

# 2022 Life Care Planning Summit: Costing Techniques, Survey Results and Development of a Costing Framework in Support of the Life Care Planning Specialty

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## Abstract

This paper will outline the history of Summits leading to the task at hand, the future development of a costing framework through deeper understanding of the evolution of the process. Leaders within the specialty practice came together to address this evolving issue and bring together life care planners to take the next steps. This article will retrace the historic outcomes of the Life Care Planning Summits since 2000, present the diverse costing approaches and techniques in life care planning, and set the stage for the future.

## Introduction

For over 22 years, life care planners have led the specialty practice of life care planning through routine collaboration and discussion at the Life Care Planning Summits chaired by the International Academy of Life Care Planners (IALCP), which is the Life Care Planning Section of the International Association of Rehabilitation Professionals (IARP). Five years ago, at the May 2017 Life Care Planning Summit, an agreement was reached by the attendees that “life care planners shall develop a position statement (white paper) regarding the presentation of charges and/or costs presented in the life care plan” (Albee et al., 2017, p. 26). It was further agreed that this document would provide “guidance to life care planners for the variety of uses and jurisdictional requirements encountered by life care planners” (Albee et al., 2017, p. 26). A committee was developed to achieve this goal and this process evolved from a survey to a summit to a formal costing framework committee. This paper will outline the history of Summits leading to the task at hand, the evolution of the process, and what is expected into the future.

### **The History of the Life Care Planning Summit**

The Life Care Planning Summit began as a biennial meeting of practitioners and interested parties in the specialty practice of life care planning to explore important issues. Historically, the Life Care Planning Summit has provided an opportunity to reach consensus on issues, identify and define areas of controversy, and give direction for future development and services. Summits are held to set the stage for a professional practice. The goal for the specialty practice of life care planning is to develop ethics, standards of practice, standard of care, etc., specifically using the power of the group of attendees (grass roots). Summits are designed to give all practitioners a forum to voice opinions. Summits use group dynamics and traditionally attempt to achieve consensus or near consensus, through majority opinion. And most importantly, Summits typically set the very foundation for the specialty practice and often are the source for agreed upon standards of practice, standard of care, and ethics. Summit conferences are designed so that attendees give information to leaders, associations and other life care planners.

Over time, the Life Care Planning Summit results have been published and relied upon by practitioners in their daily practice. The published outcomes have culminated into the Consensus and Majority Statements which have been updated routinely and published in the *Journal of Life Care Planning*. Johnson and Preston (2015), Johnson (2015), Johnson et al. (2018) have historically served as guiding principles for the work of the life care planner. Practitioners are on occasion asked about these statements in the litigation arena. Life Care Planning Summit proceedings are developed by life care planners for life care planners about life care planning. Being familiar with and aware of the results of these Summits and these majority and consensus statements is very important.

It has routinely been recommended that practitioners take a vested interest in the future of life care planning and participate in Summits to address cutting edge issues affecting life care plans, life care planning and life care planners. Costing has emerged since the 2012 Summit as an ongoing and evolving issue relevant to life care planners.

Since 2000, there have been 11 life care planning Summits throughout the United States and Canada. A brief history is summarized below in Table A.

