

A Comparison of the Definition of a Life Care Plan: The Impact on Life Care Planners

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Abstract

Exploration of established and emerging definitions for the terms life care plan and life care planning was completed with the goal of factually and historically identifying differing and common conclusions amongst the definitions. Terminology of the original majority consensus definition for the term life care plan from the International Association of Life Care Planners was compared to the definitions of the terms life care plan and life care planning by The American Association of Nurse Life Care Planners, The International Commission on Health Care Certification, American Academy of Physician Life Care and their associated credentials, and their associated credentials of Certified Nurse Life Care Planner, Certified Life Care Planner and Certified Physician Life Care Planner. The authors identify historical precedent for the earliest definition, explore the origin for subsequent definitions, and study the definitions for differing or common conclusions. The authors find the fundamental principles of the coexistent definitions for the terms life care plan and life care planning are largely in agreement with one another, further reinforcing the origins of the subspecialty of life care planning as an inclusive and transdisciplinary practice.

Life care planning emerged from professions within the medical and allied health disciplines as a transdisciplinary practice, easily understood by practitioners within their individual professional scopes of practice, and easily operationalized for the interest of the individual for whom the life care plan is focused (Gamez et al., 2017; International Academy of Life Care Planners, 2015; Mauk, 2019; Weed, 2019). The first professional association dedicated to life care planning, the International Academy of Life Care Planners (IALCP), defined life care plan and life care planning in 1998 with its transdisciplinary nature front and center (International Academy of Life Care Planners, 2015). Subsequent growth and changes in the various disciplines within the specialty practice of life care planning have led to the development of several professional associations and organizations, with some of them offering their own independent definitions and credentialing (Field et al., 2007; Gamez et al., 2017; Johnson et al., 2015). Most confirm the transdisciplinary nature of the practice, while a few seem to suggest their own discipline's primacy within the specialty practice of life care

planning (IALCP, 2019; Johnson, 2009), implying also the primacy of their credentialing. This has contributed to confusion about credentialing and professional standing as to who is qualified to practice life care planning (International Academy of Life Care Planners, 2019; Johnson & Preston, 2009).

Exploration of established and emerging definitions for the terms life care plan and life care planning was completed with the goal of identifying common conclusions amongst the definitions. The definitions were interpreted and compared, giving consideration to their genesis, and evaluated regarding their relationship to historical precedent and their foundation in peer reviewed literature. In particular, definitions were examined for their contribution to understanding the integrity of the various disciplines in rendering transdisciplinary services. The authors find that the fundamental principles of the coexistent definitions for the terms life care plan or life care planning are largely in agreement with one another, and reinforce the value of diversity amongst professions, rather than promoting exclusivity of professions, within the transdisciplinary specialty practice of life care planning.

History

Several associations have emerged within the specialty practice of life care planning forming their own professional identities, standards of practice, ethical codes, sometimes their own certifications and definitions of the term life care plan or life care planning. The current specialty practice of life care planning consists largely of rehabilitation counselors, nurses, physicians, occupational, physical and speech therapists, psychologists, amongst other allied health and medical professionals (Gamez et al., 2017; International Academy of Life Care Planners, 2019). While not all physicians, nurses, rehabilitation counselors, case managers, etc., are life care planners, neither is life care planning exclusive to one profession. There are therefore profession specific considerations inherent in how life care planners understand their scope and standards of practice (IALCP, 2015). And while it is logical that subgroups within the specialty practice of life care planning would emerge in accordance with their profession specific considerations, that same emergence affirms the need for life care planning to maintain its historical precedent as a transdisciplinary specialty practice, both in definition and application (International Academy of Life Care Planners, 2019; Johnson, 2009).

