiff attorney in the development of the life care plan.
112. Consult with a defense attorney in the development of the life care plan.
113. When appropriate, recommend other expert witnesses to a client's attorney.
114. When appropriate, advise the client's attorney on the cross-examination of opposing counsel's expert witness.
117. Develop your own life care plan when consulting with defense attorneys.
118. Review the plaintiff's plan and develop a rebuttal or comparison plan when consulting with defense attorneys.

Theme 5: Coordination and Service Delivery - Items that ensure that client needs identified by healthcare and rehabilitation professionals are met in a coordinated manner.

36. Assess the need for case management services.
54. Apply interpersonal communication skills (verbal and written) when working with all parties involved in a case.
63. When applicable, evaluate and select facilities that provide specialized care services for clients.
66. Clearly state the nature of the clients' problems for referral to service providers.
76. Present various health care options (facility vs. home care).

Theme 6: Counseling and Services - Items that represent the process of helping the individual and/or family/caregivers adjust to the psychological and/or behavioral impact of disability.

45. Apply knowledge of family dynamics, gender, multicultural, and geographical issues.
51. If applicable, recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral.
52. If possible, maintain contact with clients in an empathetic, respectful, and genuine manner, and encourage participation.

Theme 7: Disability Prevention-Health Promotion - Items relating to the promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors and prevent

potential complications.

13. Assess the need for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training).
30. If applicable, specifies cost for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training).

Theme 8: Equipment Needs/Assistive Technology - Items, products and technology related support services that represent the process of identifying and recommending technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible.

4. Assess the need for wheelchair/mobility needs.
5. Assess the need for wheelchair/mobility accessories and maintenance.
7. Assess the need for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics).
22. If applicable, specifies cost for wheelchair/mobility needs.
24. If applicable, specifies cost for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics).
25. If applicable, specifies cost for home furnishings and accessories (e.g., specialty bed, portable ramps, patient lifts).

Theme 9: Ethics -Items pertaining to the rules or standards governing the professional conduct of a person or the members of a profession.

70. Include recommendations that are within your area of expertise.
 82. Accept referrals only in the areas of you or your agency's competency.
 83. Refrain from inappropriate, distorted or untrue comments about colleagues and/or life care planning training programs.
 84. Remain objective in your assessments.
 85. Disclose to the client and referral sources what role you are assuming and when or if roles shift.
 88. Monitor to ensure that the life care planning work is performed and that it meets standards and accepted practices.
 89. Prepare case notes and reports using applicable forms and systems in order to document case activities in compliance with standard practices and regulations.
 97. Consider the worth and dignity of individuals with catastrophic disabilities.
 98. Abide by life care planning-related ethical and legal considerations of case communication and recording (e.g., confidentiality).
 99. If appropriate, be credentialed in their area of expertise that also provides a mechanism for ethics complaint resolution.
 100. Avoid dual/biased relationships, including but not limited to, pre-existing personal relationships with clients, sexual contact with clients, accepting referrals from sources where objectivity can be challenged (such as dating or being married to the referral source), etc.
 101. Identify one's own biases, strengths, and weaknesses that may affect the development of
-

healthy client relationships.

Theme 10: Evidence-Based Practice -Items representing a systematic approach utilizing scientific or empirical evidence.

37. Reviews current catalogs and websites to determine the costs of needs and services.
39. Provide fair and representative costs relevant to the geographic area or region.
50. Synthesize assessment information to prioritize care needs and develop the life care plan.
64. Compile and interpret client information to maintain a current case record.
72. Provide list and date of responses received from life care planning referral sources.
79. Select evaluation/assessment instruments and strategies according to their appropriateness and usefulness for a particular client.
81. As appropriate, review/utilize current literature, published research and data to provide a foundation for opinions, conclusions and life care planning recommendations.
86. Use reliable, dependable, and consistent methodologies for drawing life care planning conclusions.
87. Have an adequate amount of medical and other data to form recommendation.
90. Apply knowledge of clinical pathways, standards of care, practice guidelines.
115. Consider the life expectancy of the client when developing a life care plan.

Theme 11: Health-Care Management - Items relating to the adherence to an individual's medical care and optimizing health care outcomes.

9. Assess the need for medications and supplies (bowel/bladder supplies, skin care supplies).
11. Assess the need for future routine medical care (e.g., annual evaluations, psychiatry, urology, etc.).
17. Assess the need for nutritional education (e.g., weight loss/weight reduction, diet).
28. If applicable, specifies cost for future routine medical care (e.g., annual evaluations, psychiatry, urology, etc.).
34. If applicable, specifies cost for nutritional education (e.g., weight loss/weight reduction, diet).
65. Monitor client progress and outcomes during the life care planning process.

Theme 12: Insurance Benefits - Items that represent the provision of funding for healthcare services.

19. If applicable, specifies cost for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.).
 20. If applicable, specifies cost for projected therapeutic modalities (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.).
 21. If applicable, specifies cost for diagnostic testing/educational assessment (e.g., neuropsychological, educational, medical labs). If applicable, specifies cost for medication/supply needs (e.g., bowel/bladder supplies, skin care supplies).
 27. If applicable, specifies cost for home/attendant/facility care (e.g., personal assistance, nursing care).
 29. If applicable, specifies cost for transportation needs (e.g., adapted/modified vehicle with hand controls).
-

- 31. If applicable, specifies cost for the client's recreational equipment needs (e.g., adaptive skis, adaptive fishing equipment).
- 32. If applicable, specifies cost for recreational therapy (e.g., music, play, hippotherapy, RET).
- 73. Apply managed care (insurance industry) knowledge when developing life care plans.
- 95. Apply knowledge regarding workers' compensation benefits within the state of injury as it relates to life care planning.