**Table 1***Credentialed Analysis*

Year	Date	Location	Focus	Comment
2000	April 12	Dallas, TX	Professional preparation; Basic tenets and procedures for completing life care plans; Ethics; Reliability and validity of the life care plan; Information dissemination.	The first Summit was sponsored by the International Association of Rehabilitation Professionals (IARP), the International Academy of Life Care Planners (IALCP), Intelicus/University of Florida and the Commission on Disability Examiner Certification (CDEC). In addition, the American Association of Legal Nurse Consultants (AALNC) and the Case Management Society of America (CMSA) participated.
2002	May 18 and 19	Chicago, IL	Scope of practice; Skills; Ethics; Professional development; Methodology; Functions; Future of life care planning.	
2004	April 24 and 25	Atlanta, GA	Certification Process; CLCP examination and continuing education credits; Future research in life care planning; CLCP mentoring program; Standards of practice for life care planners.	
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Year	Date	Location	Focus	Comment
2006	May 6 and 7	Chicago, IL	A panel of representatives of the IALCP, CHCC, and the Foundation for Life Care Planning Research (FLCPR) discussed trends and plans for the future of life care planning and each represented organization had an opportunity to provide input.	First Panel (Town Hall) Approach
2008	May 15 and 16	Los Angeles, CA	Visions for the future of life care planning: Identifying controversial aspects of plans created by various professional disciplines; Developing unity in the specialty practice: Standards of practice shaping the role and function of life care planning; Best practices: Methodology issues in data collection; Best practices: Methodology issues in creating admissible life care plans; Research: Priorities, needs, and practical applications in day-to-day practice; Professional business issues: Risks and benefits of databases, templates, and software.	
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Year	Date	Location	Focus	Comment
2010	April 17 and 18	Atlanta, GA	Topic 1: Best Practices for Establishing Foundation for Necessity: Boundaries for Decision Making; Topic 2: Best Practices for Determining Sources of Attendant Care in the Home; Topic 3: Review of Consensus Statements, Majority-View Statements and Results of Life Care Planning Summits 2000 – 2008.	Technology was first utilized to gather input from attendees.
2011	June 3 and 4	Toronto, Canada	This was a replication of the first Summit to ensure the specialty practice was consistent internationally although jurisdictional requirements may change.	
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Year	Date	Location	Focus	Comment
2012	May 5 and 6	Dallas, TX	This Summit brought together the IALCP, the Foundation for Life Care Planning Research (FLCPR), the International Commission on Health-care Certification (ICHCC) and the American Association of Nurse Life Care Planners (AANLCP) to begin a collegial dialogue between the various entities promoting life care planning. Additionally, the topics of ethics and costing were further explored.	The Summit in 2012 provided the 98th and 99th Consensus and Majority Statements as summarized in the Journal of Life Care Planning (JLCP) Volume 11, No. 1 (Preston and Johnson, 2012). Following the 2012 summit, Karen Preston chaired a task force which reviewed and revised the Standards of Practice with the aid of the community of life care planners. This was completed and published in the Standards of Practice for Life Care Planners, Third Edition.
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Year	Date	Location	Focus	Comment
2015	September 18	Scottsdale, AZ	<p>Best Practices for Business and Best Practices for Transparency were the main topics for the 2015 Summit. Consensus Statements from the 2015 Life Care Planning Summit to be added to the prior 99 Consensus and Majority Statements from earlier Summits include: 100. Life Care Planners have the option to use support staff under their direction and guidance in completing life care plans. 101. Life Care Planners shall identify conflict of interest. 102. Life Care Planners shall identify the sources of their recommendations (Johnson, 2015).</p>	<p>This one-day Summit was a full day with a working lunch, including an ethics presentation by Dr. Christine Reid, followed by updates from the IALCP, FLCPR, American Association of Nurse Life Care Planners (AANLCP), Certified Nurse Life Care Planners (CNLCP) Certification Board, and the International Commission on Health Care Certification (ICHCC).</p>

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Year	Date	Location	Focus	Comment
2017	May 19 and 20	Denver, CO	The goal was to further define “associated costs” with education and discussion on how costs are derived and appropriate ways to determine and utilize collateral sources.	<p>As a group, attendees compiled 29 different venues in which a life care plan may be utilized.</p> <p>Additional consensus: A comprehensive and systematic review of the existing 102 statements through a multi-association process to determine if they are still appropriate and relevant is needed.</p> <p>Life care planners shall develop a position statement (white paper) regarding the presentation of charges and/or costs presented in the life care plan that provides guidance to life care planners for the variety of uses and jurisdictional requirements encountered by life care planners. The paper must take into consideration that “associated costs” are referenced in the definition of a life care plan, and ensure the current geographically relevant monetary charges for a good and service in the life care plan.</p> <p>There was a consensus to reaffirm other past consensus and majority statements: #98, #86, #82 and #79 were all reaffirmed by the 2017 Summit proceedings.</p> <p>In the future review of the statements, it will be necessary to look closely at #56 and consider the definition of “integrity” (applicability, relevance and the obligation of the life care planner to know the integrity of our data versus only the sources of data).</p>

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Year	Date	Location	Focus	Comment
2022	May 13 and 14	Dallas, TX	Topic of Summit: Costing techniques, survey results and development of a framework in support of the life care planning specialty.	Utilization of TopHat technology.

Summits have ensured that we sustain our professionalism, and confirm that we are not painted by number scribes. We have continued to follow the long-standing tenets and methodology consistent with the multidisciplinary aspect of life care planning. These have been reassuringly affirmed in court decisions across the country in both state and federal court jurisdictions as well as adopted by other venues (such as Medicare-Set-Aside, family planning, trusts, catastrophic healthcare reserves, workers' compensation claims, and others).

### **Development of the 2022 Summit**

Beginning in April 2020, IALCP Chair Aaron Mertes solicited volunteers to work on the Summit Planning Committee. Dr. Aaron Mertes, Cloie Johnson, Susan Grisham, Dr. Elizabeth Davis, Kirsten Thomas, Dana Penilton, Laura Woodard and Carol Fricks began the process of developing an agenda. The first meeting was held on April 24, 2020, and meetings continued at least monthly until the Summit occurred in May of 2022. Two years of discussion, debate and dialogue explored topics, formats, issues and ideas to ensure the Summit was relevant to life care planners. The Summit committee developed a life care planning costing technique survey to guide discussion at the Summit and data was collected from November 9, 2021 to December 21, 2021. During the interim Dr. Mertes stepped off the committee and Evelyn Robert, Reg Gibbs and Jamie Pomeranz joined the group.

