

# A Comparison of Life Care Planning Standards of Practice

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A life care plan is a tool of case management used for many purposes and in many venues (Weed & Riddick, 1992). A life care plan is based on a proper medical, psychological, case management, and/or rehabilitation foundation (Deutsch & Sawyer, 1985; Johnson, Deutsch, Riddick-Grisham, Bonfoglio and Pomeranz, 2009; Zasler, 1994). Life care planning is a transdisciplinary specialty practice which has evolved over time for multiple purposes, for identification of damages in civil cases involving liability (Deutsch & Raffa, 1981).

The basics of life care planning were initiated by several pieces of legislation that began in 1917 with the Smith-Hughes Act, and continued into the 1960s and 1970s with major legislation that provided services for all people with disabilities (McGowan & Porter, 1967; Weed & Field, 2001). McGowan and Porter (1967) note that the range of modern day rehabilitation services include full evaluation, counseling and guidance, medical services and care, prosthetics, vocational training, services through rehabilitation facilities, maintenance and transportation, tools and equipment, and placement services. The current specialty practice of life care planning is comprised of rehabilitation counselors, nurses, physicians, occupational, physical and speech therapists, psychologists and others. From 1981 until 2017, subgroups have emerged within this specialty practice, forming their own professional identities, standards of practice, ethical codes and sometimes certifications. These groups have expanded upon the earliest life care planning standards of practice (International Association of Life Care Planners, 2000) and have produced their own bodies of work.

Life care planners are often asked to review life care plans prepared by individuals belonging to various subgroups, making it important to be familiar with the standards of practice for all life care planning professionals. The purpose of this article is to explore the three main subgroups within the life care planning community: The International Academy of Life Care Planners (IALCP), the American Association of Nurse Life Care Planners (AANLCP) and the American Academy of Physician Life

Care Planners (AAPLCP) and their respective standards of practice. This article will review standards of practice of three organizations responsible for life care planning credentials, IALCP, AANLCP and CPLCP as well as the *Standards of Practice for Life Care Planners 3rd Edition* (IALCP, 2015). The goal is to explore the overlap of the standards of practice published in the field of life care planning.

## Background

It is well-known that life care planning is a specialty practice in which a variety of professionals participate. Life care planners hold various licensures and certifications including: American Board of Vocational Experts (ABVE) 8.3%, Certified Case Manager (CCM) 49.7%, Certified Disability Management Specialist (CDMS) 22.3%, Certified Life Care Planner (CLCP) 75.2%, Certified Nurse Life Care Planner (CNLCP) 11.5%, Certified Physician Life Care Planner (CPLCP) (not included in 2010 study) and Certified Rehabilitation Counselor (CRC) 32.5% (Neulicht et al, 2002; Pomeranz, Yu, & Reid, 2010). To begin the analysis of the transdisciplinary approach to life care planning, an analysis of each credential included was undertaken. Each credential was examined to determine if there was independent accreditation of the credential, the year established, minimum education and experience requirements, the existence of a code of ethics/standards of practice, requirement for examination and continuing education units (CEU) and profit versus non-profit status. Each credential analyzed was found to have a code of ethics and standard of practice. The results of the analysis, presented below in Table 1, was originally published in Field, Choppa, Johnson, Fountaine & Jayne (2007), which was updated in Johnson, Lacerte and Fountaine (2015) and most recently updated and presented at the 2017 Life Care Planning Summit by Gamez and Johnson and illustrates the historical nature, background and requirements of each credential.

Table 1

*Credential Analysis*

Credential	<u>Independent Accreditation</u>	<u>Year Est.</u>	<u>Minimum Education Required</u>	<u>Minimum Experience Required</u>	<u>Code of Ethics/ Standards of Practice</u>	<u>Exam Required</u>	<u>CEUs Required</u>	<u>Non-Profit</u>
ABVE	No	1980	Yes	Yes	Yes	Yes	Yes	Yes
CCM	Yes	1993	Yes	Yes	Yes	Yes	Yes	Yes
CDMS	Yes	1984	Yes	Yes	Yes	Yes	Yes	Yes
CLCP	No	1996	Yes	Yes	Yes	Yes	Yes	No
CNLCP	No	1999	Yes	Yes	Yes	Yes	Yes	Yes
CPLCP	No	2014	Yes	Yes	Yes	Yes	Yes	Yes
CRC	Yes	1975	Yes	Yes	Yes	Yes	Yes	Yes

**International Academy of Life Care Planners**

The International Academy of Life Care Planners (IALCP) became part of the International Association of Rehabilitation Professionals (IARP) in 2006. The IALCP group has historical foundation in Paul Deutsch's *A Guide to Rehabilitation* (1995) and Weed & Berens (1998) *Life Care Planning and Case Management Handbook*. Currently, the IALCP has 482 members and supports all life care planners including publishing the peer-reviewed *Journal of Life Care Planning*.