Theme 13: Legislation - Items representing the understanding of legal and policy issues affecting individuals with disabilities.

- 94. Keep abreast of the laws, policies, and rule making affecting health care and disability-related rehabilitation service delivery.
- 103. Apply knowledge regarding legal rules (justification for valid entries in a life care plan may vary from state to state and jurisdiction to jurisdiction).
- 121. When working with pediatric cases, keep abreast of guardian issues for protecting minors or those deemed mentally incompetent.

Theme 14: Medical and Psychosocial Aspects - Items that represent an understanding of what the future care needs are for the condition/disease/disability. These items also represent the impact of chronic illness and disability on the individual related to attitudes, social and environmental barriers, and prejudices, apart from characteristics of the condition and associated functional capabilities.

- 47. Apply knowledge of health care/medical/rehabilitation terminology.
- 48. Review medical records from physicians, nurses, PTs, OTs, and speech therapists to assess the client's medical status.
- 69. Address gaps in records and/or life care plan recommendations.

Theme 15: Medical Background - Items that represent the process of obtaining and reviewing relevant medical information relating to the life care plan recipient's condition.

- 1. Assess the need for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.).
 - 2. Assess the need for projected therapeutic modalities (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc).
 - 3. Assess the need for diagnostic testing/educational assessment (e.g., neuropsychological, educational, medical labs).
 - 46. Apply medical knowledge of potential complications, injury/disease process, including the expected length of recovery and the treatment options available.
 - 49. Apply knowledge regarding the interrelationship between medical, psychological, sociological, and behavioral components of injury/illness.
 - 53. Apply knowledge of human growth and development as it relates to life care planning.
 - 55. Apply knowledge of the existence, strengths and weaknesses of psychological and neuropsychological assessments.
 - 122. Consider the impact of aging on disability and function when developing life care
-

planning recommendations.

Theme 16: Outreach and Marketing - Items referring to obtaining and retaining clients/evaluatees/accounts as well as improving one's professional reputation.

- 40. Establish fee schedules (how much you or your practice charge) for life care planning services to be rendered.
- 75. Promote and market the field of life care planning.
- 107. Provide information regarding your organization's programs to current and potential referral sources.
- 108. Educate parties (e.g., attorneys, clients, insurance companies, students, family members) regarding the life care planning process.

Theme 17: Professional Development - Items referring to the skills and knowledge attained for both personal development and career advancement.

- 41. Use effective time management strategies when developing the life care plan.
- 74. Perform life care planning in multiple venues (e.g., personal injury, special needs trust, case management).
- 78. Stay current with the relevant life care planning literature.
- 80. Evaluate one's own practices and compare to ongoing evidence-based practice.
- 102. As appropriate, attend professional conferences.
- 104. Belong to an organization that reviews life care planning topics and issues, as well as offers continuing education specifically related to the industry.
- 105. Maintain continuing education in areas associated with your life care planning practice.

Theme 18: Program Management and Evaluation - Items referring to assessing and improving practices, policies and procedures to evaluate the success of a program, practice, or organization.

- 62. Obtain regular client feedback regarding the satisfaction with services recommended and suggestions for improvement in a life care plan.
- 106. Perform program evaluations and research functions to document improvements in client outcomes following life care plan development.

Theme 19: Rehabilitation Team - Items pertaining to the process of collaborating with other healthcare and rehabilitation professionals.

- 61. As appropriate, rely upon qualified medical and allied health professional opinions when developing the life care plan.
- 119. Have a physician review the life care plan prior to submission to referral source.

Theme 20: Vocational Information - Items relating to the process of obtaining education and employment, as well as successfully accomplishing work-related tasks.

- 18. Assess the need for short/long-term vocational/educational services.
-

35. If applicable, specifies cost for short/long-term vocational/educational services.

Theme 21: Life Care Planning Needs Assessment - Items that represent the process of determining requirements of an individual and/or family/caregivers who are the recipient of the life care plan.

- 42. Apply financial management knowledge when working with clients (e.g., balance checkbook, banking, etc.).
- 68. If allowed, conduct a comprehensive interview with the client, his/her family and/or significant other(s), if possible.
- 96. Apply risk management knowledge as it relates to life care planning.
- 116. Obtain and review day-in-the-life videos of clients when developing a life care plan.
- 120. Utilize medical coding when developing a life care plan (e.g., CPT, ICD-9/10, HCPCIC coder).

Call for Manuscripts

The *Journal of Life Care Planning* (JLCP), the premiere peer-reviewed and professional journal dedicated to the specialty practice of life care planning, is seeking manuscripts for publication. One of the Journal's objectives is to publish material that will add to the research and knowledge base of life care planning practitioners. The Journal strives to publish information that is relevant and valuable to life care planners and is appropriate and accurate within standards in the field. Research and evidence-based articles are welcome and so are case studies or real practice examples. Material published in the JLCP is the latest information regarding life care planning and serves to provide academic foundation for this growing specialty advanced practice.

The editorial team welcomes your contributions for peer review. Submissions are accepted at all times during the year. Deadlines specific to each issue are February 15, May 15, August 15, and November 15 of each publication year. Please consider contributing to this specialty practice by submitting a manuscript. Manuscripts that are double spaced and adhere to the APA (American Psychological Association) style of professional writing can be sent as an email attachment to Debra E. Berens, Managing Editor, *Journal of Life Care Planning*, debra.berens@comcast.net.