Life care planners are often asked by their referral sources to review life care plans prepared by professionals who hold different credentials and belong to one or more of the various life care planner's associations (Gamez et al., 2017). The current list of life care planning associations include: International Academy of Life Care Planners (IALCP); the American Association of Nurse Life Care Planners (AANLCP); the International Commission on Healthcare Certification (ICHCC); and the American Academy of Physician Life Care Planners (AAPLCP). Some of these associations are also providers of, or affiliated with professional credentials. Each association has expanded upon the earliest consensus life care planning definition as published by the International Association of Rehabilitation Professionals (IARP) through the International Academy of Life Care Planners (Gamez et al., 2017; International Academy of Life Care Planners, 2015).

With the emergence of varying definitions of the terms life care plan and life care planning, life care planners find themselves in the untenable position of being responsible to be familiar with both established and emerging definitions, and how they are used by

the various associations and credentialing agencies, despite there being a long established unified definition (International Academy of Life Care Planners, 2015) serving the larger transdisciplinary profession.

Methods

A definition in its simplest form is an explanation or statement that describes what something is. However, there is a significant difference between an operational definition, which is the “practical application of principles or processes” (Merriam Webster, 2021b), and a conceptual definition, “an idea of what something is or how it works” (Merriam Webster, 2021a). Slife et al. (2016) suggest the quality and precision of translation validity between conceptual and operational definitions must be established through combined methods such as conceptual argumentation (e.g., majority consensus statements), identifying historical precedent (e.g., the history leading up to the convergence of conceptual and operational definitions), foundation in the peer reviewed literature (e.g., the publication of definitions in journal articles, text books, etc.), and exploring converging operations (e.g., multiple approaches of investigation to identify common conclusions. See tables 1 and 2). These are the methods we have explored and utilized in our review of the commonalities and differences between the established and emerging definitions of the term life care plan and life care planning.

Historical Precedent

Life care planning itself is a transdisciplinary specialty practice that has evolved over time for multiple purposes and in many venues (Gamez et al., 2017; International Academy of Life Care Planners, 2015; Johnson & Weed, 2013). Initially developed for the identification of economic damages in civil litigation cases involving liability (Deutsch & Raffa, 1982; Weed & Riddick, 1992), a life care plan in its clinical form is a tool of case management (Johnson & Weed, 2013; Weed & Riddick, 1992). Life care plans are based on a proper medical, psychological, case management, and/or rehabilitation foundation for the purposes of coordinating future care needs (Deutsch & Sawyer, 1985; Johnson et al., 2009; Weed & Riddick, 1992; Zasler, 1994). The earliest published definition of life care planning from Deutsch and Raffa (1982) as cited by Deutsch and Sawyer (1985) is,

A consistent methodology for analyzing all of the needs dictated by the onset of a catastrophic disability through to the end of life expectancy. Consistency means that the methods of analysis remain the same from case to case and does not mean that the same services are provided to like disabilities.

Foundational elements for the coordination of care and what has evolved to become the specialty practice of life care planning are also grounded in several pieces of legislation dating back at least to the 1917 Smith-Hughes Act. The Smith-Hughes Act paved the way for the physical and vocational rehabilitation of disabled soldiers (Field, 2017; Gamez et al., 2017; Johnson & Weed, 2013; McGowan & Porter, 1967). Major legislation continued well into the 1960s and 1970s with disability rights advancements ushering in new emphasis on rehabilitation services for all people with disabilities (Field, 2017; Gamez et al., 2017; Weed & Field, 2001). As stated in the Standards of Practice for Life Care Planners (International Academy of Life Care Planners, 2015) individualized plans of care and rehabilitation have

always been utilized by rehabilitation professionals, nurses, and physicians, consistent with their clinical practices, which have long been considered an integral part of the medical and rehabilitation process.