In the year 2000, IALCP published their first version of the *Standards of Practice for Life Care Planners* (IALCP, 2000). Since then, two revisions have taken place, the last of which was published in the *Journal of Life Care Planning* (IARP, 2015). These standards emerged through a review of documents such as the "Consensus and Majority Statements Derived from Life Care Planning Summits held in 2002, 2002, 2004, 2006, 2008, 2010, 2012 and 2015" (Johnson, 2015), Role and Function Study (Pomeranz, Yu & Reid, 2010), Life Care Plan Practice Survey (Neulicht et al., 2002), and the Standards of Practice (IARP, 2015), from IARP and other associations. A draft of the standards was released for field review and analysis prior to acceptance. In accordance with the professional standards and codes of ethics for the various practitioners who perform life care planning, the client (also known as the evaluatee) was considered to be the person with a disability or illness who receives services (Barros-Bailey et al., 2008). In life care planning, the client is defined as the person who is the subject of the life care plan (Barros-Bailey et al., 2008). In the forensic or litigation setting, the individual for whom the life care plan is being prepared is considered the "evaluatee" (Barros-Bailey et al., 2008). The IALCP Standards of Practice for Life Care Planners 3rd Edition incorporated this definition and

terminology into the Standards (IARP, 2015). The Standards are broken down into the following four sections, with ethics included in the appendix:

## I. Introduction

- A. Definition of a Life Care Plan
- B. Historical Perspective
- C. Transdisciplinary Perspective

## II. Philosophical Overview / Goals of Life Care Planning

## III. Standards of Performance

## IV. Standards of Practice

Section I provides an introduction, providing the foundation of what a life care plan is, who develops them and why. As noted in Section I.C. "Life Care Planning is a transdisciplinary specialty practice" (p.5). Here, it is acknowledged that each professional subgroup of the life care planning community brings with it individual practice standards and ethical codes. Working within their own discipline, each professional must also adhere to the *Standards of Practice for Life Care Planners* (IARP, 2015) when developing life care plans.

## The Historical Perspective notes:

The development of an individualized plan of care has always been considered an integral part of the medical and rehabilitation process. This type of plan has historically been used by multiple disciplines. Rehabilitation professionals have created a rehabilitation plan. Nurses developed a nursing care plan. Physicians defined a medical treatment plan, and other professions developed plans specific to their practice. (p. 5)

Also notable is the commentary on the "Transdisciplinary Perspective" which states:

Life care planning is a transdisciplinary specialty practice. Each profession brings to the process of life care planning practice standards which must be adhered

to by the individual professional, and these standards remain applicable while the practitioner engages in life care planning activities. Each professional works within specific standards of practice and regulatory requirements for his or her discipline to ensure accountability, provide direction, and mandate responsibility for the standards for which he or she is accountable. These standards include, but are not limited to, activities related to quality of care, qualifications, collaboration, law, ethics, advocacy, resource utilization, and research. In addition, each individual practitioner is responsible for following the Standards of Practice for Life Care Planners (p.5).

This inclusive statement leads one to understand the overarching application of these standards of practice. In reviewing the *Standards of Practice for Life Care Planners 3rd Edition*, there is a broadness which supports practice by a transdisciplinary pool of professionals. These standards are not solely meant for rehabilitation counselors, nurses, physician or others, but are broad in scope so as to include a diverse group of rehabilitation professionals participating in this specialty practice.

Section II examines the goals of life care planning, the subject of which is termed the evaluatee. The life care plan is described as a dynamic document and is the result of collaboration among professionals (IARP, 2015, p.6). Goals of the life care plan are preventative and rehabilitative in nature and are broken down into the following five parts:

- A. To assist the evaluatee in achieving optimal outcomes by developing an appropriate plan of rehabilitation, prevention, and/or reduction of complications. This may include recommendations for evaluations or treatment that may contribute to the evaluatee's level of wellness or provide information regarding treatment requirements.
- B. To provide health education to the evaluatee and relevant parties, when appropriate.
- C. To specify services and the charges for those services needed by the evaluatee.
- D. To develop likely alternatives for care that take into consideration developmentally appropriate and least restrictive options for the evaluatee.
- E. To communicate the life care plan and objectives to the evaluatee and relevant parties, when appropriate. (p. 6)

The remainder of the *Standards of Practice for Life Care Planners 3rd Edition* is broken down into two categories: Standards of Performance and Standards of Practice. Section III, on Performance, addresses minimum education requirements, professional licensure, registration or certification, education, training and continuing education for qualified life care planners (IARP, 2015). Furthermore, this section acknowledges the importance of practicing in an ethical manner and following all applicable codes of ethics within the life care planner's specific core profession.

