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Life Care Plan Survey 2009: Process, Methods and Protocols

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Abstract

A national survey was conducted to obtain current information about life care planners, the life care planning process, as well as methods and protocols utilized by practicing life care planners. Areas addressed in the survey included: a) demographics; b) business practices; c) roles and functions of the life care planner; d) life care planning protocols; and e) future growth and development.

Survey results describe the current state of life care planning practice, provide data on protocols/procedures used by life care planners and identify areas of life care planning practice where further definition, refinement and/or research may be necessary. In addition to descriptive data, responses were analyzed in terms of similarities and differences related to field of practice, certification status, and amount of deposition experience. Results are expected to enhance life care planning practice by promoting continued discussion and consideration regarding roles, scope of practice, competencies, and standards of practice.

Introduction and Historical Perspective

Since the term "Life Care Plan" was published in *Damages in Tort Actions* (Deutsch & Raffa, 1981) and *A Guide to Rehabilitation* (Deutsch & Sawyer, 1985, Rev. 2005), the scope and practice of life care planning has developed and grown. A variety of training programs in life care planning have been established to provide detailed instruction on the format, methods and procedures involved in outlining future care needs and costs for individuals with catastrophic injuries, disabilities or chronic medical needs. Life care planning courses and continuing education seminars are now taught through several professional organizations as well as at a number of universities offering graduate programs in rehabilitation counseling and nursing.

Books and numerous peer reviewed publications provide information about life care planning and address disability as well as practice issues including procedures, services, technology, ethics and standards (e.g., Weed & Berens, 2010; Riddick-Grisham, 2004; Riddick-Grisham & Deming, in press; Weed, Berens, & Deutsch, 2002). The *Journal of Life Care Planning* not only includes peer reviewed articles that address life care planning needs for individuals with specific disabilities (e.g., traumatic brain injury, spinal cord injury, swallowing disorders, chronic pain), but includes an ethics interface column as well as articles on medical equipment replacement schedules (Amsterdam, 2002; Marini & Harper, 2005), hospital pricing (Rosenblatt, 2002), outcomes (McCollom & Crane, 2001; Reavis, 2002;

Casuto & Gumpel, 2003; Patterson, Murphy, & Masterson, 2004), reliability/ validity (Sutton, Deutsch, Weed, & Berens, 2002; Kendall & Casuto, 2005), research methods (Kendall & Deutsch, 2002), importance of vocational rehabilitation (Field, 2002), informed consent (Hogue, 2003), selecting a life care planner (Fick, 2003), school nursing (Cosby, 2003), technology (Hill, 2003, 2004; Deutsch, Kendall, Raffa, Daninhirsh, & Camino-Ferguson, 2005), home support services (Fischer, 2004; Yu, Pomeranz, Moorehouse, Shaw, & Deutsch, 2008), household services (Fischer, 2007), neuropsychological evaluation (Bryant & McLean, 2004; Kohn, Hooper, Ballard, Raphael, & Golden, 2009), methodology (Weed, 2004; Neulicht & Berens, 2005; Neulicht, 2006; Field, Choppa, Johnson, Jayne, Fountaine, & Smith, 2008), clinical judgment (Choppa, Johnson, Fountaine, Shafer, Jayne, Grimes, & Field, 2004), aging (Mitchell, 2004a, 2004b), needs of a forensic economist (Ireland, Rizzardi-Pearson, 2004), wheelchairs (Mitchell, 2005), vehicle modifications (Weed & Engelhart, 2005), personal care assistance (Pomeranz, Shaw, Sawyer, & Velozo, 2006; Preston, 2009), home assessment (Karl & Weed, 2006), use of scientific research and clinical practice guidelines (McCollom, 2005; Pomeranz, Yu, Wemmer, & Watson, 2007), medical coding (Maniha, 2008), long term physical therapy needs (Marini, Luckett, Miller, & Blanco, 2009), and life expectancy (Krause & Saunders, 2010), to name a few.

Professionals involved in the specialty practice of life care planning have developed *Standards of Practice* (Preston, 2002; Reavis, 2002; McCollom, 2006; International Academy of Life Care Planners, 2006; Fick & Preston, 2006) and focused on consensus building with regard to methods and protocols through biennial Summits (Weed & Berens, 2000; Berens, 2002; Riddick-Grisham, 2003; 2006; Berens, 2004; Deutsch & Allison, 2004; Preston, Pomeranz, & Walker, 2008; Berens, Johnson, Pomeranz, & Preston, 2010).

Turner, Taylor, Rubin, & May (2000) conducted a study of the job functions associated with the development of life care plans. Results of a more recent role and function study (Pomeranz, Yu & Reid, 2010) indicate that 21 themes were validated by professional life care planners (e.g., advocacy, assess independent living needs, community re-entry, consultation services – legal system, coordination and service delivery, counseling and services, disability prevention – health promotion, equipment needs/assistive technology, ethics, evidence-based practice, health-care management, insurance benefits, legislation, medical and psychosocial aspects, medical background, outreach and marketing, professional development, program management and evaluation, rehabilitation team, vocational information and life care planning needs assessment). For full text of the role and function study, the reader is referred to the *Role and Function Study of Life Care Planners* (Pomeranz, Yu, & Reid, 2010).

Continuing the ongoing progress in life care planning education, professionalism, principles, and identification of pertinent practice issues, an online national survey of life care planners was conducted in 2001 (Neulicht, Riddick-Grisham, Hinton, Costantini, Thomas, & Goodrich, 2002). The survey was conducted in an effort to obtain current information about life care planners, the life care planning process, as well as methods and protocols utilized by practicing life care planners. It provides a baseline for future surveys documenting the evolution of life care planning over time.

In the past nine years, the number of certified life care planners has more than doubled. In tandem with the field's growth, specificity of information required in a life care plan and the increased complexity of referrals, it is not surprising that questions relevant in 2001 continue as current issues, e.g., What are the performance indicators of a comprehensive life care planning process? In what manner would an individual life care planner compare and contrast his/her methodology with that of another life care planner? Do standards accurately

represent the individual life care planner in their day-to-day practice?

The purpose of the *Life Care Plan Survey 2009* was to replicate and update the 2001 study. Survey results are expected to enhance life care planning practice by promoting continued discussion and consideration regarding competencies and *Standards of Practice*. This article will provide results of the *Life Care Plan Survey 2009*, describe the current state of life care planning practice, provide data on protocols/procedures used by life care planners and identify areas of life care planning practice where further definition, refinement and/or research may be necessary.

Methodology

Study Design

An online survey of practicing life care planners was completed by Neulicht, Grisham, Goodrich and Hinton in July 2009. The survey instrument was developed over a two-year period of time and consisted of multiple-choice questions with the option of providing comments on selected items. Areas addressed in the survey included: a) demographics; b) business practices; c) roles and functions of the life care planner; d) life care planning protocols; and e) future growth and development. Survey respondents were requested to provide information regarding current practice and/or protocols used during the past 12 months for all questions except for those that specified a different time frame. Questions were to be answered based on the practitioner's or company's usual practice. Questions regarding future growth needs also were included in the survey. The framework for updating the survey instrument included review of the 2001 survey questions and results, Summit Proceedings, as well as review of the literature, International Academy of Life Care Planning (IALCP) *Standards of Practice* (2006), and International Commission on Health Care Certification (ICHCC) life care planning competencies. Question topics new to the 2009 survey include:

- Number of plans completed per year
- Types of cases
- Charges for rush cases and administrative services
- Closed file contents and methods of retention
- Average length of an in-person interview
- Independent HIPAA (Health Insurance Portability and Accountability Act) release requests
- Recommendation for specific medical follow-up, procedures and/or diagnostic testing based on LCP expertise
- Example/rationale for including costs for goods and services related to pre-existing conditions
- Identification of collateral funding streams/sources
- Examples of databases
- Sources used in forming opinions regarding household support needs
- Inclusion of private vs. direct hire attendant care
- Inclusion of additional costs for live-in food, utilities, supply expenses
- Consideration of time a parent would normally be expected to perform parenting duties in recommendation for pediatric in-home supervision
- Physician sign-off/review
- Updating the plan with change in evaluee's condition
- Requesting that referral source provide a copy of the life care plan to evaluee
- Contacting evaluee/family to determine if the life care plan is being/has been followed

(See Appendix A for survey questions)

The tool was piloted/reviewed by twelve leaders in the field of life care planning and feedback was used to refine questions. The study was funded, in part, by the Foundation for Life Care Planning Research (FLCPR). It was endorsed by the International Academy of Life Care Planners (IALCP) and approved by the Institutional Review Board (IRB) of research on human subjects at the University of North Carolina at Chapel Hill. Since the respondents' identities were not available to the research team and the individuals gave informed consent through voluntary participation by completing the survey, no risks to individuals were identified.

One hour of continuing education credit (CEU) was awarded by the Commission for Case Manager Certification (CCMC).

Respondents

No centralized or comprehensive list of life care planners currently exists; therefore, multiple rehabilitation, life care planning and education/training organizations were contacted to request names and contact information since individuals from various disciplines complete life care plans. E-mail lists were obtained from the International Association of Rehabilitation Professionals (IARP) IALCP and Forensic Sections, The Care Planner Network and Medipro Seminars for a one time only use. The lists of names and email addresses provided by the organizations and institutions were reviewed and merged to avoid duplication.

Three weeks prior to the launch of the survey (5/5/09), announcements were sent to listservs for life care planners (i.e., IALCP, IARP Forensic Section, Care Planner Network, and ICHCC). Several steps were taken to create a valid survey distribution list. A mass e-mail was sent via Constant Contact requesting confirmation that recipients were practicing life care planners (3252 e-mails sent, 1080 bounced back). Individual e-mails also were sent to verify addresses and status as a practicing life care planner. Of the 1,704 individual e-mail invitations to participate in the survey sent on 5/29/09, 415 were returned due to undeliverable e-mail addresses. Daily lists of resends, additions and corrections were submitted to SurveyTracker and two follow-up e-mail invitations were sent to the final audience of 1,346 usable e-mail addresses. To reach life care planners who did not have an e-mail address and/or may not have received the invitation to participate, listserv messages and reminders were periodically posted with instructions for survey access.

Data Collection

The research team retained Training Technologies, Inc. (TTI©) to assist in the data collection using their SurveyTracker product. SurveyTracker is an authenticated, secure, independent Application Service Provider with considerable research/university experience (Training Technologies, 2010). The authors are not connected with this firm in any manner. They do not own any portion of this firm and are not employed in any manner by the firm. Neither TTI© nor any of their products/services have or had a link to any of the authors' local computers or networks.

The e-mail list of potential life care planner participants was given to SurveyTracker. SurveyTracker sent all e-mail invitations requesting participation, collected the data from respondents, and sent the data to the researchers without respondent identifiers. Participants were given approximately six weeks to respond (5/29/09 to 7/13/09). Responding participants completed the survey instrument online. Due to the length of the survey (estimated time of 30

to 60 minutes to complete), respondents were able to *Save & Resume*, if needed to take a break while responding. After SurveyTracker received survey responses, data was forwarded in aggregate form to the authors and statistician for analysis.

Statistical Analysis

Descriptive analysis was generated directly from the SurveyTracker database of responses and included frequency and percentage data for all questions. Chi-Square (2) and one-way Analysis of Variance (ANOVA) were completed, as appropriate, to determine if there were significant differences in responses to selected questions by field of practice, certification status, and amount of deposition experience.

Definition of Terms

For purposes of the survey, the research team developed definitions for select terms included in the survey. The terms, with definitions, are as follows:

Testifying expert: An individual who is an expert in his/her field, hired in a litigation situation to provide expert testimony regarding a specific topic. The expert's name must be revealed/listed with the court. Work completed is discoverable.

Non-testifying Consultant: An individual who is an expert in his/her field, hired in a litigation (or potential litigation) situation to provide "behind the scenes" consultation AND is not retained to provide expert testimony. The Non-Testifying Consultant's name is routinely not revealed to the other side or to the court. Work product of the Non-Testifying Consultant is routinely not discoverable.

Evaluee: The person who is catastrophically injured or chronically ill for whom the Life Care Plan is being developed is called the evaluee. Depending on the Life Care Planner's professional background, the evaluee can also be referred to as the injured worker, patient, or plaintiff (Barros-Bailey, Carlisle, Graham, Neulicht, Taylor, Wallace, 2008; 2009).

Routine: Greater than 75% of the time.

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

Source: Combined definition of the University of Florida and Intelicus annual life care planning conference and the American Academy of Nurse Life Care Planners (now known as the International Academy of Life Care Planners) presented at the Forensic Section meeting, NARPPS (now IARP) National Association of Rehabilitation Professionals in the Private Sector, (now International Association of Rehabilitation Professionals) annual conference, Colorado Springs, CO and agreed upon 4/3/98.

Results

Demographics

Response rate

Responses were obtained from 293 individuals or 22% of the usable invitation list. Eighty-five percent of those who started the survey completed it. In response to the first question on the survey, 222 individuals (76% of respondents) indicated that they are practicing life care planners. For purposes of this study, a practicing life care planner was defined as one who has submitted one or more life care plans to a referral source within the last 12 months. Individuals who provide research or work under the direction of a life care planner or have completed life care plan training/education but have not submitted a life care plan to a referral source within the last year were asked to end the survey.

For the remaining analyses, only life care planner respondents are included. Not all individuals answered all questions on the survey.

Gender

Respondents were predominantly female (70.4%) with significant gender distribution differences between professional groups. Nurses had a significantly lower proportion of males (2.1%) than did rehabilitation counselors (42.79%; 2 (1) = 44.72, p<.001). Other professions were not sufficiently represented to conduct comparisons.

Geographical distribution

Respondents were geographically distributed throughout all 11 United States Court Districts with the highest response rate from the 9th circuit (n=34; states include California, Nevada, Arizona, Oregon, Idaho, Washington, Montana, Alaska, Hawaii) followed by the 4th circuit (n=21; states include Maryland, North Carolina, South Carolina, Virginia, West Virginia). The state with the highest number of respondents was California (n=14). There were no responses from life care planners in Alaska, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kentucky, New Hampshire, North Dakota, Rhode Island, South Dakota, Utah, West Virginia, and Wyoming. Of the Canadian provinces, completed surveys were received from life care planners in Ontario (n=6) and Alberta (n=2).

Licensure or certification/field of practice

When questioned as to whether a respondent is licensed or certified at the state level, forty-eight percent (47.7%, n=106) of the respondents indicated registration as a nurse whereas 45% (n=100) reported certification as a rehabilitation counselor or licensure as a mental health counselor.

Responses for respondents' primary health care profession follow a similar pattern: 44.6% (n=99) designated nursing as their primary field of practice and 36.9% of respondents (n=82) indicated rehabilitation counseling. Individuals also indicated a primary field of practice by writing in other areas (e.g., case management, nursing case management, rehabilitation ergonomics/economics, legal, disability management specialist and neuropsychology) and were grouped as "Other Professionals" for data analysis when compared to the "Rehabilitation Counselor" and "Nurse" groups.

Education

Forty-seven percent (47.3%, n=104) of the respondents indicated their highest academic degree is at the Master's degree level; 26.8% (n=59) have earned a Bachelor's Degree and

10.5% (n=23) have obtained doctoral degrees. The remaining respondents were Diploma Nurses (7.3%, n=16) or had earned an Associate's degree in nursing (6.4%, n=14). No respondents indicated that they were physicians or chiropractors. One respondent completed a Juris Doctor degree.

Professional affiliation

Respondents reported that they hold an average of 2.7 certifications (n=222, Standard Deviation (SD) =1.34; range=0 to 6) and belong to an average of 2.73 organizations each (n=222, SD=1.58, range=0 to 9). Seventy-four (74.3%) percent of the respondents (n=165) reported that they hold the ICHCC Certified Life Care Planner (CLCP) designation, 41% (n=91) are Certified Case Managers (CCM), 34.2% (n=76) are Certified Rehabilitation Counselors (CRC) and 10.8% (n=24) are Certified Nurse Life Care Planners. The most commonly cited organizations in which respondents hold an active membership are: IARP (63.5%, n=141), IALCP (61.7%, n=137), Case Management Society of America (25.7%, n=57), American Association of Nurse Life Care Planners (17.6%, n=39) and American Association of Legal Nurse Consultants (16.7%, n=37).

Eight-five percent (84.7%, n=188) of the respondents indicated they are active members of a professional listserv. Nurses and Rehabilitation Counselors indicated they are active members of a listserv in statistically equal proportions (71/82, 86.6% Rehabilitation Counselors; 87/99, 87.9% Nurses).