McGowan and Porter (1967) highlighted a range of services as the central elements of their rehabilitation training manual more than half a century ago. These same rehabilitation services are often considered for incorporation into most modern day life care plans: 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 (Gamez et al., 2017; Johnson & Weed, 2013; McGowan & Porter, 1967; Weed & Berens, 2018). McGowan and Porter (1967) lay the foundation for coordination of rehabilitative and medical care needs in clinical practice (International Academy of Life Care Planners, 2015) dating back to the 50s and 60s, mirroring what have become the fundamental elements of the life care plan (Johnson & Weed, 2013; Weed & Berens, 2018), although not defined in their training manual as such.

Eighteen years later came, Deutsch and Sawyer (1985) *Guide to Rehabilitation*, wherein the medical, psychological and vocational rehabilitation implications for various disabilities are addressed in the context of considerations for rehabilitation and life care planning. Similar to what was accomplished by McGowan and Porter (1967) in their earlier text, Deutsch and Sawyer (1985) applied the clinical practices of coordination of care and rehabilitation planning described by McGowan and Porter (1967) over the course of life expectancy (Johnson & Weed, 2013).

Seventeen years after Deutsch and Raffa (1982) earliest definition, at the International Conference on Life Care Planning, a majority consensus definition for the term life care plan was developed by a transdisciplinary group of rehabilitation professionals (International Academy of Life Care Planners, 2015; Weed, 2019). The definition was presented at the Forensics Section Meeting of the National Association of Rehabilitation Professionals (NARPPS) [now known as the International Association of Rehabilitation Professionals] at their Annual Conference in Colorado Springs, Colorado where the definition was adopted on April 3, 1998 (International Academy of Life Care Planners, 2015; Weed, 2019; Weed & Berens, 2018). This is the first peer reviewed, accepted, and published definition of the term life care plan, formally developed through majority consensus (e.g., conceptual argumentation):

The 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 have chronic health care needs.

This definition has since been reprinted in peer-reviewed literature including the *Journal of Life Care Planning* (JLCP), *Rehabilitation Professional Journal* (RehabPro) and the *Journal of Nurse Life Care Planning* (JNLCP). Additionally it has been cited in textbooks (Weed & Berens, 2018) and included in each edition of the International Academy of Life Care Planners (International Academy of Life Care Planners, 2015) Standards of Practice (SOP).

Evaluation of Emerging Definitions of the Terms Life Care Plan and Life Care Planning

The transdisciplinary specialty practice of life care planning consists of a variety of professionals with various credentials. We begin our evaluation of the established and emerging definitions of the terms life care plan and life care planning, with an updated analysis of the predominant credentials currently included within this transdisciplinary practice, as well as commonalities in their definitions for these terms. According to Neulicht et al. (2002), Pomeranz et al. (2010), and Gamez et al. (2017) the credentials include:

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™) (*Established in 2014 and not included in the 2002 survey study to identify percentage of certificants*)

Certified Rehabilitation Counselor (CRC) 32.5%

Life Care Planning-Certified (LCP-C) (Established in 2021 and not included in the 2002, 2010, or 2017 studies)

Each of the credentials above were re-examined in a manner originally constructed by Field et al. (2007), and later updated by Johnson et al. (2015). The table was updated by Gamez et al. (2017) to compare the standards and practices of each association. The Certified Physician Life Care Planner (CPLCP™) credential, developed through the American Academy of Physician Life Care Planners (AAPLCP) and requires a physician life care planner to also hold the CLCP™ credential, was added to the table and presented at the 2017 Life Care Planning Summit (Gamez et al., 2017). The original analysis by Field et al. (2007) determined if there was independent accreditation for the credential, the year the credential was established, the minimum education and experience requirements for the credential, the existence of a code of ethics or standards of practice for the credential, requirement for examination and continuing education units (CEU), and the profit versus non-profit status for the credential. Each credential analyzed was found to have a code of ethics and standard of practice (Field et al., 2007). The Life Care Planning - Certification (LCP-C), developed through FIG Services, Inc. was established in 2021 and has been added to the table developed by Gamez et al. (2017), for the purposes of our examination.