Additionally, the role of research is highlighted, in the development of life care plans, and in the contributions to the field of life care planning. Finally, discussed in this section is the importance of identifying cultural or linguistic factors as they relate to developing and implementing life care plans.

Section V, the lengthiest section, highlights ten specific Standards of Practice. Table 2 below lists the ten specific standards of practice outlined by IALCP. Items also found in the American Association of Nurse Life Care Planner's Standards of Practice (2015) are noted in bold font, and those found in the American Academy of Physician Life Care Planners' Standards of Practice (2014) noted in italicized font.

**Table 2**  
***IALCP Standards of Practice, Section 5***

The life care planner shall

- Practice within his or her *professional scope of practice*
- Have skill and knowledge in understanding the health care needs addressed in a life care plan
- Perform comprehensive assessment through the process of **data collection** and analysis involving multiple elements and sources
- Use a consistent, valid and reliable approach to research, data collection, analysis, and planning
- **Analyze data**
- Use a **planning process**
- Seek **collaboration** when possible
- Facilitate understanding of the life care planning process
- Evaluate
- (May) engage in forensic applications

As mentioned before, ethics are addressed in the appendix of this document, and are highlighted in five categories: Confidentiality, dual or multiple relationships, evaluatee advisement of role, competency and maintaining professional conduct in the critique of opposing life care plans (IARP, 2015).

### **The American Association of Nurse Life Care Planners**

The American Academy of Nurse Life Care Planners (AANLCP) was founded in 1997 and is responsible for developing and maintaining the scope and standards of practice for member nurses practicing life care planning (AANLCP, 2015). The AANLCP is a member of the Alliance of Nursing Organizations and National Quality Forum and publishes a peer-reviewed journal, the *Journal of Nurse Life Care Planning*. Three documents are described as establishing the foundation and framework for this practice, which are: The Essence of the Profession, Code of Ethics for Nurses with Interpretive Statements and Nursing: Scope and Standards of Practice, Second Edition (AANLCP, 2015). For

nurse life care planners, the most important foundational document is reported to be Nurse Life Care Planning: Scope and Standards of Practice (AANLCP, 2015).

In 2010, a work group established by the AANLCP provided a draft outline of the Scope of Practice with the first Scope of Practice written in 2012, and updated in 2015 (AANLCP, 2015). Similar to the professional nursing scope and standards of practice, nurse life care planning standards follow the nursing process which defines the standard of practice for all registered nurses, regardless of discipline (AANLCP, 2015). The 15 standards, outlined in Table 3, provide the framework for members of the AANLCP. Items also found in the International Academy of Life Care Planners' Standards of Practice are noted in bold font and those that are also found in the American Academy of Physician Life Care Planners' Standards of Practice are noted in italicized font.

**Table 3**  
*AANLCP Standards of Practice*

The nurse life care planner:

- 1: Performs comprehensive **data collection** pertinent to the healthcare consumer's health and unique situation
- 2: **Analyzes assessment data** to determine diagnoses and issues
- 3: Identifies expected outcomes for a life care plan individualized to the healthcare consumer or situation
- 4: Develops a plan that prescribes strategies, interventions, and alternatives to attain projected outcomes
- 5: Provides for implementation of the plan
- 5A: Provides for coordination of the **planned care** and services throughout the lifespan
- 5B: Employs strategies to promote health and safety
- 5C: Provides **consultation** to evaluate, develop, and influence the plan of care, enhance others' ability, and effect change
- 6: **Evaluates** progress toward plan outcomes
- 7: Practices ethically
- 8: Attains knowledge and competence that reflects current nursing practice
- 9: Integrates **research** findings and evidence into practice
- 10: Contributes to quality nursing and nurse life care planning practice
- 11: Communicates effectively in a variety of formats in all areas of practice
- 12: Demonstrates leadership in the professional practice setting and the profession
- 13: *Collaborates* with healthcare consumers, healthcare providers, and others, in the conduct of practice

- 14: Self-evaluates nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations
- 15: Recommends appropriate resources for safe, effective, and financially responsible healthcare services
- 16: Practices in an environmentally safe and healthy manner

Members of the AANLCP authoring life care plans have standards of practice, however, these are specific to AANLCP members. There are associate members of this group, however, the standards of practice do not apply to non-nursing disciplines. It should be recognized that nurse life care planners implement the nursing process to diagnose individuals to formulate their life care plans. Their ability to use their clinical knowledge and judgment to formulate nursing diagnoses is described as unique to their profession (AANLCP, 2015). Additionally, ethical guidelines are set forth specifying their duty to adhere to certain behaviors while in practice. The AANLCP "Code of Ethics and Conduct" can be referenced in the text on page 24 of the *American Association of Nurse Life Care Planners-Scope and Standards of Practice*.