Forty-seven (47.3%) percent of the respondents (n=105) complete an average of 11-20 Continuing Education Unit (CEU) hours on topics specific to life care planning each year. Another 26.6% complete an average of 21-30 hours per year, and 12.2% complete less than 10 hours per year. There was no significant difference in CEU hours between Nurses and Rehabilitation Counselors (2 (4) = 5.38, p=.25).

Experience

A majority of respondents (92.8%, n=206) indicated that life care planning has been part of their practice for six years or more. Thirty-nine percent (38.7%, n=86) have performed life care planning services for 11 – 20 years and 17.1% (n=38) for 21 years or longer.

Rehabilitation Counselors, Nurses, and Other Professionals were not equally represented with respect to levels of life care planning experience. Rehabilitation Counselors differed significantly from Nurses (2 (4) = 11.5, p=.02). While 14.7% of Nurses reported 21 or more years of experience, 25.0% of Rehabilitation Counselors reported that level of experience. Similarly, Nurses differed significantly from the combined non-nurse professions (2 (4) = 10.1, p=.04). The differences reflected here were at the very low and very high end of the experience spectrum. Specifically, 6.7% (n=2) of Nurses but no Other Professionals reported less than a year of experience, whereas 6.3% (n=6) of Other Professionals had 30 or more years of experience. While none of the Nurses reported this many years of experience, fifty-five percent (54.8%, n=47) of Nurses reported between 21 and 30 years of experience – the highest percent in any category for any group. Similarly, Rehabilitation Counselors also differed from the Other Professionals group (2 (4) = 9.8, p=.05) due to the higher percentage of Rehabilitation Counselors with 21 or more years of experience (25.0% versus 12.9% for Other Professionals) as well as the higher percentage of Other Professionals with less than 11 years of experience (54.8% versus 28.8% for Rehabilitation Counselors).

Of the 211 respondents providing information on the number of life care plans completed, 47.9% (n=101) had completed less than 100 life care plans and 20.4% (n=48) had completed

250 or more life care plans. A majority of respondents (89.9%, n=187) indicated that at least 50% of the life care plans they complete are on adults (age 22 – life) whereas 17.6% (n=36) of the respondents complete at least half their life care plans on pediatric evaluees who are 21 years old or younger.

Among respondents, the mean number of life care plans completed in their respective careers was 187.1 (SD=305.4). Individual totals ranged from one to 2,500. For 61.5% of respondents (n=136), life care planning represents 50% or less of their practice. Twenty-three percent (22.6%) of the respondents (n=50) indicated that life care planning was a significant proportion (76 - 100%) of their practice.

Forty-eight percent (48.2%) of the respondents (n=107) reported that they provide regional life care planning services (e.g., a 3 – 5 state radius) whereas 36.0% (n=80) provide national services, 35.6% (n=79) provide local services, and 11.3% (n=25) provide international services. (Note: total "N" exceeds the sample size because many respondents provide services in more than one response category.) Characteristics of the typical respondent are provided in Table 1.

Table 1. Typical Life Care Plan Survey 2009 Respondent

- Female
- From 9th or 4th circuit (United States Court Districts)
- From California, Pennsylvania, Florida, North Carolina
- Nurse or Rehabilitation Counselor
- Predominant degree is Master's Degree, followed by Baccalaureate
- CLCP, CCM, CRC (an average of 2.7 certifications)
- Member of IARP, IALCP (an average of 2.73 organizations)
- Active member of a listserv (Care Planner Network, IALCP)
- 11 to 20 years of experience in rehabilitation or with people with disabilities prior to work as a life care planner
- 11 to 20 years of experience in life care planning
- At least 50% of plans completed are on adults
- Provides life care planning services on local and regional (3 to 5 state radius) bases
- Completes up to 10 life care plans per year
- Has not been subjected to a Daubert challenge

Seventy percent of this survey sample (70.03%, n=171) have deposition experience. Fourteen percent (14.0%, n=31) of the respondents have never testified as an expert witness regarding a life care plan. Among respondents who reported deposition experience (n=171), the mean number of career life care plan depositions was 74.7 (SD=176.0; range= 1 to 1750). The median number of depositions was 20.0, indicating that experience was not evenly distributed across the sample.

Of the 105 respondents with expert testimony experience in Federal Court, the mean number of testimonies was 12.8 (SD=20.4, median=5.0, range=1 to 116). Expert testimony experience in State Court was indicated by 146 respondents. The mean number of State Court testimonies was 41.9 (SD=84.5, median=10.0, range=1 to 600). With regard to the 69 respondents who reported expert testimony in Workers' Compensation cases, the mean number of testimonies was 14.4 (SD=56.0, median=2.0, range=1 to 460).

Only a small number of respondents reported expert testimony experience exclusively in Federal Court (n=6), State Court (n=3), or Workers' Compensation hearings (n=5). The level

of testimony experience among these individuals was relatively low, ranging from a mean of 1.2 (SD=0.5) for Workers' Compensation to a high of 7.7 (SD=2.5) for State Court. A similarly low number of respondents had expert testimony experience exclusively through a combination of Federal and State Court (n=4). A somewhat higher number of respondents reported exclusively providing expert testimony in depositions (n=21) with a mean number of depositions of14.0 (SD=42.9, range=1 to 200). More than half (n=116) of the respondents reported providing expert testimony in Workers' Compensation cases in addition to either Federal or State Court. Ninety-six percent (96.4%) of the respondents (n=214) have never been subjected to a Daubert challenge. Seventy-eight percent (78.4%, n=174) have not assisted an attorney in preparation for a Daubert hearing regarding another expert witness.

Business Practices

Practice setting

A majority of respondents (52.3%, n=116) indicated that they practice as owner/independent practice with employees/subcontractors. Other practice settings included owner/independent practice setting without employees/ subcontractors (28.8%, n=64) and private rehabilitation or case management company employee (16.2%, n=36). There was no significant difference by field of practice.

Referral base

The most common sources of referrals for this sample of life care planners were attorneys (96.4%, n=214), followed by Workers' Compensation (49.5%, n=110) and insurance carriers (46.8%, n=104). A majority of respondents (89.6%, n=199) reported that they are not listed with an expert witness service. Almost fifty percent of the respondents (49.55%, n=110) receive at least 50% of their referrals from plaintiff attorneys. Seventy-eight percent of the respondents (77.5%, n=172) receive 50% or less of their referrals from defense attorneys. Life care plans are prepared primarily for personal injury or accident cases, followed by medical malpractice.

Case acceptance/retainer

Sixty-five percent (65.3%, n=145) of the respondents indicated that they require a signed agreement (or letter of engagement) prior to accepting a case. Seventy-two percent (72.1%, n=160) of the respondents reported that they require a retainer before initiating work on a case. For those who request a retainer, 27.9% (n=36) request $1000 or less, 18.4% (n=25) request $1001 to $1500, 20.1% (n=26) request $1501 to $2000 and 32.6% (n=42) request more than $2000. Among those who require a retainer, the mean amount was $1,945 (SD=$1,140) and the amount ranged from $25 to $6,000.

File documentation

Fifty-seven percent (57.2%, n=127) reported that copies of all time sheets (contact/activity) are part of their file. Most respondents routinely include written correspondence in their case files, with rates ranging from 76.6% (n=170) for correspondence from the evaluee to 88.3% (n=196) for correspondence from professionals. Correspondence from a referral or legal source is routinely included by 82.4% (n=183) of respondents. A majority of respondents also routinely include e-mail correspondence with a range from 56.8 % (n=126) for evaluee e-mail correspondence to 58.6% (n=130) for referral/legal e-mail and a high of 62.6% (n=139) for e-mail from professionals. Respondents indicate they typically

maintain closed files for seven years in both paper and electronic formats. A majority of respondents routinely include generated work product (including correspondence), interview/case notes, their deposition and report, other experts' reports, research notes and medical records in a closed case file. Other experts' depositions are not routinely kept in a closed file.

Billing

A majority of the respondents (84.4%, n=134) indicated that the average total number of hours required to complete a life care plan ranges from 30 to 50. The mean length of time was 40.0 hours (SD=18.0 hours) and the range was 10 hours to 120 hours.

Eighty-nine percent of the respondents (88.7%, n=197) indicated that they (or their company) bill by the hour. Across types of referrals, the mean hourly rate was $169 (SD=$73.40). The mode for insurance (e.g., reserve setting), legal and Workers' Compensation cases was $150 per hour and for court/deposition testimony, $250 per hour. On average, rates range from $62.50 to $750 per hour. Seven percent (7.4%, n=16) of the respondents charge $100 or less per hour whereas 11.0% (n=24) charge $101 to $125 per hour and 81.6% (n=177) charge $126 or more per hour. Rate structure differences between professional groups were not statistically significant (Oneway ANOVA, $F(2,205)=2.75$, $p=.07$). When rate structure was examined by certification status, it was found that rate differences between CLCPs and non-CLCPs were not statistically significant ($T(173)=0.95$, $p=.035$).

Fifty-seven percent of the respondents (57.1%, n=124) reported that they charge a different rate for court/deposition appearance. Of those providing more specific information (n=106), 104 (98.1%) state they charge a higher rate for court/depositions. Twenty-two percent of the respondents (22.2%, n=48) indicated that they (or their company) charge a different rate for travel. Of those providing additional information, 93.0% (n=40) charge a lower rate for travel (averaged across life care planning and court travel rates). Few respondents (5.4%, n=12) charge a different rate for professional services in the area of life care planning when serving as a non-testifying consultant (versus as an expert witness). For those who charge a different rate and provided more detailed rate information, 80% (n=8) charge less per hour as a non-testifying consultant. With regard to contracted workers or other staff, the most common use is to assist with cost research. The majority of respondents do not charge a different rate for rush work, research assistance, or administrative services.

The primary avenue utilized by respondents for resolving non-payment of bills is to contact the referral source (46.4% of respondents; n=103). The second most frequently cited response was that non-payment of bills was "never a problem" (26.6%, n=36). The remaining options for resolution of non-payment were: legal representation (19.4%, n=43); bar association complaint (16.2%, n=36); and collection service (17.1%, n=38).

Roles and Functions of the Life Care Planner

A majority of respondents (76.0%, n=168) indicated that they have not served in the role of a case manager, counselor or therapist for a client prior to developing the life care plan. Likewise, a majority of respondents (77.5%, n=172) reported that they have not served in the role of a case manager, counselor or therapist on a case after completing a life care plan, nor served in the role of a case manager, counselor or therapist on a case after another person completed a life care plan (65.3%, n=145). Nearly one-half of respondents (46.4%, n=96) indicated that they have not mentored life care planners, either formally or informally. Among

the remaining respondents who have been involved in life care planner mentoring (n=111), the mean number of mentees was 11.0 (SD=37.0, median=3.0) with the number of mentees ranging from 1 to 300. Seventy-four percent (73.9%, n=82) with mentoring experience have mentored 5 or fewer individuals.

Twenty percent (19.8%, n=44) of the respondents have never reviewed and/or analyzed a life care plan of an opposing expert to provide a testifying expert opinion in a litigation situation. Twenty percent (20.3%, n=45) have never reviewed and/or analyzed a life care plan of an opposing expert to provide a non-testifying consulting opinion in a litigation setting. Forty-one percent (40.5%, n=90) have reviewed or analyzed one to ten plans of an opposing expert to provide an expert opinion in a litigation situation and 45.9% (n=102) have provided this service on one to ten plans as a non-testifying consultant. Only 10.8% (n=24) have reviewed and/or analyzed more than 50 life care plans of an opposing expert to provide an opinion as a testifying expert, and 7.2% (n=16) did so as a non-testifying expert.

Twenty-four percent (24.2%, n=53) of the respondents have been asked to assist in the development of deposition questions for the opposing life care plan expert more than 50% of the time. Fourteen percent (14.2%, n=31) of the respondents have not been asked to do so.

Eighty-three percent (83.1%, n=182) of the respondents reported that they do not discount to present value the cost of the items in the life care plan. Thirty-eight percent (37.9%, n=83) of the respondents indicated that they routinely provide information to an economist to clarify lifetime cost projections. Eleven percent (11.4%, n=25) never do this.

Eighty percent (80%, n=176) of the respondents indicated that they do not videotape evaluees, and most respondents (56.1%, n=124) never participate in development and presentation of day-in-the-life videos. Fourteen percent (13.5%, n=30) videotape evaluees up to 25% of the time and 10.4% (n=23) of the respondents participate in day-in-the-life videos at least 50% of the time. Thirty-three percent (33.3%, n=74) do not take photographs of evaluees' equipment or homes and 27.0% (n=60) of respondents take photographs 25% of the time or less. Sixty-one percent (60.47%, n=104) of responding life care planners have not contacted evaluees/families to determine if the life care plan is being followed. Among those who have made such contacts, the mean number of calls was 21.4 (SD=38.3, median=8.0).

Twenty-nine percent (28.8%, n=64) of the respondents reported that they review the life care plan with the evaluee and/or family greater than 50% of the time, while 27.5% (n=61) never do so. Sixty-one percent (61.3%, n=136) of the respondents never provide a copy of the life care plan to the evaluee and/or family; 5.0% (n=11) routinely do so.

Life Care Planning Protocols

Records request. Upon referral, a majority of respondents routinely make a verbal request for medical records, neuropsychology/psychology/ psychotherapy/counseling, therapy records, expert reports, medical depositions, pharmacy/ medication records, family depositions, school records, signed consent form, billing records, employment records, and day-in-the life videos/journals. Only medical records were routinely requested in writing by a majority of the respondents (51.3%, n=114). Details regarding routinely requested information are presented in Table 2.

Table 2. Information routinely requested at referral

Item	Verbal Request	Written Request
Medical Records	91%	51%
Neuropsychology/Psychology Psychotherapy/Counseling	85%	48%
Therapy Records	83%	44%
Expert Reports	82%	46%
Medical Depositions	77%	42%
Pharmacy/Medication	73%	42%
Family Depositions	72%	41%
School Records	65%	38%
Signed Consent Form	57%	36%
Billing Records	56%	35%
Employment Records	56%	36%
Day-in-the-life Videos/Journals	52%	29%

Interview. Respondents indicate that interviews range from one to eight hours with a mean of three hours. A majority of respondents request a personal interview with the evaluee verbally and utilize the evaluee's home for the interview. Respondents routinely conduct an in-person interview with an evaluee and/or family in cases referred by plaintiff attorneys, but not in cases referred by defense attorneys. Respondents also routinely provide written documentation if the request for an evaluee interview is denied.

A majority of respondents routinely:

- Use a structured interview form
- Use standardized questionnaires and/or checklists to document information from evaluee, family, and allied health professionals
- Use standardized checklists and/or questionnaires to manage the life care planning process
- Request a HIPAA compliant signed consent form (plaintiff referred cases)
- Review medical records

- Utilize clinical practice or standard of care guidelines
- Obtain more than one cost quote
- Request usual, customary and reasonable or retail fees
- Consider the time that a parent would normally be expected to perform parenting duties when recommending in-home supervision for a pediatric evaluee
- Include a discussion/rationale for recommendations
- Include discussion or reference to life expectancy
- Update a life care plan based on a change in condition or additional information that impacts recommendations
- Sign the life care plan

While a majority of the respondents do not routinely perform and utilize a literature search, practicing life care planners consult the literature when input from physicians or allied health professionals is not available (e.g., to identify potential complications).

Life Care Plan Development

Collaboration with rehabilitation team. In addressing medical recommendations, 73.42% (n=163) of the respondents indicated that they routinely consult with physicians. Fifty-six percent of the respondents (55.86%, n=124) follow up with written confirmation after a personal or telephone interview with a physician. When direct physician or allied health input for recommendations is not available and/or outside the life care planner's area of expertise, respondents utilize the following sources (in preferred order): medical records, clinical practice guidelines, expert testimony, and literature.

In the process of completing a life care plan, a majority of respondents reported that they routinely request the following non-medical evaluations: neuropsychology/cognition (86.5%, n=192), psychology/counseling (67.6%, n=150), assistive technology/adaptive equipment (65.8%, n=146), driver evaluation/architectural (64.9%, n=144), occupational therapy/ADL (62.6%, n=139), functional capacity (57.7%, n=128), physical therapy (55.9%, n=124) and speech therapy (54.1%, n=120). Fifty percent or less of the respondents indicated that seating, mobility, home care, nutrition, educational, recreation, audiology, and music therapy evaluations were routinely requested.

Vocational Issues. In the process of completing a life care plan, 50% (n=111) of the respondents routinely address the potential need for a vocational assessment. Vocational was the most frequently cited write-in non-medical evaluation.