Further examination of each credential and their affiliated association was completed to determine if the credential, or association defined the term *life care plan or life care planning*. The updated credential analysis presented below in Table 1 illustrates the historical nature, background and requirements of each credential, and indicates if the credential, its guiding documents, or standards of practice, include an independent definition for the terms *life care plan or life care planning*.

Table 1*Credential Analysis*

Credential	Independent Accreditation	Year Est	Minimum Education	Minimum Experience	Code of Ethics/ Standards of Practice	Exam Required	CEUs Required	Non-Profit	Independent Definition
ABVE	No	1980	Yes	Yes	Yes	Yes	Yes	Yes	No
CCM	Yes	1993	Yes	Yes	Yes	Yes	Yes	Yes	No
CDMS	Yes	1984	Yes	Yes	Yes	Yes	Yes	Yes	No
CLCP™	No	1996	Yes	Yes	Yes	Yes	Yes	No	Yes
CNLCP®	No	1999	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CPLCP™	No	2012	Yes	Yes	Yes	Yes	Yes	Yes	No
CRC	Yes	1975	Yes	Yes	Yes	Yes	Yes	Yes	No
LCP-C	No	2021	Yes	Yes	Yes	Yes	Yes	No	No

Of the credentials listed in Table 1, ABVE, CCM, CDMS, CRC and LCP-C do not have an independent definition for the term *life care plan or life care planning* in their guiding documents or standards of practice.

Next, those credentials, and their credentialing bodies, that included their own definition of the term *life care plan or life care planning* were further examined and analyzed for commonalities in their definitions and standards of practice.

The American Association of Nurse Life Care Planners

The American Association 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 (American Association of Nurse Life Care Planners, 2015; Gamez et al., 2017). The AANLCP and the Certified Nurse Life Care Planner (CNLCP®) credential authored a joint statement dated June 6, 2014 and again March 5, 2019, (American Association of Nurse Life Care Planners, 2014, 2019) stating,

The primary role of the nurse life care planner is to develop a client specific lifetime plan of care utilizing the nursing process. The plan contains an organized, comprehensive, and evidenced based approach that estimates current and future healthcare needs. Also included, are the associated costs and frequencies of items and services, which can be utilized as a guide in various applicable sectors (e.g., private, medical-legal, case management).

The AANLCP standards of practice for those authoring life care plans are specific to Members, who are all nurses. However, the AANLCP standards of practice do not apply to the non-nursing members, who are Associate Members. It was noted that nurse life care planners utilize the nursing process to diagnose individuals when formulating their life care plans (American Association of Nurse Life Care Planners, 2015; Gamez et al., 2017). Their ability to use their clinical knowledge and judgment to formulate nursing diagnoses is unique to their profession (American Association of Nurse Life Care Planners, 2015). Guidelines set forth by the AANLCP specify ethical duties and conduct for nurse life care planners to adhere to while practicing (American Association of Nurse Life Care Planners, 2015).

The American Association of Nurse Life Care Planners (2013) has published its own definition for the term Nurse Life Care Planning:

The specialty practice in which The Nurse Life Care Planner utilizes the nursing process for the collection and analysis of comprehensive client-specific data in the preparation of a dynamic document. This document provides an organized, concise plan that estimates for reasonable and necessary, (and reasonably certain to be necessary), current and future healthcare needs with the associated costs and frequencies of goods and services. The Nurse Life Care Plan is developed for individuals who have experienced an injury or have chronic healthcare issues. Nurse life care planners function within their individual professional scope of practice and, when applicable, incorporate opinions arrived upon collaboratively with various health professionals. The Nurse Life Care Plan is considered a flexible document and is evaluated and updated as needed.

American Academy of Physician Life Care Planners

The American Academy of Physician Life Care Planners (AAPLCP) governs the Certified Physician Life Care Planner (CPLCP™) credential. The AAPLCP was established in 2014 with a mission “. . . 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” (American Academy of Physician Life Care Planners, 2014).