#### **American Academy of Physician Life Care Planners**

The American Academy of Physician Life Care Planners (AAPLCP) was established in 2014. This organization's mission is:

. . . to champion the practice of life care planning by physicians, to elevate and support the discipline of life care planning through physician participation, and to educate physicians, the life care planning community, and the public about physician's central role in life care planning (AAPLCP, 2014).

This organization's foundation is rooted in the role of the physiatrist in life care planning which is specifically referenced in the Physiatry and Life Care Planning section of the AAPLCP website (American Academy of Physician Life Care Planners, 2014) as follows:

It is no coincidence that Section 1, Chapter 2 of the *Life Care Planning and Case Management Handbook* is entitled "The Role of the Physiatrist in Life Care Planning", and it states: "For a Life Care Plan to appropriately provide for all the needs of an individual, the plan must have a strong medical foundation." It continues: "Physicians specializing in physical medicine and rehabilitation (physiatrists) are uniquely qualified to provide a strong medical foundation for life care planning based on their training and experience in providing medical and rehabilitative services to individuals with disabilities. Physiatrists are, by their training, experienced in dealing with individuals who have catastrophic functional problems. Additionally, physiatrists are trained to anticipate the long term needs

of their patients” (AAPLCP, 2014).

For these reasons, the American Academy of Physician Life Care Planners advocates the practice of life care planning by board certified physiatrists. According to the American Academy of Physician Life Care Planners, the foundation of life care planning consists of credibility and transparency (AAPCLP, 2014). Credibility refers to the standard of evidence and points to the role of the physician and their ability to establish impairment (AAPLCP, 2014). The foundation of transparency to the process of summary and synopsis and the life care planning process to include costs are similar to the IALCP and AANLCP groups. The AAPLCP publishes works on life care planning, legal, and relevant forensic disciplines and holds an Annual Assembly event (AAPLCP, 2014).

The AAPLCP *Standards of Practice* are comprised of four standards: Qualification; discovery, collection & analysis; formulation; and quantification. Standard one, qualification, discusses the qualifications of a physician life care planner, which involve being an actively licensed medical doctor who is an expert in physical medicine and rehabilitation and board certified by the American Board of Physical Medicine & Rehabilitation. Additionally, physician life care planners must maintain certification as a Certified Life Care Planner (CLCP) by the International Commission on Health Care Certification (ICHCC) and Certified Physician Life Care Planners (CPLCP) which is designated by the Certified Physician Life Care Planners (CPLCP) board. It is noted that the ICHCC provides the CLCP to a wide variety of professionals including rehabilitation counselors, nurses, occupational therapists, physical therapists, psychologists, speech language pathologists, physicians and others.

Standard two pertains to data collection. This standard provides the framework for the collection and analysis of applying information about a subject and their condition to include personal interview and examination whenever possible. Standard three addresses formulation of opinions which includes staying within one’s area of expertise and collaborating with other experts when necessary. Standard four states that the physician life care planner applies the quantification of future medical requirements. This includes the presentation of cost data and specifically notes that applicable sources be cited whenever possible or practicable. Table 4 below outlines the standards set for by the AAPLCP, with areas of overlap with the IALCP standards of practice noted in bold font and those that are also found in the AANLCP standards of practice are noted in italicized font.