Cost Research. Respondents indicated that the most preferred resources for obtaining costs for items and services recommended in the life care plan are current vendors, followed by local vendors or providers, Internet, manufacturers, national database with geographic adjustment, catalogues, an office cost file or database, and national database without geographic adjustment. Geographic location is the primary factor that affects decision making in determining which resources to use to secure cost information. Other factors endorsed by a majority of the respondents are the life care planner's experience with the item or service, experience with the vendor or provider, evaluee or family preferences, Physician preferences, and time frames for completion of the life care plan. The primary database used to research costs is *Medical Fees in the United States* (54.8%, n=92) followed by *Physicians' Fee Reference* (50.6%, n=85), *American Hospital Directory* (50%, n=84), Healthcare Common Procedure Coding System (HCPCS) (31%, n=52), Healthcare Cost and Utilization Project (HCUP) (26.2%, n=44), *Red Book: Pharmacy's Fundamental Reference* (23.8%, n=40), and

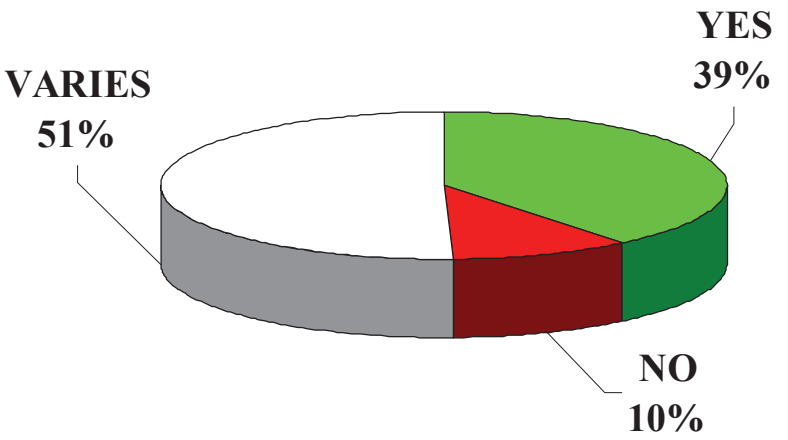
National Fee Analyzer (20.8%, n=35).

When listing costs for items or services, 48.2% of the respondents (n=107) reported that they will not use information older than one year.

As indicated in Figure 1, a majority of respondents (51%, n=111) vary the number of cost quotes for each item identified in the life care plan. The primary factor that affects decision-making regarding the number of cost quotes obtained is the availability of a current vendor/provider, followed by item/service

availability, nature of the item/service, recent experience, cost of the item/service, time frame required and national database availability.

Figure 1. Obtain a specific number of cost quotes



A majority of respondents indicate that if difficult to quantify costs, an annual allowance/allocation for goods/services is used. Quantities of items/services are specified when annual costs are listed. A majority of respondents do not use negotiated fees and/or an established fee schedule.

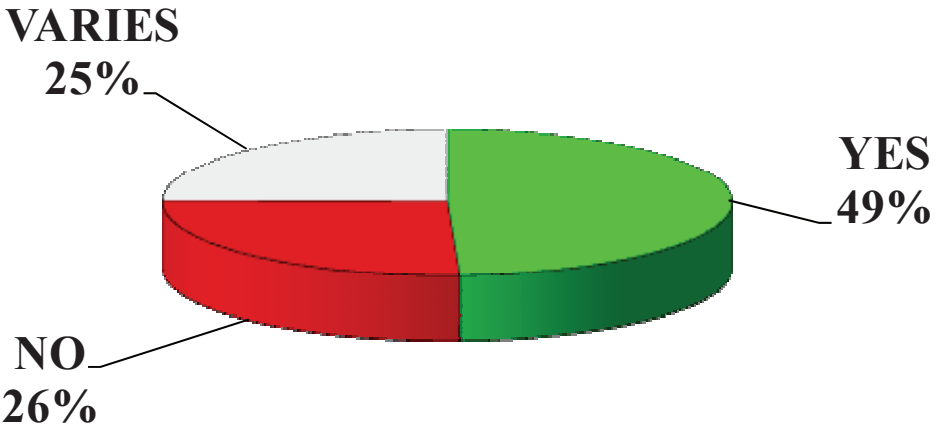
Home Modification. In forming opinions with regard to home modifications, respondents routinely utilize a contractor estimate (31.4%, n=66), architect estimate 18.1% (n=34), VA Specialized Adaptive Housing Grant allowance (15.3%, n=27), literature (12.5%, n=23), and rehabilitation engineer (6.6%, n=11).

Home Healthcare Needs. In forming opinions regarding the level of care related to the development of home care and/or family care recommendations respondents indicated that the most preferred source is physician recommendation, followed by health care/rehabilitation professional's opinion, the respondent's expertise, education, training and/or experience, self (evaluee/family) report of usage, state regulations, published standard of care/guidelines, home/healthcare agency recommendations and evaluee/family perspective or opinion regarding future needs. Fifty-four percent (53.6%, n=119) routinely utilize more than one home care/facility care option.

Household Support. Respondents indicated that the most preferred source for opinions regarding household support needs was a physical/ occupational therapy evaluation followed by physician recommendations, the respondent's expertise, education, training and/or experience, self (evaluee) report, clinical practice guidelines, and *Dollar Value of a Day*

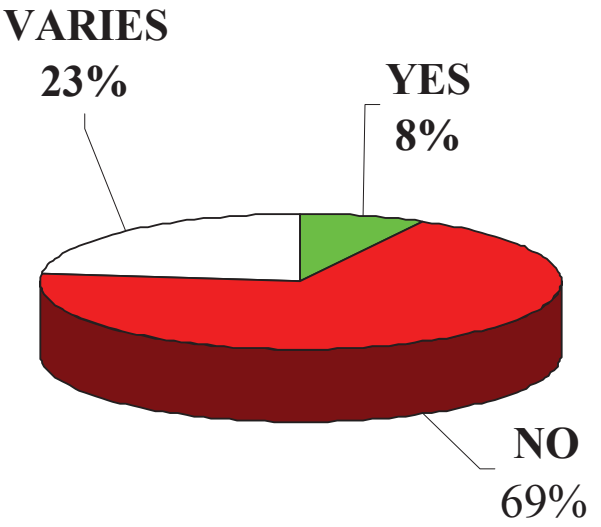
(2010). As indicated in Figure 2, when presenting home care options, forty-nine percent (49.1%) of the respondents include private/direct hire costs, twenty-six percent (25.68%) do not, and twenty-five percent (24.77%) indicate that it varies.

Figure 2. Include private/direct hire costs in home care options



Pre-existing conditions. While a majority of respondents (79.2%) routinely document pre-existing conditions, 69% (n=153) do not include costs for goods and services related to pre-existing conditions in a life care plan. Eight percent (n=17) of the respondents include such costs and 23% (n=52) indicate that inclusion of costs for pre-existing conditions varies. Data on inclusion of costs for pre-existing conditions are presented in Figure 3.

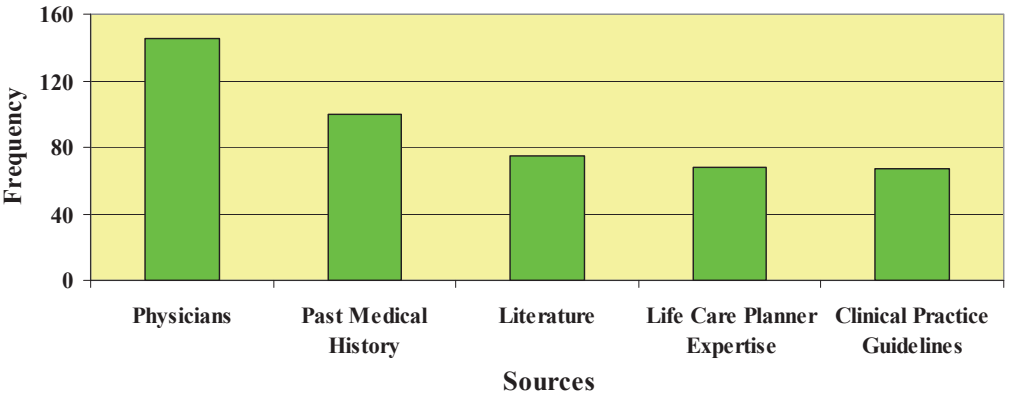
Figure 3. Include costs for goods/services related to pre-existing conditions in a life care plan



Complications. When considering potential or possible complications (less than a 50% likelihood of occurrence), 42.86% (n=84) of the respondents do not include costs in a life care

plan, while 28.06% (n=55) show the costs but never include in the annual and/or total costs; 22.96% (n=45) sometimes include the costs and 6.12% (n=12) show/always include the costs. The primary resource utilized to identify potential complications is the physician(s), followed by the past medical history, literature, respondent's expertise, education, training and/or experience, and clinical practice guidelines. Sources used to identify potential complications are depicted in Figure 4.

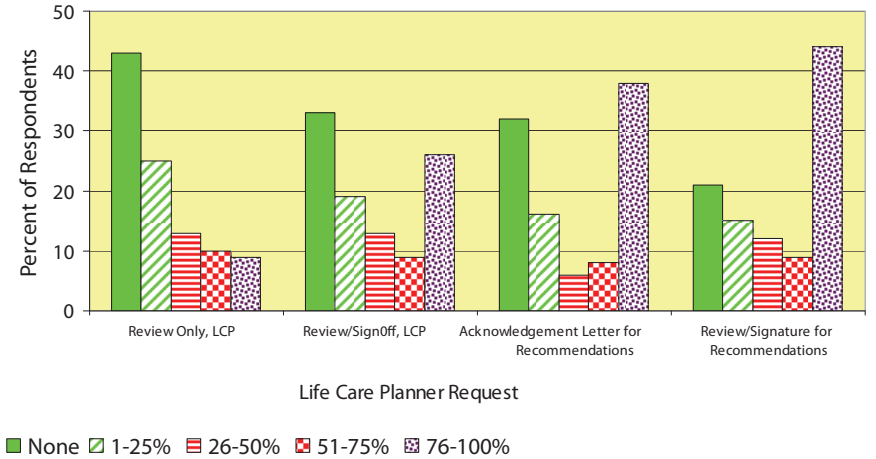
Figure 4. Sources used to identify potential complications



Life Expectancy. For life expectancy opinions, a majority of respondents use life expectancy tables published by the government (70.7%, n=157) and/or defer to a physician or other qualified professional (64.9%, n=144).

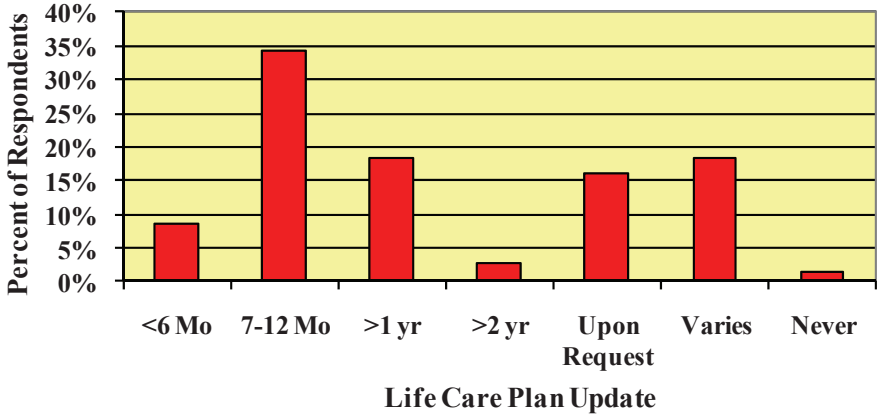
Physician Review: A majority of respondents do not routinely request physician review of the life care plan. This includes review without signing off on the plan, as well as physician review and sign off. Further, a majority of respondents do not send a letter of acknowledgment regarding recommendations made by the physician or send a letter to the physician requesting review and signature regarding specific recommendations made by the physician. A graphic presentation of the physician review data is presented in Figure 5.

Figure 5. Physician review



Plan Update(s). Prior to testimony, thirty-four percent (34.38%, n=66) of the respondents indicated that they routinely update a life care plan if the plan is 7 to 12 months old while eighteen percent (18.23%, n=35) indicate that it varies or update the plan if it is older than one year. Sixteen percent (16.15%, n=31) of the respondents update a plan only when requested by the referral source. Three percent (2.6%, n=5) update a plan if it is older than 2 years. Less than two percent (1.56%, n=3) never routinely update a life care plan prior to testimony. Data on plan updates are provided in Figure 6.

Figure 6. Routinely update a life care plan prior to testimony



Report Organization

Documentation. When serving as a testifying expert, a majority of respondents routinely include the following items in their report:

- Beginning/ending dates for items/services
- Daily routine/schedule
- Date of first contact
- Date of life care plan (LCP)
- Durable medical equipment list
- Evaluations requested
- Frequency/replacement schedules
- Functional abilities
- LCP tables/charts including beginning/ending dates for items/services
- Location of interview
- Medical diagnoses
- Medical summary/chronology
- Medication regimen
- Narrative report
- Other records requested
- Providers/professionals consulted
- Psychosocial/psychiatric diagnoses
- Rationale/purpose for recommendations
- Reason for referral
- Recommendations by source

- Records received/reviewed
- Referral source
- Social/environmental profile
- Summary of total costs (annual and/or lifetime)
- Supply consumption
- Vendor list
- Vocational/educational profile

A bibliography, clinical practice guidelines, collateral sources, date of referral, financial profile, nursing diagnoses, pictures, research articles and Rule 26 disclosure are not routinely included in a testifying expert's report.

Areas covered in a life care plan. A majority of respondents use the following standardized categories in a life care plan:

- Projected evaluations
- Projected therapeutic modalities
- Diagnostic/educational testing
- Wheelchair(s)/mobility
- Wheelchair accessories/maintenance
- Orthotics/prosthetics
- Orthopedic equipment
- Durable medical equipment
- Aids for independent function
- Supplies
- Medication(s)
- Home furnishing/accessories
- Home care
- Facility care
- Future medical care routine
- Transportation
- Architectural renovations
- Health and strength maintenance
- Acute medical intervention
- Vocational/educational plan
- Potential complications

The most frequently cited "other" category is special or support services such as trust management, guardianship fees, association memberships, community connections, case management, leisure and recreation.

Twenty-six percent of the respondents (n=65) indicated that they document consideration of the above categories even if recommendations are not relevant to a case; thirty-four percent (33.6%, n=84) do not do so and twenty-nine percent (28.8%, n=72) of the respondents indicated that this practice varies by case.

Field of Practice Differences

There were four areas of significant difference that emerged in analyses of the differences between respondents trained as Nurses, Rehabilitation Counselors and Other Professionals:

- Whether personal or telephone interviews with Other Professionals were followed by written confirmation ($X2(10)= 18.69$, $p=.044$): While 46% (46/99) of Rehabilitation Counselors routinely follow up with written confirmation after personal or telephone

interviews with Other Professionals, 30% of Nurses and 37.5% of Other Professionals in this sample perform this action. Conversely, 13% (13/99) of Rehabilitation Counselors never follow up these interviews with written confirmation, compared to about a quarter of the Nurses (22.5%, 9/40), and Other Professionals (25%, 16/64) in this sample.

- Obtaining cost information from published databases (X2(10)= 28.7, p=.001): While 27.5% (11/40) of Nurses never obtain cost information from published databases, 13.1% (13/99) of Rehabilitation Counselors do not utilize this type of cost information. Other Professionals were closer in this practice to Rehabilitation Counselors than to Nurses (10/64, 15.6%). However, Other Professionals had the lowest percent who routinely seek published cost information (4/64, 6.3% vs. 20% for Nurses and 19.1% for Rehabilitation Counselors.)

- Rendering opinions on life expectancy: Three percent (3/99) of Rehabilitation Counselors did not render life expectancy opinions, compared to 20% (8/40) of Nurses and 14.1% of Other Professionals. These differences were significant: X2(2)=11.10, p=.004. While 7.8% of Other Professionals (5/64) use statutory life expectancy tables, 20% (8/40) of Nurses and 23.2% (23/99) percent of Rehabilitation Counselors do so. This difference was significant: X2(2)=6.51, p=.039. There was a trend toward significant difference between field of practice with respect to deferring to a physician or other professional regarding life expectancy opinions (X2(2)=5.04, p=.08). While 57.8% of Other Professionals (37/64) and 57.5% (23/40) of Nurses reported this practice, nearly three quarters of Rehabilitation Counselors do so (72.7%, 72/99).

- Requesting an educational evaluation (X2(2) = 7.73, p=.021): Nurses in this sample were significantly more likely to have requested an educational evaluation in the past five years than were Rehabilitation Counselors or Other Professionals. Fifty-three percent (52.5%, 21/40) of the Nurses request this evaluation, while 32.3% (32/99) of Rehabilitation Counselors and 26.6% (17/64) of Other Professionals do.