The following definition for the term Life Care Plans was identified in the AAPLCP’s, *A Physician’s Guide to Life Care Planning: Tenets, Methods and Best Practices for Physician Life Care Planners*:

Life Care Plans are expertly formulated medical valuations that objectively identify a subject’s medical conditions and future care requirements, and they quantify the costs of those requirements in monetary terms. (American Academy of Physician Life Care Planners, 2014)

Additionally Gonzales and Zotovas (2014) published the following definition for Life Care Planning,

Life care planning is a process of applying objective methodological analysis to formulate diagnostic conclusions and opinions regarding physical and/or mental impairment and disability for the purpose of determining care requirements for individuals with permanent or chronic medical conditions.

Furthermore,

Life care plans are comprehensive documents that objectively identify the residual medical conditions and ongoing care requirements of ill/injured individuals, and they quantify the costs of supplying these individuals with requisite, medically-related goods and services throughout probable durations of care.

The AAPLCP (2014) states the foundation of life care planning consists of credibility and transparency, with credibility referring to standards of evidence and the role of the physician and their ability to establish impairment. The American Academy of Physician Life Care Planners (2014) commitment to transparency, the process of summary and synopsis, and the inclusion of associated costs are consistent with the standards of practice of both the International Academy of Life Care Planners (2015) and American Academy of Physician Life Care Planners (2014). It is common knowledge that physicians diagnose and as part of their day-to-day clinical practice and are able to formulate diagnoses as part of their life care plan development process.

International Commission on Health Care Certification (ICHCC™)

Originally the Commission on Disability Examiner Certification, the International Commission on Health Care Certification (ICHCC™) was established in 1994 and began offering the Certified Life Care Planner (CLCP™) credential in 1996 (Weed, 2019). The ICHCC™ has since added the Canadian Certified Life Care Planner (CCLCP™) and other

credentials not directly related to life care planning (International Commission on Health Care Certification, 2022a).

Regarding life care planning, ICHCC's™ mission statement is to develop, review, and research standards for life care planning; and to develop and administer examinations that assess the knowledge and skills that comprise the essential functions required of life care planners (International Commission on Health Care Certification, 2022b).

The International Commission on Health Care Certification (2022b) developed and adopted its own code of professional ethics which they state is based on the codes of ethics, standards of practice, and documents from the Commission on Rehabilitation Counselor Certification, the National Association of Rehabilitation Professionals in the Private Sector (known now as the International Association of Rehabilitation Professionals), the National Rehabilitation Administration Association, the Virginia Board of Professional Counselors, and the North Carolina Board of Professional Counselors.

According to the International Commission on Health Care Certification (2022c) revised Standards and Guidelines, CLCP™certificants are expected to make impartial assessments regarding functional capabilities and needs, be thorough with competent research to identify categories of need, structure opinions and conclusions without regard for personal reimbursement resources, assess medical and independent living needs, and assess vocational feasibility and options.

On July 12, 2021, the ICHCC™Commissioners adopted its definition of Life Care Planning International Commission on Health Care Certification (2021),

The Life Care Plan is defined as a comprehensive document that chronicles the medical and rehabilitative histories of a person who has chronic health care needs and/or who has experienced some form of trauma that has altered the individual's functional capabilities regarding activities of daily living and/or the essential functions of work where applicable. The plan identifies the respective diagnosis(es) related directly to the trauma or the chronic health care condition, the required medical and rehabilitative services, medical supplies, durable medical equipment, medications, support services, the need for barrier-free living environmental/home modifications, and the costs incurred for the individual to achieve as close to premorbid functioning and independence as possible. The plan identifies the costs associated with maintenance of the maximum level of function achieved (independent vs. dependent), and a detailed projection of potential complications and their projected associated future costs if applicable. The plan further documents the individual's premorbid medical history to assess any potential influences of earlier medical needs on the current trauma.