Table 4

Table 4 <i>AAPLCP Standards of Practice</i>			
Guidelines and Professional Standards for Physician Life Care Planners:			
1. <u>Qualification</u>	2. <u>Discovery, Collection, &amp; Analysis</u>	3. <u>Formulation</u>	4. <u>Quantification</u>
<p>A. Are medical doctors who maintain active medical licenses</p> <p>B. Are experts in physical medicine and rehabilitation, and are board certified by the American Board of Physical Medicine &amp; Rehabilitation.</p> <p>C. Are Certified Life Care Planners (CLCP) as designated by International Health Care Commission on Health Care Certification (ICHCC).</p> <p>D. Are Certified Physician Life Care Planners (CPLCP) as designated by the Certified Physician Life Care Planners Certification Board.</p> <p>E. Participate in required continuing education in the subject of life care planning.</p>	<p>A. Physician life care planners employ a methodological and comprehensive approach to the discovery and <b>collection</b> of relevant information about a subject and his/her condition.</p> <p>B. Physician life care planners review and consider all available medical records, and other relevant and/or available documentation.</p> <p>C. Whenever possible, and/or practicable, physician life care planners perform personal interviews and examinations of subjects to: collect information which support the objective findings included in the medical records and other relevant documents; and to discover objective finding which may not be identified in the medical records and/or other relevant documents.</p> <p>D. Physician life care planners endeavor to discover and consider, in addition to other relevant information: general information about the subject, the subject's cause of relevant injury/illness, diagnostic studies undergone by the subject, procedures undergone by the subject, observational documents about the subject, documented opinions from</p>	<p>A. When formulating medical and rehabilitative opinions, physician life care planners remain within the bounds of their areas of expertise and seek <b>collaboration</b> with other experts whenever necessary and practicable.</p> <p><b>B.</b> Physician life care planners formulate medical opinions regarding subjects' diagnostic conditions based upon consideration of all relevant, objective findings obtained during the processes of discovery, <b>collection and analysis.</b></p> <p>C. Physician life care planners formulate medical opinions regarding subjects' physical and/or mental impairments by considering all prospective, medically probable effects of subjects' diagnostic conditions.</p> <p>D. Physician life care planners formulate medical opinions regarding subject's disabilities by considering all prospective, medically probable effects of subjects' impairments.</p> <p>E. Physician life care planners formulate opinions regarding probable duration of care based upon published, peer-reviewed methods and standards.</p>	<p>A. Physician life care planners reference/exhibit all variables used to perform their calculations.</p> <p>B. Physician life care planners describe the methodology used to perform all calculations, so as to make their cost analyses independently replicable/disprovable.</p> <p>C. Physician life care planners quantify the total cost of the future medical requirements in their life care plans.</p> <p>D. Unless a physician life care planner is qualified as expert to formulate present value analyses, Certified Physician Life Care Planners formulate the total cost of subjects' future medical requirements in nominal value, without accounting for inflation, discounts, or any other time value of money considerations.</p> <p>E. Physician life care planners, whenever possible/practicable cite and/or references all data sources from which they obtained cost data.</p>

### Scope of Practice Analysis

Life care planning standards and scope of practice are published for both educational and professional purposes. The goals of such documents are to maintain standards and consistency within the core of the profession and ensure best practices among those in the field. The standards of practice set forth within these three subgroups are similar, with overlap noted among the three professional life care planning standards of practice documents.

Based upon a review of data from each of the three documents, overlap is apparent. Specific reference to collaboration is seen throughout all three standards of practice, reinforcing the interdisciplinary nature of life care planning. Additional commonalities among all three standards of practice include the process by which a life care plan is developed, which includes but is not limited to data collection, analysis and planning. The AANLCP and AAPLCP standards both address in the tables shown, the individualized nature of a life care plan; “individualized to the healthcare consumer” (Table 3) and “containing general information about the subject” (Table 4). Although not noted in Table 2, the IALCP also addresses the “Individualized plan of care” within their standards. Overall, the overarching professional focus of all three life care planning subgroups is on following a process, developing an individualized plan and collaborating with other professionals to arrive at the end goal.

Difference is noted in the terminology used across these three subgroups. The AANLCP standards refer to the “healthcare consumer” (Table 3); the AAPLCP refers to the “subject” of the life care plan (Table 4) and the IALCP refers to “evaluee” throughout their standards of practice (IARP, 2015).

It is also noted that each standards of practice document included uniquely identified subject matter. For example, the AANLCP uniquely identified that practitioners must be qualified nurses; while the AAPLCP uniquely required their members to be dually certified as a CPLCP and as a CLCP. It is noted that the IALCP standards govern individuals of various professional disciplines, while the AANLCP standards govern only nurse members, and the AAPLCP governs only board certified physiatrist physician members, who are practicing as life care planners.

### Conclusion

Life care planning is an evolving multidisciplinary specialty practice. Currently, three professional subgroups within life care planning have set forth *Standards of Practice*, to which their members must adhere. Practitioners of life care planning, no matter their subgroup designation, are behooved to understand the similarities and differences with their colleagues. This understanding can assist with collegial interactions among life care planners involved in forensic applications and critique. Furthermore, acknowledgement of variations and commonalities can lead to unifying measures

in the future of the specialty practice of life care planning.

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