There was a trend for Nurses in this sample to be more likely to request a mobility evaluation (23/40, 57.5%) than those in the Other Professionals category (23/64, 35.9%) which was statistically significant at (X2(2) = 4.72, p=.094). Rehabilitation Counselor requests for mobility evaluations fell between these two groups (46/99, 46.5%). Similarly, there was a trend for Rehabilitation Counselors in this sample to be more likely to request a nutritional evaluation (48/99, 48.5%) than those in the Other Professionals category (20/64, 31.3%), also a statistically significant difference (X2(2) = 5.40, p=.067). Nurse results were between these two groups (14/40, 35.0%). However, those in the Other Professionals group (33/64, 51.6%) were less likely to request an occupational therapy evaluation than were Nurses (27/40, 67.5%) or Rehabilitation Counselors (67/99, 67.7%), another statistically different finding at (X2(2) = 4.83, p=.089).

There were no significant field of practice differences for:

- using clinical practice or standard of care guidelines
- recommending specific medical follow-up, procedures, and/or diagnostic testing based only on respondent's expertise

- conducting a telephone or in-person interview with a physician or allied health professional
- confirming in writing information discussed with a physician during a personal or telephone interview
- conducting a telephone or in-person interview with allied health professionals
- addressing potential vocational issues
- using cost information by age of information (e.g., not used if older than one year)
- using standardized codes
- reviewing the life care plan with the evaluee (or family) and providing a copy
- asking the referral source to provide a copy of the life care plan to a family
- contacting evaluee/family to determine if the life care plan is being followed/implemented

Deposition Experience Differences

To analyze the effects of experience based on number of depositions, a new variable was created by dividing number of depositions given into three equal groups:

Low deposition experience: Less than 4 depositions
Medium deposition experience: At least 4 but less than 30 depositions
High deposition experience: 30 or more depositions

There were five areas of significant difference that emerged in these analyses. In each case, the likelihood of utilizing the particular tool or approach was significantly higher among those with high levels of deposition experience. The five differences were:

- Utilization of clinical practice or standard of care guidelines ($X^2(5)= 24.76$, $p=.006$): While 45.8% (33/72) of those with high levels of deposition experience utilize guidelines at least 76% of the time, 77.9% (53/68) of those with low levels of deposition experience do so. Those with medium levels of deposition experience fell between the other two groups: 65.7% (44/67). Similarly, 85.3% (58/68) of the low experience group, 76.1% (51/67) of medium experience group, and 63.8% (46/72) of the high experience group use practice guidelines more than 50% of the time.

- Utilization of expert testimony when physician or allied health input is not available ($X^2(10)= 18.56$, $p=.046$): While 53.6% (37/69) of the high deposition experience group ranked this as more frequently used than clinical practice guidelines, literature/published data, medical records, personal expertise, or other resources, 38.6% (22/57) of the medium deposition experience group and 32.1% (18/56) of the low deposition experience group ranked expert testimony as their most frequent resource in this circumstance.

- Reviewing the LCP with the evaluee or evaluee's family ($X^2(8)= 17.49$, $p=.026$): Those in the low deposition experience group were the least likely to do this, with use of this practice increasing across deposition experience groups. Thirty-eight percent (38.2%, 26/68) of the low deposition experience group never conduct this type of review, while 25.3% (17/67) of the medium group and 12.5% (9/72) of the high deposition experience group never do so.

- Being asked to help find other expert witnesses (X2(10)= 29.1, p=.001): The percent of those who are never asked for this kind of assistance increased across deposition experience groups, from low experience to high experience. Thirty-one percent (30.8%, 20/68) of the low experience group are never asked for assistance locating another expert witness, while 6.0% (4/67) of the medium experience group and 5.5% (4/72) of the high experience group never receive such requests.

- Requesting a neuropsychological/cognitive assessment in the past five years (X2(2) = 12.98, p=.002): Those in the high deposition experience group were significantly more likely to have made such a request than those in the medium or low deposition experience groups. Ninety-seven percent (97.2%, 70/72) of the high experience group typically makes this request, while 83.6% (56/67) of the medium experience group and 76.5% of the low experience group do so.

There were no significant differences by deposition experience for:

- documenting standardized life care plan categories even if recommendations are not relevant to a case
- including additional expenses for live-in 24 hour care
- including cost of potential complications
- recommending specific medical follow-up, procedures and/or diagnostic testing based only on respondent's expertise
- conducting a telephone or in-person interview with a physician
- conducting an in-person interview with an allied health professional
- confirming in writing information discussed with a physician during a personal or telephone interview
- addressing potential vocational issues
- using cost information by age (e.g., not used if older than one year)
- using standardized codes
- using databases
- discussing life expectancy
- citing sources for life expectancy opinions

Future Growth and Development

Goals. The primary business goals identified by respondents include increasing efficiency (56.8%, n=126) and number of life care plan referrals (56.3%, n=125). Additional goals were to provide more consultation (40.09%, n=89), change mix of referral sources (35.14%, n=78), and plan for retirement (28.4%, n=63).

Questions regarding best practices. Fifty-four percent (n=120) of the respondents indicated that the primary area of life care plan practice that creates questions regarding best practices is the differing opinions of treatment providers followed by critiquing/reviewing an opposing life care planner's opinions (51.8%, n=115), analyzing an opposing life care planner's methodology (45.9%, n=102), dealing with referring attorney's differing opinions (45.5%, n=101), obtaining price information (40.5%, n=90), using cost information obtained for other cases (25.2%, n=56), preparing files for deposition (23%, n=51), discussing the plan with the attorney while in development/ recommending further evaluation (20.3%, n=45), dual

relationships (18%, n=40), setting/establishing fees (15.8%, n=35), collecting fees (15.3%, n=34) recommending specific experts (14.4%, n=32), confidentiality/marketing practices (14%, n=31), and evaluee informed consent (12.2%, n=27).

Future Training. The majority of respondents wanted additional training in the following areas:

- foundation for life care plan recommendations
- coding
- expert testimony
- malpractice issues
- records management
- environmental exposure
- office technology
- acquired brain injury
- spinal cord injury
- ethical issues
- birth trauma (e.g., Cerebral Palsy, Erb's Palsy, intellectual disabilities)
- transplantation
- burns
- multiple trauma
- pain
- amputation

The most preferred training option is a conference with multiple speakers/topics, followed by dedicated topic seminars, and web-based training. Correspondence courses were the least preferred training option.

Rewards and Frustrations

When asked about the rewards of life care planning, responses reflected themes of personal reward and service to others. Respondents commented on the sense of accomplishment felt from the actual process of developing a well thought out life care plan, and making a real difference in the life of another. Respondents most often expressed frustration with opposing counsel during depositions and trial, as well as dealing with attorneys trying to influence the content of their plan, time demands, "rush" requests, not receiving payment in a timely fashion, lack of response or delayed response from physicians, and obtaining costs. Owning one's own business was cited as a reward and a frustration when working as a sole practitioner (e.g., isolation; lack of collegial contact). Other frustrations included burnout, scheduling, administrative work, fluctuation in work load, not having someone to review work, and worry about cash flow.

Survey Limitations

An ideal survey controls for error by ensuring that each member of a population has an equal chance of being included in the sample, that sample members are randomly selected in large enough numbers to assure representability, and that everyone who is included in the sample responds. Surveys, whether distributed by postal mail, telephone, or Internet seldom achieve these ideal conditions (e.g., Dillman, Sinclair, & Clark, 1993; Sills & Song, 2002; Vicente, & Reis, 2010).

Although a mixed mode administration (Millar, O'Neil & Dillman, 2009) was considered

for the *Life Care Plan Survey 2009*, an Internet-based survey design was chosen as it was a cost-effective way to meet the needs of the study. Studies show that when participants are provided multiple options, they more often choose the web-based survey method (e.g. Sax, Gillmartin & Bryant, 2003; McCabe, 2004; Kiernan et al, 2005). However, response rate is not the only consideration for a survey (Greenlaw, Brown-Welty, 2009). In this online survey, the research team implemented cost and time savings measures as there was no printing or mailing of questionnaires and data was received automatically in an electronic format. Time and effort were not spared in the research design and implementation of the *Life Care Plan Survey 2009*. The research team carefully considered the depth and breadth of topics and questions to include in the survey. They also incorporated several components of a tailored design method (Dillman, 2000; 2010) in an effort to increase response rate by using address-based sampling, sending out a pre-survey "save the date" e-mail, providing a detailed consent form explaining why responses are important and whom to contact with questions, sending thank you/reminder e-mails 1 and 3 weeks after the survey was distributed, posting several humorous listserv messages to capture attention and serve as gentle reminders, forwarding a specially designed request to those who had paused their survey but not completed it, and providing a small incentive (1 CEU awarded by CCMC).

Non coverage results when the sampling frame does not cover all members of a population and thus, the odds of those non covered members being selected for the sample are not equal to the odds for other members. Due to the fast pace of change in e-mail addresses, efforts were made to "clean up" the e-mail lists through individual requests, a mass e-mail, as well as several listserv posts to make sure that all practicing life care planners had an opportunity to receive a survey and respond. Technical problems with delivery of the survey likely affected the response rate for this survey. Correct e-mail addresses were not obtainable for all of the nondeliverable invitations and not all life care planners routinely utilize a listserv for information. Some respondents could only access their survey link from a spam folder (as was the case for the senior author). Despite multiple attempts to resend the individualized link (daily requests were submitted), there were life care planners who reported never receiving the survey. Though life care planners typically use the Internet in their practices, those who responded may be more computer savvy and/or be more familiar/comfortable responding to survey questions.

Non response error is the discrepancy between the observed cases (respondents) and the entire population (respondents + non respondents). Questionnaire length may be an important explanatory factor for non response as there is evidence that shortening the questionnaire (to reduce respondent burden) produces a better response (Dillman, Sinclair, & Clark, 1993). In order to be as complete as possible, the *Life Care Plan Survey 2009* instrument included 164 questions, many with multiple responses. As this length is quite formidable, drop-down menus and check boxes were used to reduce the time needed to fill in the survey. A mix of question types was used (open and closed ended) with options for comments, and "write in" responses to provide in continuous data. The *Save & Resume* feature was added so that respondents, if unable to finish in one sitting, could return to where they left off. Further, as questions could not be numbered by SurveyTracker, a percent completed bar was added so that respondents could determine their progress. Although the subject of the survey is salient to practicing life care planners, some respondents may have failed to complete the survey because they either could not find the time or they put the task "on the back burner" and then forgot about it. In the future, short "topic" surveys using a web- based model may boost the response rate and resolve some of the technical issues.

The generalizability of results presented in this article also may be limited to the extent that the sample that responded to this survey is not representative of the population of life care planners. As was true in 2001 (Neulicht, et al, 2002), without an inclusive up-to-date list of practicing life care planners, it is impossible to precisely determine a population count. The number of respondents who started the survey (293) mirrors International Symposium on Life Care Planning attendance for the 5 years preceding the survey (range of 260 to 295, = 276). The number of respondents who completed this survey (222) parallels recent attendance at the 2010 Symposium (223); which may be the best indicator of active practicing life care planners. In a further effort to determine whether survey respondents are representative of the population of life care planners, demographic data from the survey sample was compared to a list of IARP IALCP and Forensic Section members. One-third of the IARP database entries (170) were either not complete or incorrect. When information was not included in the biography or other directory/web site data, names were "Googled" and/or other life care planners in the same geographic location were contacted to clarify field of practice. The list was culled for duplicates and life care planners who are members of the Forensic Section, but not IALCP were included. All names were further coded by gender. Results reveal that, of the IARP members who identify themselves as life care planners, 73% are female and 27% are male, similar to the survey sample. However, while the survey respondents are primarily nurses, the primary field of practice for IARP life care planners is vocational rehabilitation (46% CRC/51% overall vs. 33% Nurses), as is true of IARP in general. Thus, to the extent that many nurses are not members of IARP, this comparison is not reflective of the total population of life care planners. In addition, members of a web directory (e.g., IARP, ICHCC, Care Planner Network) may identify themselves as life care planners yet not meet this survey definition of a practicing life care planner.

Discussion

Despite the above issues, results of the *Life Care Plan Survey 2009* reveal a number of areas where practice methodologies and business practices are consistent across different disciplines involved in life care planning as well as areas where further discussion, evaluation and research is warranted.

Comparison of the *Life Care Plan Survey 2009* results parallel the 2001 data for demographics such as gender and geographic distribution, the roles and functions of a life care planner, as well as for protocols/plan development. These findings suggest that practicing life care planners demonstrate consistent practice methodology across all disciplines and in tandem with published role and function studies. This data also suggest that there is consistency in the educational training programs offered to life care planners. Per self report, *Life Care Plan Survey 2009* respondents appear to be adhering to published *Standards of Practice* (e.g., IALCP, 2006) and certification guidelines (e.g., ICHCC).

Although a majority of the business practices have remained the same over time, there are findings that reflect change. A majority of the respondents require payment of a retainer agreement with the retainer amount increasing since 2001. Such a change may reflect improved business practices necessitated by changes in economic times and/or reflected in slower funding of the business receivables. Another consideration is that life care planners have changed their business practices to take into consideration the common delays inherent in litigated cases that may be extended for years with ever changing timelines. Delays in payment are common, especially when small law firms lack cash flow.

In 2001, life care planners reported varying their fee/rate schedules for non-testifying and

testifying services. By 2009, fee/rate schedules have tended to merge to a single pricing structure. This may be indicative of the evolving complexity of life care planning as a consequence of more stringent rules of evidence and/or the sophistication of the legal profession in analyzing the life care planning work product.

It is interesting to note that the majority of life care planners have not served in the role of case manager, counselor or therapist after cases resolve. Most life care planners have significant background and experience in long term management of individuals with catastrophic injury or chronic health conditions, thus making them an appropriate choice for plan implementation (e.g., Weed & Riddick, 1992; Preston, 2003). This suggests that stakeholders in such cases may not understand that the life care planner can fulfill the role of a case manager. More discussion needs to occur with the professionals who manage care and financial planning after case resolution with targeted training programs to educate them about the long term benefits associated with use of the life care planner for plan implementation and re-evaluation over time. Life care planners serve multiple roles (Weed, 2002; Cimino-Ferguson, 2005). If in the future more life care planners implement their plans, it will be important to avoid possible role confusion or ethical conflict. The life care planner will need to inform all parties of any change in role. As per Section IV, Standards of Performance, item #3, of the IALCP *Standards of Practice* (2006),

> "Each client should be fully informed about the role of the life care planner... Also, Life Care Planners who have dual role responsibilities should clarify that the life care planning role is separate and should clarify what the limits of their participation might be" (128–129).

When forming opinions regarding the level of care related to home care and/or facility care, survey respondents indicated that the most preferred source is physician recommendation. Deutsch (in press) notes that the case manager, not the physician, works to establish home health care programs as part of their role. It is the case manager that works directly with home health agencies or arranges privately hired support care personnel as part of their involvement with implementing life care plans and managing an individual's disability. Additionally, according to Deutsch (in press), far too often the physician takes into consideration the family's ability to provide all or part of the care and that is not a factor the life care planner should be taking into consideration. Although discussed at the 2010 Life Care Planning Summit, the field of life care planners may benefit from greater definition regarding functions that fall within the scope of practice of a life care planner (Berens, Johnson, Pomeranz, & Preston, 2010).

This study revealed an emerging trend towards greater detail and more documentation in the life care plan. For example, more life care planners are using photographs and demonstrative exhibits in the forensic arena. Educating referral sources regarding the long term complications related to an injury or chronic illness is reflected in the study finding that more life care planners are including a discussion of potential complications without including the related costs. In addition, more life care planners indicate they provide information to an economist to clarify lifetime cost projections to ensure accurate interpretation of the life care plan.

In 2001, there were no significant field of practice differences for sending written confirmation after personal or telephone interviews with physicians. In 2009, differences have

emerged in that rehabilitation counselors are more likely to provide such documentation. While this study reveals more field of practice similarities than differences, further discussion regarding the differential use of databases, discussion of life expectancy, and recommendations for non-medical evaluations may shed light on "best practices" for the life care planning community. Similarly, while the relatively few differences among respondents with more deposition experience may indicate consistency, discussion of the differences that emerged may be warranted. For example, respondents with more deposition experience review their life care plan with the evaluee and/or family, which could be an important measure of internal consistency when asked if an evaluee will actually follow the recommendations in a plan. While the ability to recommend other experts may come with greater experience, the use of expert testimony, the nuances of which clinical practice guidelines are most effective to utilize as well as when and what type of specialty evaluations to request could be helpful to the beginning life care planner.