The International Commission on Health Care Certification (2021) definition for life care planning was retrieved on October 15, 2021 and is no longer available on their website as of the submission of this article.

International Academy of Life Care Planners (IALCP)

Originally established as the American Academy of Nurse Life Care Planners in 1996, the International Academy of Life Care Planners, has become the Life Care Planning Section of the International Association of Rehabilitation Professionals (Weed, 2019). It is "the

umbrella organization that supports all life care planners. . . for all disciplines involved in life care planning” according to the IALCP (International Association of Rehabilitation Professionals, 2022a, 2022b). Its mission is to support its the membership to achieve excellence in the field of life care planning through: Promoting continued development of Standards of Practice, High standards of professional performance and ethics specific to life care planners, Life care planning research conducted through the Foundation for Life Care Planning Research, Encouraging member networking and the development of section-specific resources, Providing dynamic education and training that meets the goals of our membership, Monitoring and influencing case law relating to life care planning, and promoting a cooperative effort with other organizations to promote the understanding and advancement of life care planning(International Association of Rehabilitation Professionals, 2022a, 2022b). The IALCP co-sponsors and produces professional summits, symposia and webinars focused on Life Care Planning, maintains and develops the profession’s Standards of Practice, and publishes The Journal of Life Care Planning. The International Academy of Life Care Planners (2015) defined life care plan in April 1998,

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 have chronic health care needs.

Definition Analysis

The following table compares the terminology of the original majority consensus definition for the term life care plan from 1998 (IALCP), to the definitions of the terms life care plan and life care planning by the associations AANCLP, ICHCC™, AAPLCP, and their associated credentials CNLCP®, CLCP™ and CPLCP™.

Table 2

Definition Analysis

Context	Standards of Practice IALCP/ IARP	AANLCP/ CNLCP®	ICHCC™/ CLCP™	AAPLCP/ CPLCP™	Distinction
When	1998	2013, 2014	2021	2014	
What	dynamic document	dynamic document	comprehensive document	objective methodological analysis	None
Basis	based upon published standards of practice, comprehensive assessment, data analysis, and research	collection and analysis of comprehensive client specific data	chronicles the medical and rehabilitative histories of a person who has chronic health care needs	formulated medical valuations	None

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Context	Standards of Practice IALCP/ IARP	AANLCP/ CNLCP®	ICHCC™/ CLCP™	AAPLCP/ CPLCP™	Distinction
Goal	which provides an organized, concise plan for current and future needs	organized, concise plan of estimated reasonable and necessary, (and reasonably certain to be necessary), current and future healthcare needs	identifies the respective diagnosis(es) related directly to the trauma or the chronic health care condition, the required medical and rehabilitative services, medical supplies, durable medical equipment, medications, support services, the need for barrier-free living environmental/home modifications, and the costs incurred for the individual to achieve as close to premorbid functioning and independence as possible	objectively identify a subject's medical conditions and future care requirements	None

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Table 2 – continued from previous page

Context	Standards of Practice IALCP/ IARP	AANLCP/ CNLCP®	ICHCC™/ CLCP™	AAPLCP/ CPLCP™	Distinction
Includes	with costs	associated with the costs and frequencies of goods and services	associated with maintenance of the maximum level of function achieved (independent vs. dependent), and a detailed projection of potential complications and their projected associated future costs if applicable	quantify the costs of those requirements in monetary terms	None

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Table 2 – continued from previous page

Context	Standards of Practice IALCP/ IARP	AANLCP/ CNLCP®	ICHCC™/ CLCP™	AAPLCP/ CPLCP™	Distinction
Targeted Audience	for individuals who have experienced catastrophic injury or have chronic health care needs	for individuals who have experienced an injury or have chronic healthcare issues	a person who has chronic health care needs and/or who has experienced some form of trauma that has altered the individual's functional capabilities regarding activities of daily living and/or the essential functions of work where applicable	objectively identify a subject's medical conditions and future care requirements	None