Conclusion

The *Life Care Plan Survey 2009* updates data from 2001 and represents the most comprehensive survey to date on the practices of life care planners. Results provide a foundation upon which practitioners can compare their methods to data from peers across the nation. The survey documents changes in life care planning over time and provides further foundation for understanding the multidisciplinary aspects of life care planning as well as protocols used by responding life care planners. As in 2001, results indicate that while respondents report methodology and protocols which parallel role and function studies, educational programs, published standards and certification guidelines, there is a trend toward more precise business practice (e.g., retainer agreement, requirement for a retainer) and reports/life care plans that contain more detail. As life care planners gain more experience, it will become important to continue to reflect on changes in roles, scope of practice, competencies and standards of practice.

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Life Care Planning Survey 2009: Process, Methods, and Protocols

Thank you for taking time from your busy schedule to complete this survey. The goals of this research study are to provide information regarding the protocols/procedures used by Life Care Planners and identify areas of practice where further definition, refinement and/or research may be necessary. This survey examines the details and methodology of individual practices and will provide data that Life Care Planners can use to benchmark their own practices. It is anticipated that the information obtained from this research study will be helpful to the community of life care planning professionals by fostering continued discussion, research, advanced practice, conference presentations, and journal publications.

This research project is funded in part by the Foundation for Life Care Planning Research and has been endorsed by the International Academy of Life Care Planners. It has been reviewed and approved by the Institutional Review Board for research on human subjects at the University of North Carolina at Chapel Hill.

Your participation in this survey is completely voluntary. Your answers will be completely anonymous. There is no identifying information collected and there are no cookies deposited on respondents' computers.

There are no known risks or direct benefits to you as the participant of this survey. Your completion of the *Life Care Plan Survey 2009* will constitute informed consent.

Please answer the following questions regarding your **current practice of life care planning (during the past 12 months) for all questions except for those that specify a different time frame.** Answer questions according to your own or your company's usual practice.

It is anticipated that it will take approximately 30 to 60 minutes to complete the survey and you will be able to *Save & Resume* if you need to take a break while responding. The survey will be active for 4 weeks from the launch date.

The Commission for Case Manager Certification (CCMC) has approved one hour of continuing education credit for completion of this survey.

If you have any questions, please feel free to contact the principal investigators:

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Definitions of Terms:

Testifying expert: An individual who is an expert in his/her field, hired in a litigation situation to provide expert testimony regarding a specific topic. The expert's name must be revealed/listed with the court. Work completed is discoverable.

Non-Testifying Consultant: An individual who is an expert in his/her field, hired in a litigation (or potential litigation) situation to provide "behind the scenes" consultation AND is not retained to provide expert testimony. The Non-Testifying Consultant's name is routinely not revealed to the other side or to the court. Work product of the Non-Testifying Consultant is routinely not discoverable.

Evaluee: The person who is catastrophically injured or chronically ill for whom a Life Care Plan is being developed is called the evaluee. Depending on the Life Care Planner's professional background, the evaluee can also be referred to as injured worker, patient, or plaintiff.

Routine: Greater than 75% of the time.

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

*Source: Combined definition of the University of Florida and Intelicus annual life care planning conference and the American Academy of Nurse Life Care Planners (now known as the International Academy of Life Care Planners) presented at the Forensic Section meeting, NARPPS (now IARP) National Association of Rehabilitation Professionals in the Private Sector (now International Association of Rehabilitation Professionals) annual conference, Colorado Springs, CO and agreed upon 4/3/98.

For the following questions, please provide information on your current practice and the techniques/protocol you routinely utilize.

I. Demographics

I am currently practicing as a Life Care Planner (have submitted one or more Life Care Plans to a referral source within the last 12 months)

- ○ Yes
- ○ No

Note: If you only provide research or work under the direction of a Life Care Planner, please select the appropriate option below. When you click Next, you will be taken to the end of the survey where you can click the submit button to end the survey.

- ○ I provide life care research or work under the direction of a Life Care Planner
- ○ I have completed Life Care Plan training/education but have not submitted a Life Care Plan to a referral source within the past year

Gender:

- ○ Male
- ○ Female

My primary business/practice is located in:

My primary health care related profession is:

- ○ Counseling
- ○ Medicine
- ○ Nursing
- ○ Occupational therapy
- ○ Physical therapy
- ○ Psychology
- ○ Rehabilitation counseling
- ○ Social work
- ○ Speech therapy
- ○ Other _____

Check the highest degree you have earned:

- ○ Diploma, Nursing
- ○ Associate Degree, Nursing
- ○ Baccalaureate
- ○ Masters Degree
- ○ Doctorate Degree
- ○ DC
- ○ MD/DO
- ○ Other _____

I am licensed or certified at the state level in the following fields of practice:
(Check all that apply)

- ☐ Counseling
- ☐ Medicine
- ☐ Nursing
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Psychology
- ☐ Rehabilitation counseling
- ☐ Social work
- ☐ Speech therapy
- ☐ Other _____

I hold the following certifications: (Check all that apply)

- ☐ ABPP
- ☐ ABVE
- ☐ ACSW
- ☐ CCC-SLP
- ☐ CCM
- ☐ CDMS
- ☐ CLCP
- ☐ CNLCP
- ☐ CRC
- ☐ CRRN
- ☐ CVE
- ☐ FIALCP
- ☐ LNCC
- ☐ MSCC
- ☐ NCC
- ☐ Other _____

On average, I complete _____ continuing education hours on topics specific to life care planning each year.

- ○ Less than 10
- ○ 11-20
- ○ 21-30
- ○ 31-40
- ○ 41 or greater
- ○ Other _____

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

- ☐ American Association of Legal Nurse Consultants
- ☐ American Association of Nurse Life Care Planners
- ☐ American Board of Vocational Experts
- ☐ American Congress of Rehabilitation Medicine
- ☐ American Rehabilitation Economics Association
- ☐ Association of Rehabilitation Nurses
- ☐ Case Management Society of America
- ☐ International Academy of Life Care Planners
- ☐ International Association of Rehabilitation Professionals
- ☐ National Association of Service Providers in Private Rehabilitation
- ☐ National Rehabilitation Association
- ☐ National Rehabilitation Counseling Association
- ☐ Sigma Theta Tau
- ☐ Other _____

I am an active member of a professional listserv.

- ○ Yes
- ○ No

If yes above, please check all professional listservs you are an active member of.

- ☐ American Association of Nurse Life Care Planners
- ☐ American Board of Vocational Experts
- ☐ American Rehabilitation Economics Association
- ☐ International Academy of Life Care Planners
- ☐ The Care Planner Network
- ☐ International Association of Rehabilitation Professionals - Forensic
- ☐ International Commission on Health Care Certification
- ☐ National Association of Medicare Set-Aside Professionals
- ☐ Other _____

I was practicing in the field of rehabilitation and/or working with people with disabilities prior to my work as a Life Care Planner:

- ○ 0 years
- ○ 1-5 years
- ○ 6-10 years
- ○ 11-20 years
- ○ 21-30 years
- ○ Greater than 31 years
- ○ NA

My current practice setting is: (Check all that apply)

- ☐ Attorney's office
- ☐ Hospital/rehabilitation facility
- ☐ Insurance company
- ☐ Owner/independent practice (with employees/subcontractors)
- ☐ Owner/independent practice (without employees/subcontractors)
- ☐ Private entity (as an employee or subcontractor)
- ☐ Public entity (as an employee or subcontractor)
- ☐ Other _____

I rely upon others (e.g., contracted workers, other staff) to assist me in the following areas: (Check all that apply)

- ☐ Cost research
- ☐ Evaluee interview
- ☐ Literature review/research
- ☐ Resource identification
- ☐ Vocational assessment
- ☐ Medical records analysis
- ☐ Medical records review
- ☐ Vocational evaluation
- ☐ Other _____

Life care planning has been a part of my practice for:

- ○ Less than 1 year
- ○ 6-10 years
- ○ 11-20 years
- ○ 21-30 years
- ○ Greater than 30 years

On average, I complete _____ Life Care Plans per year.

- ○ 0-10
- ○ 11-20
- ○ 21-30
- ○ 31-40
- ○ Greater than 40

Over my career, I have completed _____ Life Care Plans.

_____

Of the Life Care Plans I have completed in my career, _____ were on Adults. (Age 22 and over)

_____

Of the Life Care Plans I have completed in my career, _____were on Children. (Age 0 - 21)

_____

Over my career, I have mentored _____ Life Care Planners (formally or informally),excluding supervision of employees or staff.

_____

Current life care planning activities constitute _____ of my work activities:

- ○ 1-25%
- ○ 26-50%
- ○ 51-75%
- ○ 76-100%

My current practice of life care planning is comprised of referrals from the following sources: (Check all that apply)

- ☐ Financial planners
- ☐ Governmental agencies (e.g., Veteran's Administration, Department of Justice)
- ☐ Attorneys
- ☐ Physicians
- ☐ Structured settlement companies
- ☐ Trust administrators
- ☐ Workers' Compensation (e.g., self insured, insurance company, government)
- ☐ Evaluee and/or family
- ☐ Insurance companies (e.g., health, auto)
- ☐ Rehabilitation facilities
- ☐ Other _____

I prepare Life Care Plans for the following types of cases: (Check all that apply)

- ☐ Chronic illness (e.g., MS)
- ☐ Environmental exposure
- ☐ Marital dissolution
- ☐ Medical malpractice
- ☐ Pharmaceutical
- ☐ Personal injury or accident
- ☐ Vaccine injury
- ☐ Other _____

Over the last 5 years I have provided life care planning services on a _____ basis. (Check all that apply)

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

I pay to be listed with an expert witness service (excluding professional membership organizations):

- ○ Yes
- ○ No
- ○ Unknown

If Yes above, I have received _____ referrals during the past five years.

_____

Of the referrals received from attorneys representing defendants or plaintiffs over the past five years, the percentage of referrals I receive from parties representing plaintiffs is:

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

Of the referrals received from attorneys representing defendants or plaintiffs over the past five years, the percentage of referrals I receive from parties representing the defense is:

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

Over the past five years I have reviewed and analyzed _____ opposing expert Life Care Plans to provide a testifying expert opinion in a litigation situation:

- ○ 0
- ○ 1-10
- ○ 11-20
- ○ 21-30
- ○ 31-50
- ○ More than 50

Over the past five years, I have reviewed and/or analyzed _____ opposing expert Life Care Plans to provide non-testifying consulting opinion in a litigation situation:

- ○ 0
- ○ 1-10
- ○ 11-20
- ○ 21-30
- ○ 31-50
- ○ More than 50

Over the past five years, I have served in the role of a case manager, counselor or therapist on a case, and then later developed a Life Care Plan.

- ○ Yes
- ○ No

Over the past five years, I have served in the role of a case manager, counselor, therapist or treatment provider on a case, after I completed a Life Care Plan.

- ○ Yes
- ○ No

Over the past five years, I have served in the role of a case manager, counselor, therapist or treatment provider on a case after another person completed a Life Care Plan.

- ○ Yes
- ○ No

I require a signed agreement (or letter of engagement) prior to accepting a case.

- ○ Yes
- ○ No

I require a retainer before initiating work on a case.

- ○ Yes
- ○ No

If Yes above, the amount of the retainer is _____.

_____

I routinely include the following in my case files: (Check all that apply)

- ☐ Academic records
- ☐ Case generated documents
- ☐ Case notes
- ☐ Copies of time (contact/activity) sheets
- ☐ Cost research
- ☐ E-mail correspondence to/from evaluee and/or family
- ☐ E-mail correspondence to/from other professionals
- ☐ E-mail correspondence to/from referring source and/or legal counsel
- ☐ Employment records
- ☐ Interview notes and/or forms
- ☐ Interview summary
- ☐ Invoices received
- ☐ Invoices sent
- ☐ Life Care Plan
- ☐ Medical records
- ☐ Narrative report
- ☐ Records summary
- ☐ Therapeutic records
- ☐ Written correspondence to/from evaluee and/or family
- ☐ Written correspondence to/from other professionals
- ☐ Written correspondence to/from referral source and/or legal counsel

The average total number of hours required to complete a Life Care Plan is _____.

_____

I (or the company I work for) bill:

- ○ By the hour
- ○ By the plan
- ○ Both methods (depends on case)

My (or the company I work for) current rate per hour for life care planning services is:

Insurance (e.g., reserve setting): $_____ per hour

_____

Legal: $_____ per hour

_____

Workers' Compensation: $_____ per hour

_____

Other $_____ per hour

_____

If other, please describe:

_____

My (or the company I work for) current rate per plan for life care planning services is:

Insurance (e.g., reserve setting): $_____ per plan

_____

Legal: $_____ per plan

_____

Workers' Compensation: $_____ per plan

_____

Other $_____ per plan

_____

If other, please describe:

_____

I (or the company I work for) charge a different fee for "rush" services.

○ Yes
○ No

If Yes above, my (or the company I work for) current rate for rush services is:

Hourly rate of $_____

_____

Flat rate of $_____

_____

I (or the company I work for) defines rush services as _____.

_____

I (or the company I work for) charge a different rate for court/deposition appearance.

○ Yes
○ No

If Yes above, my (or the company I work for) current rate for court/deposition appearance is:

Hourly rate of $_____

_____

Flat rate of $_____

_____

I (or the company I work for) charge a different rate for travel.

○ Yes
○ No

If Yes above, my (or the company I work for) travel rate for life care planning services is _____ per hour.

_____

If Yes above, my (or the company I work for) travel rate for court/deposition appearance is _____ per hour.

_____

If a flat rate for services is charged, this includes travel time.

○ Yes
○ No

I (or the company I work for) charge a different rate for professional services in the area of life care planning when acting as a non-testifying consultant.

○ Yes
○ No

If Yes above, my (or the company I work for) non-testifying consultant rate is _____ per hour.

_____

I (or the company I work for) charge a different rate for research assistance services.

○ Yes
○ No

If Yes above, my (or the company I work for) rate for research assistance services is _____ per hour.

_____

I (or the company I work for) charge a different rate for administrative services.

○ Yes
○ No

If Yes above, my (or the company I work for) rate for administrative services is _____ per hour.

_____

The venues I (or the company I work for) have used to resolve non-payment of bills include: (Check all that apply)

- ☐ Never a problem
- ☐ Bar association complaint
- ☐ Collection service
- ☐ Contact referral source
- ☐ Retain private legal representative
- ☐ Other _____

Over my career, I have testified as an expert witness in a deposition regarding a Life Care Plan _____ times.

_____

Over my career, I have testified as an expert witness in Federal Court regarding a Life Care Plan _____ times.

_____

Over my career, I have testified as an expert witness in State Court regarding a Life Care Plan _____ times.

_____

Over my career, I have testified as an expert witness in a Workers' Compensation Hearing regarding a Life Care Plan _____ times.

_____

Over my career, I have presented a Life Care Plan at a mediation/arbitration _____ times.

_____

Over my career, my testimony has been subjected to a filed Daubert challenge but not heard by a judge _____ times.

_____

Over my career, my testimony has been subjected to a filed Daubert challenge and was heard by a judge _____ times.

_____

If Yes above, please indicate the number of times each outcome occurred:

Case settled before determination made or decision rendered

_____

Not permitted to testify

_____

Permitted to testify

_____

Permitted to testify with limitations

_____

Over my career, I have assisted an attorney to prepare for a Daubert hearing (provided questions, completed research, etc.) regarding another Life Care Planner's expert testimony _____ times.

_____

I (or the company I work for) routinely include the following in a closed case file: (Check all that apply)

- ☐ Experts' depositions
- ☐ Generated work product(s), including correspondence
- ☐ Interview/case notes
- ☐ Medical records
- ☐ My deposition
- ☐ Reports (mine and/or other experts')
- ☐ Research notes
- ☐ Other _____

I (or the company I work for) maintain my closed case files for: (Check one)

- ○ 1 year
- ○ 2 years
- ○ 3 years
- ○ 4 years
- ○ 5 years
- ○ 6 years
- ○ 7 years
- ○ Indefinitely (do not destroy records)
- ○ Do not maintain closed case files

I (or the company I work for) maintain my closed case files in via the following formats.

- ○ Paper
- ○ Paperless/electronic format
- ○ Both

II. Techniques/Protocols

At the time of referral, I routinely request the following information verbally: (Check all that apply)

- ☐ Answers to Interrogatories
- ☐ Billing records
- ☐ Complaint
- ☐ Day-in-the-life videos or family journals
- ☐ Employment records
- ☐ Expert reports
- ☐ Family depositions
- ☐ Medical depositions
- ☐ Medical records
- ☐ Military records
- ☐ Neuropsychology/psychology/psychotherapy/counseling records
- ☐ Pharmacy/medication records
- ☐ School records
- ☐ Signed consent form
- ☐ Social Security records
- ☐ Tax returns
- ☐ Therapy records (e.g., PT, OT, SLT, Early Intervention)
- ☐ Other _____

At the time of referral, I routinely request the following information in writing: (Check all that apply)

- ☐ Answers to Interrogatories
- ☐ Billing records
- ☐ Complaint
- ☐ Day-in-the-life videos or family journals
- ☐ Employment records
- ☐ Expert reports
- ☐ Family depositions
- ☐ Medical depositions
- ☐ Medical records
- ☐ Military records
- ☐ Neuropsychology/psychology/psychotherapy/counseling records
- ☐ Pharmacy/medication records
- ☐ School records
- ☐ Signed consent form
- ☐ Social Security records
- ☐ Tax returns
- ☐ Therapy records (e.g., PT, OT, SLT, Early Intervention)
- ☐ Other _____

I request a personal interview with the evaluee verbally.

- ○ Yes
- ○ No
- ○ Varies

I request a personal interview with the evaluee in writing.

- ○ Yes
- ○ No
- ○ Varies

If a request for evaluee interview is denied, I provide written documentation_____ of the time.

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

In cases referred by plaintiff attorneys, I conduct an in-person interview with the evaluee and/or family _____ of the time.

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

In cases referred by defense attorneys, I conduct an in-person interview with the evaluee and/or family _____ of the time.

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

In cases not for litigation, I conduct an in-person interview with the evaluee and/or family _____ of the time.

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

The average amount of time I spend conducting in-person interviews with the evaluee and/or family is _____ .

_____

When conducting an in-person interview, I utilize the following locations: (Please rank order the following locations, with 1 being the most frequently used and 7, the least frequently used)

	1	2	3	4	5	6	7	NA
Colleague's office	○	○	○	○	○	○	○	○
Evaluee's home	○	○	○	○	○	○	○	○
My office	○	○	○	○	○	○	○	○
Private location (e.g., MD's office, rehab facility)	○	○	○	○	○	○	○	○
Public location (e.g., restaurant, library, airport)	○	○	○	○	○	○	○	○
Referral source office (e.g., attorney, adjuster)	○	○	○	○	○	○	○	○
Other location	○	○	○	○	○	○	○	○

If Other location, please provide an example:

_____

In the process of completing a Life Care Plan, I utilize a structured interview form _____ of the time.

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

I routinely use standardized (either published or customized) questionnaires and/or checklists to document information received from the evaluee and/or family, physicians, allied health care professionals, etc.

○ Yes
○ No

I routinely use standardized (either published or customized) checklists and/or questionnaires to manage the life care planning process (e.g., to track work completed, information needed).

○ Yes
○ No

I independently request a HIPAA compliant signed consent from an evaluee _____of the time for plaintiff referred cases.

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

I independently request a HIPAA compliant signed consent from an evaluee _____of the time for defense referred cases.

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

I independently request a HIPAA compliant signed consent from an evaluee _____of the time for cases referred by others such as insurance companies.

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

I video the evaluee (not including day-in-the-life videos) _____ of the time.

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

I participate in the development and presentation of day-in-the life videos _____ of the time.

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

If any above, my role involves: (Check all that apply)

- ☐ Advising
- ☐ Appearing & educating
- ☐ Coordinating
- ☐ Directing
- ☐ Editing
- ☐ Narrating
- ☐ Videotaping
- ☐ Other _____

I take photographs of the evaluee's equipment and home _____of the time.

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

In forming Life Care Plan opinions, I review the medical records _____ of the time.

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

In developing a Life Care Plan, I review/utilize clinical practice or standard of care guidelines _____ of the time.

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

In developing a Life Care Plan, I recommend specific medical follow-up, procedures and/or diagnostic testing based only on my expertise.

- ○ Yes
- ○ No
- ○ Varies

If your answer above is Yes or Varies, please provide an example and rationale:

_____

When direct physician or allied health input for recommendations are not available and/or outside my area of expertise, I rely on: (Please rank order the following options, with 1 being the most frequently used and 6, the least frequently used)

	1	2	3	4	5	6
Clinical practice or standard of care guidelines	○	○	○	○	○	○
Expert testimony	○	○	○	○	○	○
Literature/published data	○	○	○	○	○	○
Medical records	○	○	○	○	○	○
My expertise, education, training, and/or experience	○	○	○	○	○	○
Other	○	○	○	○	○	○

If other please provide example:

_____

In developing a Life Care Plan, I perform and utilize a literature search _____ of the time.

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

In addressing medical recommendations, I consult with physician(s) _____ of the time.

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

In the process of completing a Life Care Plan, I conduct a telephone interview with physician(s) _____ of the time.

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

In the process of completing a Life Care Plan, I conduct an in-person interview with physician(s) _____ of the time.

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

If I conduct a personal or a telephone interview with physician(s), I follow-up with written confirmation _____ of the time.

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

In the process of completing a Life Care Plan, I request additional medical evaluations _____ of the time.

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

In the process of completing a Life Care Plan, I conduct an in-person interview with allied health/education professionals _____ of the time (e.g. P.T., O.T., Teacher, Psychologist)

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

In the process of completing a Life Care Plan, I conduct a telephone interview with allied health/education professionals _____ of the time.

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

If I conduct a personal or a telephone interview with allied health/education professionals, I follow-up with written confirmation _____ of the time.

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

In the process of completing a Life Care Plan, I request additional non-medical (allied health/education) professional evaluations _____of the time.

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

In the process of completing a Life Care Plan, I have requested the following non-medical evaluations over the past five years, as case appropriate: (Check all that apply)

- ☐ Don't request non-medical evaluations
- ☐ Architectural
- ☐ Assistive technology/adaptive equipment
- ☐ Audiology
- ☐ Driver evaluation
- ☐ Educational
- ☐ Functional capacity evaluation
- ☐ Home care
- ☐ Mobility
- ☐ Music therapy
- ☐ Neuropsychology/cognition
- ☐ Nutrition
- ☐ Occupational therapy/ADL assessment
- ☐ Physical therapy
- ☐ Psychology/counseling
- ☐ Recreation
- ☐ Seating evaluation
- ☐ Speech therapy
- ☐ Other _____

In the process of completing a Life Care Plan, I address the potential need for a vocational assessment _____of the time.

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

As a testifying expert, I document/include the following items in my report _____ of the time.

	None	1-25%	26-50%	51-75%	76-100%
Beginning/ending dates for items/services	○	○	○	○	○
Bibliography	○	○	○	○	○
Clinical practice guidelines	○	○	○	○	○
Collateral sources	○	○	○	○	○
Daily routine/schedule	○	○	○	○	○
Date of first contact	○	○	○	○	○
Date of Life Care Plan	○	○	○	○	○
Date of referral	○	○	○	○	○
Durable medical equipment list	○	○	○	○	○
Evaluations requested	○	○	○	○	○
Financial profile	○	○	○	○	○
Frequency/replacement schedules	○	○	○	○	○
Functional abilities	○	○	○	○	○
LCP tables/charts	○	○	○	○	○
Location of interview	○	○	○	○	○
Medical diagnoses	○	○	○	○	○
Medical summary/chronology	○	○	○	○	○
Medication regimen	○	○	○	○	○
Narrative report	○	○	○	○	○
Nursing diagnoses	○	○	○	○	○
Other records requested	○	○	○	○	○
Pictures	○	○	○	○	○
Providers/professionals consulted	○	○	○	○	○
Psychosocial/psychiatric diagnoses	○	○	○	○	○

. .

CONTINUED:

As a testifying expert, I document/include the following items in my report _____ of the time.

	None	1-25%	26-50%	51-75%	76-100%
Rationale/purpose for recommendations	○	○	○	○	○
Reason for referral	○	○	○	○	○
Recommended by (source)	○	○	○	○	○
Records received/reviewed	○	○	○	○	○
Referral source	○	○	○	○	○
Research articles	○	○	○	○	○
Rule 26 disclosure	○	○	○	○	○
Social/environmental profile	○	○	○	○	○
Summary of total costs (annual and/or lifetime)	○	○	○	○	○
Supply consumption	○	○	○	○	○
Vendor list	○	○	○		
Vocational/educational profile	○	○	○	○	○

I list recommendations in each Life Care Plan using standardized categories such as those below:

	Yes	No	Varies
Projected evaluations	○	○	○
Projected therapeutic modalities	○	○	○
Diagnostic/educational testing	○	○	○
Wheelchair(s)/mobility	○	○	○
Wheelchair accessories/maintenance	○	○	○
Orthotics/prosthetics	○	○	○
Orthopedic equipment	○	○	○
Durable medical items	○	○	○
Aids for independent function	○	○	○
Supplies	○	○	○
Medication(s)	○	○	○
Home furnishings/accessories	○	○	○
Home care	○	○	○
Facility care	○	○	○
Future medical care, routine	○	○	○
Transportation	○	○	○
Architectural renovations	○	○	○
Health and strength maintenance	○	○	○
Acute medical intervention	○	○	○
Aggressive medical/surgical intervention	○	○	○
Vocational/educational plan	○	○	○
Potential complications	○	○	○

I list recommendations using other categories such as:

_____

I document consideration of the above categories even if recommendations are not relevant to a case.

- ○ Yes
- ○ No
- ○ Varies

I include a discussion/rationale of/for recommendations in a Life Care Plan _____ of the time.

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

I document pre-existing conditions within the Narrative Report.

- ○ Yes
- ○ No
- ○ Varies

I include costs for goods and services related to pre-existing conditions in a Life Care Plan.

- ○ Yes
- ○ No
- ○ Varies

If your answer above is Yes or Varies, please provide an example and rationale:

_____

I obtain costs for items and/or services recommended in a Life Care Plan using the following resources: (Please rank order the following resources, with 1 being most preferred, and 8 the least preferred):

	1	2	3	4	5	6	7	8
Catalogs	○	○	○	○	○	○	○	○
Current vendors or providers	○	○	○	○	○	○	○	○
Internet	○	○	○	○	○	○	○	○
Local vendors or providers	○	○	○	○	○	○	○	○
Manufacturers	○	○	○	○	○	○	○	○
My office cost file or database	○	○	○	○	○	○	○	○
National databases with geographic adjustment	○	○	○	○	○	○	○	○
National databases without geographic adjustment	○	○	○	○	○	○	○	○

Factors that affect my decision making in determining which resources to use to secure cost information include: (Check all that apply)

- ☐ Geographic location
- ☐ My experience with the item or service
- ☐ My experience with the vendor or provider
- ☐ Time frames for completion of Life Care Plan
- ☐ Other _____
- ☐ Evaluee and/or family preferences
- ☐ Treating physician preferences
- ☐ Referral source request

If difficult to quantify, I include an annual allowance/allocation for goods and/or services.

- ○ Yes
- ○ No
- ○ Varies

When annual costs are listed, I specify the quantities of items and/or services.

- ○ Yes
- ○ No
- ○ Varies

When listing costs for items and/or services, I will not use information older than _____.

- ○ 3 months
- ○ 6 months
- ○ 1 year
- ○ 2 years
- ○ 5 years

I obtain a specific number of cost quotes for each item identified in a Life Care Plan.

- ○ Yes
- ○ No
- ○ Varies

If your answer above is No or Varies, what factors affect decision making regarding the number of cost quotes obtained? (Check all that apply)

- ☐ Availability of current vendor or provider cost
- ☐ Availability of national database/s
- ☐ Item or service availability
- ☐ Recent experience with the item or service costs
- ☐ The cost of the item or service
- ☐ The nature of the item or service itself
- ☐ Time frame required by the referral source
- ☐ Other _____

I obtain more than one cost quote on individual items or services in the following circumstances: (Check all that apply)

- ☐ Never obtain more than one cost quote
- ☐ Routinely obtain more than one cost quote
- ☐ Item or service cost appears to be higher than usually found
- ☐ Item or service is out of the ordinary

In researching costs for recommended items or services, I request usual, customary and reasonable or retail fees for cost quotes _____ of the time.

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

I use standardized codes_____ of the time when requesting cost quotes.

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

When researching costs, I utilize published databases that provide costs for goods and services _____ percent of the time.

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

In researching costs, I utilize databases that provide the costs of various services: (Check all that apply)

- ☐ Do not use databases
- ☐ American Hospital Directory
- ☐ *HCPCS Fee Analyzer*
- ☐ HCUP, Healthcare Utilization Project
- ☐ Other _____
- ☐ *Medical Fees in the United States*
- ☐ *National Fee Analyzer*
- ☐ *Physicians Fee Reference*
- ☐ *Red Book: Pharmacy's Fundamental Reference*

When developing a Life Care Plan, I use negotiated and/or established fee schedules in the following types of cases:

- ☐ Never
- ☐ Medicare Set-Aside
- ☐ Personal injury
- ☐ Private consumer
- ☐ Other _____
- ☐ Private insurance
- ☐ Trusts
- ☐ Vaccine or other federal cases
- ☐ Workers Compensation

In researching costs for recommended items or services, I identify alternative (collateral) funding streams.

- ○ Yes
- ○ No
- ○ Varies

I identify collateral sources as a mechanism for funding a Life Care Plan in the following situations: (Check all that apply)

- ☐ If required by statute or case law
- ☐ Life Care Plan implementation
- ☐ Life care planning consultation/analysis
- ☐ Other _____
- ☐ Trust case management
- ☐ Vaccine Act referrals
- ☐ When requested by referral source

In forming opinions with regard to home modification cost, I utilize _____of the time.

	None	1-25%	26-50%	51-75%	76-100%
Architect estimate/quote	○	○	○	○	○
Contractor estimate/quote	○	○	○	○	○
Literature	○	○	○	○	○
Rehabilitation Engineer	○	○	○	○	○
VA home modification benefit	○	○	○	○	○
Other	○	○	○	○	○

If other, please provide an example:

_____

In forming opinions regarding home health care needs, I use the following sources: (Please rank order the following sources of recommendations, with 1 being the most frequently used and 8, the least frequently used)

	1	2	3	4	5	6	7	8
Self (evaluee/family) report of current usage	○	○	○	○	○	○	○	○
Evaluee/family perspective or opinion regarding future needs	○	○	○	○	○	○	○	○
Healthcare/rehabilitation professionals/ opinion	○	○	○	○	○	○	○	○
Home health care agency recommendations	○	○	○	○	○	○	○	○
My expertise, education, training, and/or experience	○	○	○	○	○	○	○	○
Physician recommendation	○	○	○	○	○	○	○	○
Published standard of care/guidelines	○	○	○	○	○	○	○	○
State regulations	○	○	○	○	○	○	○	○

In forming opinions regarding household support needs (e.g., cooking, cleaning, maintenance, shopping), I use the following sources: (Please rank order the following sources of recommendations, with 1 being the most frequently used and 7, the least frequently used)

	1	2	3	4	5	6	7
Clinical practice guidelines	○	○	○	○	○	○	○
Dollar Value of a Day	○	○	○	○	○	○	○
My expertise, education, training, and/or experience	○	○	○	○	○	○	○
Physician recommendations	○	○	○	○	○	○	○
PT/OT evaluation	○	○	○	○	○	○	○
Self (evaluee/family) report	○	○	○	○	○	○	○
Other	○	○	○	○	○	○	○

If other, please provide an example:

_____

I utilize more than one home care/facility care option _____ of the time.

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

In presenting home care options I include private/direct hire costs.

- ○ Yes
- ○ No
- ○ Varies

When recommending live-in 24 hour care, I include additional costs for expenses such as food, utilities, supplies, etc. _____ of the time.

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

When recommending in-home supervision for a pediatric evaluee, I consider the time that a parent would normally be expected to perform parenting duties _____ of the time.

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

I include discussion or reference to life expectancy in a Life Care Plan _____of the time.

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

For life expectancy opinions, I: (Check all that apply)

- ☐ Not applicable
- ☐ Use actuarial/rated age tables
- ☐ Defer to a physician to other qualified professional
- ☐ Give my professional opinion
- ☐ Use life expectancy tables published by the government
- ☐ Use statutory life expectancy tables

When considering potential complications (e.g., complications that are possible, defined as a 50% or less likelihood of occurrence) for an evaluee in a Life Care Plan, the costs are:

☐ Costs of potential complications are not included
☐ Sometimes included
☐ Shown and always included in annual and/or total costs
☐ Shown, but never included in annual and/or total costs

If potential complications are included in a Life Care Plan, I utilize the following sources to identify them: (please rank order the following sources, with 1 being the most frequently used and 5, the least frequently used)

	1	2	3	4	5
Clinical practice guidelines	○	○	○	○	○
Physician(s)	○	○	○	○	○
Literature	○	○	○	○	○
My expertise, education, training and/or experience	○	○	○	○	○
Past medical history	○	○	○	○	○

After completing a Life Care Plan, I request physician review only (without signing off) of the entire Life Care Plan_____ of the time.

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

After completing a Life Care Plan, I request physician review and sign off on the entire Life Care Plan_____of the time.

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

After or while completing a Life Care Plan, I send a letter of acknowledgement to the physician regarding recommendations made by that physician _____of the time.