Summary

Definitions for the terms life care plan and life care planning are published for educational and professional purposes. The goal of the definitions are to orient the reader to the operational process and functional application of life care planning. Additionally, it allows the life care planner to work within the standards and scope of their professional practice, while ensuring consistency of methodology among those within the transdisciplinary specialty practice of life care planning. The original majority consensus definition for the term life care plan was developed in 1998 by practitioners from a diverse set of professions. Recent definitions for the terms life care plan and life care planning have emerged in relation to certifications and organizational associations within the specialty field of life care planning. Based upon review of each of the definitions for the terms life care plan and life care planning, overlap and similarities in the definitions were noted.

The International Academy of Life Care Planners (2015) and American Association of Nurse Life Care Planners (2014) are identical when referencing the life care plan as being a dynamic document, whereas the ICHCC™/CLCP™ (International Commission on Health Care Certification, 2021) and AAPCLP/CPLCP™ (American Academy of Physician Life Care Planners, 2022) are identical when referencing the life care plan as being a comprehensive document. We identified no major or meritorious distinctions between these four descriptions with respect to the operational or conceptual definitions of the terms life care plan and life care planning.

The International Academy of Life Care Planners (2015) describes the life care plan as being based upon published standards of practice, comprehensive assessment, data analysis, and research. The American Association of Nurse Life Care Planners (2014) describes the life care plan as based upon a collection and analysis of comprehensive client specific data. The ICHCC™/CLCP™ describes the life care plan as based upon a chronicle of the medical and rehabilitative histories of a person who has chronic health care needs (International Commission on Health Care Certification, 2021). The AAPCLP/CPLCP™ describe the life care plan as being based upon comprehensive assessments, interviews and/or examinations, research and analysis, and published methodologies and standards of practice (American Academy of Physician Life Care Planners, 2022). We also find these four descriptions to be similar without major or meritorious distinctions with regard to the operational or conceptual definitions of the terms life care plan and life care planning.

The International Academy of Life Care Planners (2015) states the goal of a life care plan as being to provide an organized, concise plan for current and future needs, for individuals who have experienced catastrophic injury or have chronic health care needs. The American Association of Nurse Life Care Planners (2014) states the goal of a life care plan as being to organize a concise plan of estimated reasonable and necessary, (and reasonably certain to be necessary), current and future healthcare needs. The ICHCC™/CLCP™ states the goal of a life care plan as being to identify the respective diagnosis(es) related directly to the trauma or the chronic health care condition, the required medical and rehabilitative services, medical supplies, durable medical equipment, medications, support services, the need for barrier-free living environmental/home modifications, and the costs incurred for the individual to achieve as close to premorbid functioning and independence as possible (International Commission on Health Care Certification, 2021). The AAPCLP/CPLCP™ (2014) states the goal of a life

care plan as being to objectively identify the residual medical conditions and ongoing care requirements of ill/injured individuals (American Academy of Physician Life Care Planners, 2022). Again we find these four descriptions to be similar with overlap and without major or meritorious distinctions with regard to the operational or conceptual definitions of the term life care plan or life care planning.

The International Academy of Life Care Planners (2015) and American Association of Nurse Life Care Planners (2014) states the life care plan is to include associated costs, while the CNLCP® also states it includes the frequencies of goods and services. The ICHCC™/CLCP™ states the life care plan includes costs associated with maintenance of the maximum level of function achieved (independent vs. dependent), and a detailed projection of potential complications and their projected associated future costs if applicable (International Commission on Health Care Certification, 2021). The AAPCLP/CPLCP™ states the life care plan quantifies the costs of supplying individuals with requisite, medically-related goods and services throughout probable durations of care (American Academy of Physician Life Care Planners, 2022). Consistent with above, we find the four descriptions to be similar with overlap and without major or meritorious distinctions with regard to the operational or conceptual definitions of the term life care plan or life care planning.

The International Academy of Life Care Planners (2015) and The American Association of Nurse Life Care Planners (2014) are almost identical in stating the life care plan as being for individuals who have experienced catastrophic injury or have chronic health care needs (International Academy of Life Care Planners, 2015) / issues (American Association of Nurse Life Care Planners, 2014). The ICHCC™/CLCP™ states the life care plan is for a person who has chronic health care needs and/or who has experienced some form of trauma that has altered the individual's functional capabilities regarding activities of daily living and/or the essential functions of work where applicable (International Commission on Health Care Certification, 2021). The AAPCLP/CPLCP™ states the life care plan is for objectively identifying a subject's medical conditions and future care requirements (American Academy of Physician Life Care Planners, 2022). And finally, we find these four descriptions to be very similar and without meritorious distinction between the operational or conceptual definitions of the term *life care plan or life care planning*.

Within the three professional life care planning associations noted to have independent definitions for the term life care plan or life care planning, further similarities were appreciated upon exploration and comparison between their standards of practice. These similarities and overlaps include reference to collaboration, which reinforces 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, to include, but is not limited to, data collection, analysis, and planning.

The AANLCP and AAPLCP standards both address the individualized nature of a life care plan as “individualized to the healthcare consumer.” Although not noted in Table 2, the IALCP also addresses the “Individualized plan of care” within their standards of practice. The overarching professional focus between the three life care planning associations noted to have independent definitions for the term life care plan or life care planning are: following a process, developing an individualized plan, collaborating with other professionals to develop a life care plan, and identifying the associated costs of the items in the plan (Gamez et al., 2017).

As previously noted by (Gamez et al., 2017) there were differences in terminology noted amongst the three associations with regard to how they address the main participant of the life care plan. The AANLCP standards identify the focus of the life care plan as the “healthcare consumer” (American Association of Nurse Life Care Planners, 2014), the AAPLCP refers to the “subject” (American Academy of Physician Life Care Planners, 2022), the ICHCC™ refers to the “individual” (International Commission on Health Care Certification, 2021), and the IALCP refers to “evaluatee” International Academy of Life Care Planners (2015).

Consistent with the profession specific considerations inherent to the AANLCP and AAPLCP’s scope and standards of practice, both associations specify unique requirements to practice as life care planners with respect to their fields of practice (American Academy of Physician Life Care Planners, 2022; Gamez et al., 2017). AANLCP practitioners must be qualified nurses and the AAPLCP requires members to be physicians, and certified both as a CPLCP™ and a CLCP™ (American Academy of Physician Life Care Planners, 2022; Gamez et al., 2017). Conversely, the IALCP is inclusive of life care planners of various disciplines within the medical and allied health professions, including nurses and physicians, and emphasizes that each professional works within the standards or practice and regulations within their respective profession.

Conclusion

Exploration of established and emerging definitions for the terms life care plan and life care planning was completed with the goal of identifying common conclusions amongst the definitions. The definitions were interpreted and compared, given consideration with regard to their genesis, and evaluated with consideration to historical precedent and foundation in the peer reviewed literature.

Currently, there are three professional associations within the transdisciplinary practice of life care planning that have set forth their own independent definitions, to which their members must adhere in accordance with their standards of practice. Practitioners of life care planning, no matter their association or profession, are encouraged to understand the similarities and differences between their colleagues. This understanding promotes collegial interactions among life care planners involved in forensic applications and critique of each other’s life care plans.

Furthermore, acknowledgment of variations and commonalities amongst life care planners, respective of their field of practice, can lead to unifying measures in the future of the transdisciplinary specialty practice of life care planning. Lastly, and most importantly, the fundamental principles of the coexistent definitions for the terms life care plan and life care planning as analyzed by these authors are largely in agreement with one another, and should be utilized as a means to promote diversity amongst professions, rather than exclusivity, within the specialty practice of life care planning.

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