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

After or while completing a Life Care Plan, I send a letter to the physician requesting review and signature by the physician regarding the recommendations made by that physician _____ of the time.

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

I update a Life Care Plan based on a change in condition or additional information that impacts recommendations.

- ○ Yes
- ○ No
- ○ Varies

Prior to testimony, I routinely update a Life Care Plan if it is

- ☐ 6 months or less
- ☐ 7-12 months old
- ☐ Older than one year
- ☐ Older than two years
- ☐ Only when requested by the referral source
- ☐ Varies
- ☐ Never

I review the Life Care Plan with the evaluee and/or family _____ percent of the time.

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

I provide a copy of the Life Care Plan to the evaluee and/or family _____ of the time.

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

I ask the referral source to provide a copy of the Life Care Plan to the evaluee and/or family _____ of the time.

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

I discount to present value the cost of the items in a Life Care Plan _____ of the time.

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

I collaborate with or provide information to an economist to clarify Life Care Plan entries/information _____of the time.

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

I am asked to help find other expert witnesses _____ of the time.

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

I sign the Life Care Plan _____ of the time.

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

I am asked to assist in the development of deposition questions for the opposing Life Care Plan expert witness in _____ of my cases.

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

I have contacted _____ evaluees/families to determine if the Life Care Plan is being followed.

_____

III. Future Growth and Development

I would like more information regarding the following survey items or issues:

_____

_____

My business goals include: (Check all that apply)

- ☐ Change my mix of referral sources
- ☐ Decrease case management referrals
- ☐ Decrease Life Care Plan referrals
- ☐ Hire more employees
- ☐ Increase case management referrals
- ☐ Increase efficiency
- ☐ Increase Life Care Plan referrals
- ☐ Provide more consultation
- ☐ Raise rates
- ☐ Retirement planning
- ☐ Other _____

Areas of my life care planning practice that create questions regarding best practices include: (Check all that apply)

- ☐ Analyzing an opposing Life Care Planner's methodology
- ☐ Collecting fees
- ☐ Confidentiality
- ☐ Critiquing/reviewing an opposing Life Care Planner's opinions
- ☐ Dealing with opinions of referring attorney that differ from mine
- ☐ Differing opinions of treatment providers
- ☐ Discussing the plan with the attorney while in development
- ☐ Dual relationships
- ☐ Evaluee informed consent
- ☐ Marketing practices
- ☐ Obtaining price information
- ☐ Preparing files for deposition
- ☐ Recommending further evaluation
- ☐ Recommending specific experts
- ☐ Setting/establishing fees
- ☐ Using cost information obtained for other cases
- ☐ None of the above
- ☐ Other _____

I would like additional training in the following areas: (Check all that apply)

- ☐ Acquired brain injury
- ☐ Amputation
- ☐ Back injury
- ☐ Birth trauma (e.g., CP, Erb's Palsy, MR)
- ☐ Burns
- ☐ Cancer
- ☐ Coding
- ☐ Environmental exposure (e.g. lead, asbestos, chemical sensitivity)
- ☐ Ethical issues
- ☐ Expert testimony
- ☐ Foundation for Life Care Plan recommendations
- ☐ Heart disease
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ Malpractice issues
- ☐ Multiple trauma
- ☐ Office technology
- ☐ Orthopaedic injuries
- ☐ Pain
- ☐ Records management
- ☐ Spinal cord injury
- ☐ Transplantation
- ☐ Other _____

I prefer the following types of training options: (Please rank order the following training options, with 1 being the most preferred and 5, the least preferred)

	1	2	3	4	5
Conferences with multiple topics/speakers	○	○	○	○	○
Correspondence course	○	○	○	○	○
Dedicated topic seminars	○	○	○	○	○
On-site training	○	○	○	○	○
Web-based training	○	○	○	○	○

The most rewarding part of life care planning is:

_____

The most frustrating part of life care planning is:

_____

Comments (in general regarding the survey and/or with reference to specific questions/issues)

_____

I would like to receive Continuing Education Credit for my participation in this survey

○ Yes
○ No

To download the Continuing Education Credit from the CCMC (Commission for Case Management Certification), please click the link below:

CCMC CEU 528

Approval for CLCP continuing education credit from the ICHCC (International Commission on Health Care Certification) is pending. In the event that approval is granted, would you like to be contacted with instructions to download the CLCP credit?

○ Yes, I am interested in receiving the CLCP credit.
○ No, I am not interested in receiving the CLCP credit.

You've completed the survey
THANK YOU!

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LIFE CARE PLAN SURVEY 2009: PROCESS, METHODS AND PROTOCOLS

AT A GLANCE

The following At-A-Glance summary is intended to assist the reader in referencing the Life Care Plan Survey 2009 statistics more readily for comparison to an individual practice profile and as a foundation to promote future discussion in the evolution of the practice of life care planning.

Please note that in the Life Care Plan Survey 2009 article, some of the data was collapsed to provide information on the "routine" protocols for a majority of respondents; thus additional and more specific information may be found in the At-A-Glance summary for some of the survey questions. Percentages, while rounded in the article, are presented more specifically in the following chart.

William R. Goodrich
Ann T. Neulicht
Susan Riddick-Grisham

LIFE CARE PLAN SURVEY 2009: PROCESS, METHODS AND PROTOCOLS AT A GLANCE		
Life Care Planner Validation Process		
Initial Mailing	3,252	
Bounced	1,080	
Private Mailing	25	
Life Care Planner Invitation Process		
Initial Invitees	1,704	
Undeliverable E-mails	415	
Final Email Invitation List	1,346	
Survey Respondents	***n***	**%**
Number	293	21.77%
Practicing Life Care Planners	222	75.77%
Demographic Distribution		
Females	176	70.40%
Males	43	17.20%
No Gender Designation	31	12.40%
Geographic Distribution		
United States District Court, Ninth Circuit	34	15.32%
United States District Court, Fourth Circuit	21	9.46%
California	14	6.31%
Ontario	6	2.70%
Alberta	2	0.90%
Licensure/Certification		
Nursing	106	47.70%
Rehabilitation/Mental Health Counseling	100	45.00%
Primary Field of Practice		
Nursing	99	44.59%
Rehabilitation Counseling	82	36.94%
Other	30	13.51%
Education		
Masters Degree	104	47.30%
Bachelors Degree	59	26.80%
Doctoral Degree	23	10.50%
Diploma (Nursing)	16	7.30%
Associate Degree (Nursing)	14	6.40%
Certifications/Organizations (Check all that apply)		
Certifications		
CLCP	165	74.30%
CCM	91	40.99%
CRC	76	34.23%
CNLCP	24	10.81%
Mean # of Certifications: 2.7; Range: 0 to 6		
Organizations		
IARP	141	63.51%
IALCP	137	61.71%
CMSA	57	25.68%
AANLCP	39	17.57%
AALNC	37	16.67%
Mean # of Organization memberships: 2.73; Range: 0 to 9		
Participation in professional ListServs		
Rehabilitation Counselors	87	87.88%

Nurses	71	86.59%
Total	188	84.68%
Continuing Education		
11-20 Annual CEUs	105	47.30%
21-30 Annual CEUs	59	26.58%
<10 Annual CEUs	27	12.16%
Years of Life Care Planning Experience		
> 6 Years	206	92.79%
11 - 20 Years	86	38.74%
21 Years or longer	38	17.12%
Number of Life Care Plans Completed		
< 100	101	47.87%
≥ 250	48	20.40%
At least 50% of Life Care Plans on Adults (Age 22-Life)	187	89.90%
At least 50% on evaluees 21 Years Old or Younger	36	17.60%
Mean # of Life Care Plans completed: 187.1; Range 1 to 2,500		
Life Care Planning Practice Profile		
Percentage of Practice		
≤ 50% of Practice	136	61.50%
75% - 100% of Practice	50	22.60%
Service Area (Check all that apply)		
Regional - 3-5 State Radius	107	48.20%
National	80	36.04%
Local/State	79	35.59%
International	25	11.26%
Testimony		
Respondents who have given depositions	171	77.03%
Respondents who have never testified	31	13.96%
Mean # of depositions: 74.7; Median: 20; Range: 1 to 1,750		
Respondents who have provided testimony in State Courts	146	65.77%
Mean # of times in State Court: 41.9; Median: 10; Range: 1 to 600		
Respondents who have provided testimony in Federal Court	105	47.30%
Mean # of times in Federal Court: 12.8; Median: 5; Range: 1 to 116		
Respondents who have provided testimony in Workers Compensation Hearings	69	31.08%
Mean # of times in Workers Compensation Hearings: 14.4; Median: 2; Range: 1 to 460		
Testimony Exclusivity		
Deposition only	21	9.46%
Mean Deposition only: 14; Range 1 to 200		
Workers Compensation Only	5	2.25%
Mean Workers Compensation only: 1.2		
State Courts Only	3	1.35%
Mean State Court only: 7.7		
Federal Court Only	6	2.70%
Federal/State Court Combined	4	1.80%
WC & State or Federal Court	116	52.25%
Daubert Challenge		
Never Challenged	214	96.40%
Never Assisted in Challenge	174	78.38%
Business Practices		
Employment		
Own Business with Employees/Subcontractors	116	52.25%

Own Business w/o Employees	64	28.83%
Employed by Private Company	36	16.22%
Referral Base (Check all that apply)		
Attorneys	214	96.40%
Insurance Carriers	110	49.55%
Workers Compensation Carriers	104	46.85%
No Expert Witness Service Listing	199	89.64%
50% or Less From Defense Attorneys	172	77.48%
50% or More From Plaintiff Attorneys	110	49.55%
Types of Referrals (Check all that apply)		
Personal Injury	217	97.75%
Medical Malpractice	191	86.04%
Chronic Illness	117	52.70%
Environmental Exposure	89	40.09%
Pharmaceutical	50	22.52%
Marital Dissolution	42	18.92%
Vaccine Act	38	17.12%
Case Acceptance		
Require Signed Fee Agreement	145	65.32%
Retainer		
Require Retainer to Initiate Work	160	72.07%
> $2,000.00	42	32.60%
≤ $1,000.00	36	27.90%
$1,501.00-$2,000.00	26	20.10%
$1,001.00-$1,500.00	25	18.40%
Mean Retainer: $1,945: Range: $25 to $6,000		
Routinely Included in Case File (Check all that apply)		
Cost Research	194	87.39%
Case Generated Documents	184	82.88%
Case Notes	181	81.53%
Academic Records	139	62.61%
Copies of Time (Contact/Activity) Sheets	127	57.21%
Written Correspondence		
From Professionals	196	88.29%
From Referral/Legal	183	82.43%
From Evaluee	170	76.58%
E-mail Correspondence		
From Professionals	139	62.61%
From Referral/Legal	130	58.56%
From Evaluee	126	56.76%
Life Care Plan	215	96.85%
Narrative Report	196	88.29%
Interview Notes and/or Forms	192	86.49%
Medical Records	192	86.49%
Records Summary	172	77.48%
Therapeutic Records	166	74.77%
Interview Summary	158	71.17%
Invoices Sent	143	64.41%
Invoices Received	108	48.65%
Routinely Retained in a Closed File (Check all that apply)		
Reports	180	81.08%

Generated Work Product	177	79.73%
Case Notes	159	71.62%
Research Notes	142	63.96%
Life Care Planner Deposition	140	63.06%
Medical Records	117	52.70%
Other Experts' Depositions	106	47.75%
Closed files typically maintained for 7 years in paper and electronic formats		
Billing		
Average Life Care Plan 30-50 Hours	134	84.40%
Mean # of hours to complete a Life Care Plan: 40; Range 10 to 120 hours		
Bill by the Hour	197	88.74%
Mean Hourly Rate: $169; SD: $173.40; Range $62.50 to $750 Insurance, Legal and Workers' Compensation Mode: $150; Testimony Mode: $250		
Charge ≥ $126.00/Hour	177	81.60%
Charge $101.00-$125.00/Hour	24	10.81%
Charge ≤ $100.00/Hour	16	7.40%
Variable Rates		
Charge More for Testimony	104	98.11%
Charge Lower Rate for Travel	40	93.00%
Charge Lower Life Care Plan Rate as a Non-Testifying Consultant	8	80.00%
Charge Different Rate for Testimony	124	57.10%
Charge Different Rate for Travel	48	22.20%
Charge Different Life Care Plan Rate as a Non-Testifying Consultant	12	5.40%
"Rush" Cases		
Do Not Charge More	134	60.36%
Charge More	84	37.84%
Venues Used to Resolve Non-Payment (Check all that apply)		
Referral Source Contact	103	46.40%
"Never a Problem"	36	26.60%
Legal Representation	43	19.37%
Bar Association	36	16.22%
Collection Agency	38	17.12%
Roles and Functions		
Not Functioned as a Life Care Planner then Case Manager, Counselor or Therapist	172	77.48%
Not Functioned as Case Manager, Counselor or Therapist then Life Care Planner	168	75.68%
Not Functioned as Case Manager, Counselor or Therapist on Plan prepared by Other Life Care Planner	145	65.32%
Have Not Mentored another Life Care Planner	96	46.38%
Have Mentored another Life Care Planner	111	50.00%
Mean # of Mentees: 11; Range 1 to 300		
Have Mentored ≤ 5 Life Care Planners	82	73.90%
Life Care Plan Review		
Never Analyzed Opposing Expert's Life Care Plan for Rebuttal Consultation	45	20.27%
Never Analyzed Opposing Expert's Life Care Plan for Rebuttal Testimony	44	19.82%
Have Analyzed 1-10 Opposing Expert's Life Care Plan for Rebuttal Consultation	102	45.95%
Have Analyzed 1-10 Opposing Expert's Life Care Plan for Rebuttal Testimony	90	40.54%
Have Analyzed > 50 Opposing Expert's Life Care Plan for Rebuttal Testimony	24	10.81%
Have Analyzed > 50 Opposing Expert's Life Care Plan for Rebuttal Consultation	16	7.21%
Develop Deposition Questions for Opposing Experts More than 50% of Time	53	24.20%
Have Not Developed Deposition Questions for Opposing Experts	31	14.20%
Video/Photographs		
Do Not Video Evaluees	176	80.00%
Video Evaluees Up To 25% of the Time	30	13.51%

Never Participate in Development of Day –in-the-Life Videos	124	56.10%
Participate in Development of Day-in-the-Life Videos" ≥ 50% of the Time	23	10.36%
Do Not Take Photographs of Evaluee's Equipment and/or Homes	74	33.33%
Take Photographs of Evaluee's Equipment and/or Homes ≤ 25% of the Time	60	27.03%
Routine Life Care Planning Protocols		
Information Requested Verbally		
Medical Records	201	90.54%
Neuropsychological/Mental Health	189	85.14%
Allied Health Therapies	184	82.88%
Expert Reports	181	81.53%
Medical Depositions	171	77.03%
Evaluee Interview	165	74.32%
Pharmacy/Medication Records	162	72.97%
Family Depositions	160	72.07%
School Records	144	64.86%
Signed Consent Form	126	56.76%
Billing Records	125	56.31%
Employment Records	124	55.86%
Day-in-the-life Videos/Journals	116	52.25%
Answers to Interrogatories	108	48.65%
Complaint	107	48.20%
Tax Returns	76	34.23%
Social Security Records	70	31.53%
Military Records	63	28.38%
Information Requested in Writing		
Medical Records	114	51.35%
Neuropsychological/Mental Health	106	47.75%
Expert Reports	102	45.95%
Allied Health Therapies	98	44.14%
Pharmacy/Medication Records	94	42.34%
Medical Depositions	93	41.89%
Family Depositions	91	40.99%
School Records	84	37.84%
Employment Records	79	35.59%
Signed Consent Form	79	35.59%
Billing Records	77	34.68%
Answers to Interrogatories	74	33.33%
Complaint	69	31.08%
Evaluee Interview	66	29.73%
Day-in-the-Life Videos/Journals	65	29.28%
Social Security Records	53	23.87%
Military Records	50	22.52%
Tax Returns	47	21.17%
Interview Protocols		
Mean Interview Duration in Hours: 3; Range 1 to 8 Hours		
Conduct an In-Person Interview when retained by Plaintiff	210	94.59%
Use Structured Interview Form	167	75.23%
Use HIPAA Compliant Signed Consent Form - Plaintiff Referral	167	75.23%
Document Request and Denial of In-Person Interview by Defense	158	71.17%
Use Standardized Questionnaires	157	70.72%
Meet in Evaluee's home	156	70.27%

Conduct an In-Person Interview in Non-Litigated Case	142	63.96%
Use Standardized Checklists	122	54.95%
Use HIPAA Compliant Signed Consent Form - Defense Referral	94	42.34%
Conduct an In-Person Interview when retained by Defense	59	26.58%
Other Protocols		
Review Medical Records	220	99.10%
Include Rationale for Recommendations	180	81.08%
Use Usual & Customary &/or Retail Pricing	189	80.18%
Obtain > 1 Cost Quote	178	71.20%
Utilize Clinical Practice or Standard of Care Guidelines	140	63.06%
Offset Usual & Customary Parenting Time	134	60.36%
Reference Life Expectancy	131	59.00%
Perform Literature Search	86	38.74%
Plan Development		
Rehabilitation Team Collaboration		
Routinely Consult with Physicians	163	73.42%
Routinely Follow Up Personal or Telephonic Physician Consultation in Writing	124	55.86%
Resources Used when Treatment Team Consultation Not Available (rank ordered)		
Medical Records	127	57.20%
Clinical Practice Guidelines	90	40.54%
Expert Testimony	85	38.29%
Literature Search	66	29.73%
Routinely Request Non-Medical Evaluations		
Neuropsychology/Cognition	192	86.49%
Psychology/Counseling	150	67.57%
Assistive Technology/Adaptive Equipment	145	65.77%
Driver/Architectural Evaluation	144	64.86%
Occupational Therapy/ADL	139	62.61%
Functional/Physical Capacity Evaluation (FCE/PCE)	128	57.66%
Physical Therapy	124	55.86%
Speech Therapy	120	54.05%
Seating	111	50.00%
Vocational Assessment	111	50.00%
Mobility	100	45.05%
Home Care	94	42.34%
Nutrition	87	39.19%
Educational	77	34.68%
Recreation	65	29.28%
Audiology	63	28.38%
Music Therapy	11	4.95%
Resources Used to Obtain Costs (rank ordered)		
Current Vendors	173	77.93%
Local Vendors or Providers	119	53.60%
Internet	67	30.18%
Manufacturers	50	22.52%
National Data Base with Geographic Area Adjustment Factor (GAAF)	33	14.86%
Catalogs	31	13.96%
Office Cost File or Database	29	13.06%
National Data Base without GAAF	15	6.76%
Factors that Affect Decision Making Regarding Resources to Use to Obtain Cost Information (Check all that apply)		
Geographic Location	195	87.84%

Life Care Planner's Experience with Item or Service	192	86.49%
Experience with Vendor or Provider	174	78.38%
Evaluee or Family Preferences	143	64.41%
Physician Preferences	140	63.06%
Time Frames	118	53.15%
Referral Request	60	27.03%
Use Published Databases for Cost Quotes		
None	36	16.22%
1% - 25% of the time	57	25.68%
26% - 50% of the time	52	23.42%
51% - 75% of the time	41	18.47%
76% - 100% of the time	33	14.86%
Databases Utilized to Research Costs (Check all that apply)		
Utilize a database to provide costs of various services	168	75.68%
Medical Fees in the US	92	54.80%
Physicians Fee Reference	85	50.60%
American Hospital Directory	84	50.00%
HCPCS	52	31.00%
HCUP	44	26.20%
Red Book: Pharmacy's Fundamental Reference	40	23.80%
National Fee Analyzer	35	20.80%
Cost Quotes		
Only Use Pricing Data < 1 Year Old	107	48.20%
Number of Cost Quotes		
Number of Cost Quotes Varies	111	50.68%
Obtain a Specific Number of Cost Quotes	86	39.27%
Do Not Obtain a Specific Number of Cost Quotes	22	10.05%
Factors Affecting the Number of Cost Quotes Obtained (Check all that apply)		
Availability of Current Vendor	108	79.40%
Availability of Item/Service	98	72.10%
Nature of Item/Service	91	66.90%
Recent Experience with Item/Service	83	61.00%
Cost of Item/Service	62	45.60%
Time Frame	52	38.20%
Availability of National Data Base	46	33.80%
Obtain More Than One Cost Quote in the Following Circumstances (Check all that apply)		
Routinely Obtain More Than One Cost Quote	178	80.18%
Only if Cost Appears to be Higher Than Usual	81	36.49%
Item or Service is Out of the Ordinary	79	35.59%
Never	7	3.15%
Usual, Customary, Reasonable, or Retail Costs for Recommended Items or Services		
76% - 100% of the time	189	85.14%
51% - 75%	21	9.46%
Use Standardized Codes for Cost Quotes		
None	32	14.41%
1% - 25% of the time	20	9.01%
26% - 50% of the time	37	16.67%
51% - 75% of the time	54	24.32%
76% - 100% of the time	77	34.68%
Use Negotiated and/or Established Fee Schedules in the Following Types of Cases		
Never	113	50.90%

Worker's Compensation	56	25.23%
Medicare Set-Aside	42	18.92%
Personal Injury	34	15.32%
Private Insurance	18	8.11%
Trusts	11	4.95%
Private Consumer	11	4.95%
Vaccine or Other Federal Cases	10	4.50%
Other	8	3.60%
Identify Collateral Resource Funding Sources		
No	101	45.50%
Varies	83	37.39%
Yes	38	17.12%
Identify Collateral Resources as Funding Mechanisms in the Following Situations (Check all that apply)		
When Requested by Referral Source	106	47.75%
If Required by Statute or Case Law	101	45.50%
In Consulting/Analyzing Life Care Plans	51	22.97%
In Implementing Life Care Plan	42	18.92%
Trust Case Management	38	17.12%
Vaccine Act Cases	19	8.56%
Other	15	6.76%
Routinely Included in Report		
Date of Life Care Plan	211	95.05%
Frequency/Replacement Schedules	211	95.05%
Medical Diagnoses	211	95.05%
Medication Regimen	208	93.69%
Life Care Plan Tables/Charts	204	91.89%
Durable Medical Equipment List	203	91.44%
Records Received/Reviewed	200	90.09%
Referral Source	196	88.29%
Functional Abilities	195	87.84%
Medical Summary/Chronology	195	87.84%
Narrative Report	194	87.39%
Beginning/Ending Dates for Items/Services	193	86.94%
Providers/Professionals Consulted	192	86.49%
Location of Interview	188	84.68%
Reason for Referral	185	83.33%
Date of First Contact	182	81.98%
Psychosocial/Psychiatric Diagnoses	182	81.98%
Rational/Purpose of Recommendations	180	81.08%
Social/Environmental Profile	173	77.93%
Recommended By/Source of Recommendation	167	75.23%
Evaluations Requested	165	74.32%
Supply Consumption Rates	161	72.52%
Summary of Total Cost (Annual or Lifetime)	149	67.12%
Vendor List	146	65.77%
Vocational/Educational Profile	143	64.41%
Date of Referral	141	63.51%
Other Records Requested	123	55.41%
Daily Routine/Schedule	121	54.50%
Research Articles	95	47.79%
Bibliography	92	41.44%

Collateral Resources	61	27.48%
Financial Profile	58	26.13%
Rule 26 Disclosure	57	25.68%
Clinical Practice Guidelines	49	22.07%
Nursing Diagnoses	47	21.17%
Pictures	25	11.26%
Recommendations listed using the following Standardized Categories		
Projected Therapeutic Modalities	206	92.79%
Medications	201	90.54%
Future Medical Care, Routine	199	89.64%
Supplies	199	89.64%
Projected Evaluations	196	88.29%
Durable Medical Items	193	86.94%
Transportation	193	86.94%
Aids for Independent Function	192	86.49%
Home Care	184	82.88%
Wheelchair(s)/Mobility	184	82.88%
Wheelchair Accessories/Maintenance	184	82.88%
Diagnostic/Educational Testing	180	81.08%
Orthotics/Prosthetics	180	81.08%
Architectural Renovations	176	79.28%
Facility Care	174	78.38%
Orthopedic Equipment	174	78.38%
Home Furnishings/Accessories	167	75.23%
Health and Strength Maintenance	161	72.52%
Aggressive Medical/Surgical Intervention	157	70.72%
Potential Complications	155	69.82%
Acute Medical Intervention	146	65.77%
Vocational/Educational Plan	128	57.66%
Resources used for Architectural Renovations		
Contractor Estimate Quote		
None	11	5.20%
76% - 100% of the time	66	31.40%
Architect Estimate/Quote		
None	45	23.90%
76% - 100% of the time	34	18.10%
VA Home Modification Benefit		
None	74	41.80%
76% - 100% of the time	27	15.30%
Literature		
None	35	19.00%
76% - 100% of the time	23	12.50%
Rehabilitation Engineer		
None	91	54.80%
76% - 100% of the time	11	6.60%
Sources Used in Forming Opinions Regarding Home Health Care Needs (rank ordered)		
Physician Recommendation	138	62.20%
Health Care/Rehabilitation Professional Opinion	98	45.20%
Life Care Planner Education, Training and/or Experience	97	45.50%
Self Report (Evaluee/Family) of Usage	71	32.30%

State Regulations	63	30.40%
Published Standards of Care/Guidelines	62	29.40%
Home Health Agency Recommendations	52	24.10%
Evaluee/Family Perspective/Opinion Regarding Future Needs	40	19.00%
Sources Used in Forming Opinions Regarding Household Support (rank ordered)		
PT/OT Evaluation	102	48.10%
Physician Recommendations	102	48.10%
Life Care Planner Education, Training and/or Experience	92	44.40%
Self (Evaluee/Family) Report	61	28.90%
Clinical Practice Guidelines	48	24.40%
Dollar Value of a Day	37	20.30%
Home/Facility Care Options		
Use More than One Home/Facility Care Option		
None	2	0.90%
1% - 25% of the time	17	7.66%
26% - 50% of the time	38	17.12%
51% - 75% of the time	46	20.72%
76% - 100% of the time	119	53.60%
Include Private/Direct Hire Cost for Home		
Yes	109	49.09%
No	57	25.68%
Varies	55	24.77%
Include 24/7 Live-in Costs for Additional Household Expenses (e.g. Food/Utilities)		
None	71	31.98%
1% - 25% of the time	28	12.61%
26% - 50% of the time	26	11.71%
51% - 75% of the time	15	6.76%
76% - 100% of the time	78	35.14%
Consider Usual and Customary Parenting Time Expectations in Pediatric Cases		
None	22	9.91%
1% - 25% of the time	6	2.70%
26% - 50% of the time	23	10.36%
51% - 75% of the time	27	12.16%
76% - 100% of the time	134	60.36%
Include Discussion/Reference to Life Expectancy		
None	42	18.92%
1% - 25% of the time	16	7.21%
26% - 50% of the time	10	4.50%
51% - 75% of the time	23	10.36%
76% - 100% of the time	131	59.01%
Basis for Life Expectancy Opinion (Check all that apply)		
Use Published Government Tables	157	70.72%
Defer to Physician or Other Qualified Professional	144	64.86%
Actuarial/Rated Age Tables	49	22.07%
Use Statutory Life Expectancy Tables	40	18.02%
Not Applicable	22	9.91%
Provide Own Professional Opinion	4	1.80%
Potential Complications		
Costs		
Costs Not Included	84	42.86%
Shown but Never Included in Annual and/or Total Costs	55	28.06%

Costs Sometimes Included	45	22.96%
Shown and Always Included in Annual and/or Total Costs	12	6.12%
Sources Used to Identify Potential Complications (rank ordered)		
Physicians	145	65.32%
Past Medical History	100	45.05%
Literature	75	33.78%
Life Care Planner Education, Training, and/or Experience	68	30.63%
Clinical Practice Guidelines	67	30.18%
Physician Review of the Life Care Plan		
% Time Physician is Requested to Review Only (no Sign Off on Life Care Plan)		
None	95	42.79%
1% - 25% of the time	55	24.77%
26% - 50% of the time	29	13.06%
51% - 75% of the time	22	9.91%
76% - 100% of the time	20	9.01%
% Time Physician is Requested to Review and Sign Off on Life Care Plan		
None	73	32.88%
1% - 25% of the time	43	19.37%
26% - 50% of the time	28	12.61%
51% - 75% of the time	20	9.01%
76% - 100% of the time	58	26.13%
% Time Correspondence with Physician Acknowledging Recommendations on Life Care Plan		
None	71	31.98%
1% - 25% of the time	36	16.22%
26% - 50% of the time	14	6.31%
51% - 75% of the time	17	7.66%
76% - 100% of the time	83	37.39%
% Time Correspondence with M.D. Requesting Review/Sign Off on M.D.'s Recommendations in Life Care Plan		
None	46	20.72%
1% - 25% of the time	33	14.86%
26% - 50% of the time	26	11.71%
51% - 75% of the time	19	8.56%
76% - 100% of the time	98	44.14%
Updating a Life Care Plan		
When Change of Condition or Additional Information Impacts Recommendations		
Yes	176	79.28%
Varies	44	19.82%
No	0	0.00%
Routinely Update Life Care Plan Prior to Testimony		
If Life Care Plan is 7-12 Months Old	66	34.38%
Varies	35	18.23%
If Life Care Plan is Older than One Year	35	18.23%
Only When Requested by Referral Source	31	16.15%
If Life Care Plan is 6 Months or Less	17	8.85%
If Life Care Plan is Older than Two Years	5	2.60%
Never	3	1.56%
Life Care Plan Review/Distribution		
Review with Evaluee and/or Family		
None	61	27.48%
1% - 25% of the time	64	28.83%
26% - 50% of the time	33	14.86%

51% - 75% of the time	26	11.71%
76% - 100% of the time	38	17.12%
Provide a Copy of Life Care Plan to Evaluee and/or Family		
None	136	61.26%
1% - 25% of the time	43	19.37%
26% - 50% of the time	19	8.56%
51% - 75% of the time	12	5.41%
76% - 100% of the time	11	4.95%
Request Referral Source Provide a Copy of Life Care Plan to Evaluee and/or Family		
None	52	23.42%
1% - 25% of the time	35	15.77%
26% - 50% of the time	15	6.76%
51% - 75% of the time	19	8.56%
76% - 100% of the time	101	45.50%
Discount to Present Value		
None	182	83.10%
1% - 25% of the time	8	3.60%
26% - 50% of the time	2	0.90%
51% - 75% of the time	4	1.80%
76% - 100% of the time	23	10.36%
Collaborate with Economist		
None	25	11.40%
1% - 25% of the time	34	15.32%
26% - 50% of the time	36	16.22%
51% - 75% of the time	41	18.47%
76% - 100% of the time	83	37.90%
Assist with Finding Other Expert Witnesses		
None	30	13.51%
1% - 25% of the time	95	42.79%
26% - 50% of the time	61	27.48%
51% - 75% of the time	30	13.51%
76% - 100% of the time	5	2.25%
Sign the Life Care Plan		
None	19	8.56%
1% - 25% of the time	2	0.90%
26% - 50% of the time	0	0.00%
51% - 75% of the time	6	2.70%
76% - 100% of the time	195	87.84%
Prepare Testimony Questions for Opposing Life Care Planner		
None	31	13.96%
1% - 25% of the time	76	34.23%
26% - 50% of the time	60	27.03%
51% - 75% of the time	38	17.12%
76% - 100% of the time	15	6.76%
Follow Up with Evaluees/Families		
None	104	60.47%
1 -10 Times	45	26.16%
11-20 Times	8	4.65%
21-30 Times	7	4.07%
31-40 Times	0	0.00%
41-50 Times	4	2.33%

51-100 Times	3	1.74%
> 100 Times	2	1.16%
Mean Follow Up Contact with Evaluees to Determine if Life Care Plan is being Followed: 21.4; Median: 8		
Business Goals (Check all that apply)		
Increase Efficiency	126	56.76%
Increase Life Care Plan Referrals	125	56.31%
Provide More Life Care Plan Consultations	89	40.09%
Change Referral Mix	78	35.14%
Retirement Planning	63	28.38%
Raise Rates	48	21.62%
Increase Case Management Referrals	31	13.96%
Hire More Employees	24	10.81%
Decrease Case Management Referrals	8	3.60%
Decrease Life Care Plan Referrals	3	1.35%
Areas That Create Questions Regarding Best Practices (Check all that apply)		
Differing Opinions by Treatment Providers	120	54.05%
Critiquing/Reviewing Opposing Life Care Plan Experts	115	51.80%
Analyzing Opposing Life Care Plans	102	45.95%
Dealing with Referring Attorney's Differing Opinions	101	45.50%
Obtaining Pricing Information	90	40.54%
Using Cost Information from Other Cases	56	25.23%
Preparing Files for Deposition	51	22.97%
Recommending Further Evaluation	45	20.27%
Discussing the Plan with the Attorney while in Development	45	20.27%
Dual Relationships	40	18.02%
Setting/Establishing Fees	35	15.77%
Collecting Fees	34	15.32%
Recommending Specific Experts	32	14.41%
Confidentiality	31	13.96%
Marketing	31	13.96%
Evaluee Informed Consent	27	12.16%