### **Goal for the 2022 Summit**

In July 2020, a survey titled "Summit Topic Input" was sent to life care planners through the various life care planning associations. Additionally, the 2020 Post-Symposium Survey completed in November 2020 was reviewed. The results of both surveys dovetailed with the call from the 2017 Summit attendees for life care planners to develop a position paper regarding the presentation of charges and/or costs in a life care plan. Based on the 2017 Summit call for action and the results of the two surveys, a goal evolved around the topic of life care plan costing, specifically costing techniques, survey results and development of a framework in support of the life care planning specialty. Ultimately, objectives were formed including helping life care planners identify costing techniques used by life care planners internationally and discussion regarding determination of UCR, fee schedule, jurisdictional differences and why life care planners use their specific costing techniques.

### **2022 Summit Objectives**

Chairs Evelyn Robert and Dr. Elizabeth Davis led the development of this forward thinking agenda. The 2022 Summit topics included: review of the history of costing techniques; evolving issues addressing methodology, reliability, and techniques, including but not limited to sources, jurisdictional issues, and the impact of case law; and identify approaches for costing techniques used by the life care planning specialty by presenting survey results at the Summit.

Summit participants would be presented factors that influence the ways in which life care planners present costs in life care plans. Attendees would participate in working groups to identify techniques used for life care plan costs; discuss methods, reliability and validity of each costing technique (i.e. databases, correspondence via phone calls, emails and

letter); discuss how to report costs (range, average, percentile, etc.); and move towards the development of a peer reviewed publication of the Summit results with attendee recognition. Top Hat technology was presented by Dr. Jamie Pomeranz and Dr. Nami Yu to the committee to allow all participants to have a voice, outside of the previously used modified nominal group technique.

### **Life Care Planning Costing Technique Survey**

The first step in collecting data regarding costing techniques used by the community of life care planners was the dissemination of a survey to life care planners. Data was collected through SurveyMonkey© from November 9, 2021 to December 21, 2021. There were 264 responses and a completion rate of 80%. The survey contained the following instructions:

At the May 2017 Life Care Planning Summit an agreement was reached that “life care planners shall develop a position statement (white paper) regarding the presentation of charges and/or costs presented in the life care plan.” It was further agreed that this document would provide “guidance to life care planners for the variety of uses and jurisdictional requirements encountered by life care planners.

You can contribute to this effort by completing the survey on the link below. The answers that you provide will be used to determine trends regarding one of the most basic components of life care planning-the techniques that we use to determine costs. Your responses will inform topics of discussion at the Life Care Planning Summit to be held in Dallas on May 13 and 14, 2022.

Key questions in the survey included the following:

- For what percentage of life care plans that you write do you contact providers and vendors by telephone to ask for actual fees and prices in the evaluatee’s geographic area?
- Do you consider telephone calls to specific providers and vendors a valid method of determining the costs of services and products in a specific geographic area?
- For what percentage of the life care plans that you write do you e-mail providers to ask for actual fees for services?
- Do you consider e-mail correspondence with specific providers a valid method of determining the cost of services in a specific geographic area?
- For what percentage of the life care plans that you write do you use a database to determine the costs of products and services recommended?
- For what percentage of the life care plans that you write do you use a combination of sources to determine the costs of products and services recommended?

### **2022 Life Care Planning Summit**

The IALCP 2022 Summit was held from May 13 and 14, 2022 at the Dallas Fort Worth Airport Hyatt Hotel and was attended by 161 people. Cloie Johnson and Laura Woodard began with the history of life care planning and the evolution of cost techniques. This presentation was published in the *Journal of Life Care Planning* (Johnson & Woodard, 2022).

Attendees were then provided with presentations including a statistical primer by Matthew Sprong, PhD, a discussion of Fair Health data by Allison Schnieders, a presentation on Usual, Customary, and Reasonable (UCR) as a costing technique by Rebecca Busch, a Discussion of VA Reasonable Charges Data Tables/Find-A-Code data by Valerie Parisi; a discussion of Context4Healthcare data by John Danza, an attorney's perspective on life care plan costing by Adam Snyder, Esquire, and a presentation on recent case law in California related to life care plan costing and what this may foreshadow in other states by Eustace de Saint Phalle, Esquire, Sarah Madan, Esquire, and Jan Roughan, RN.

Dr. Pomeranz and Dr. Yu introduced Top Hat technology which would serve as the foundation for the focus group. The following morning the attendees were provided an explanation of the Costing Survey administered the prior fall and there was a presentation of the survey results and a discussion of the focus group topics on Costing Techniques.

### **Costing Survey**

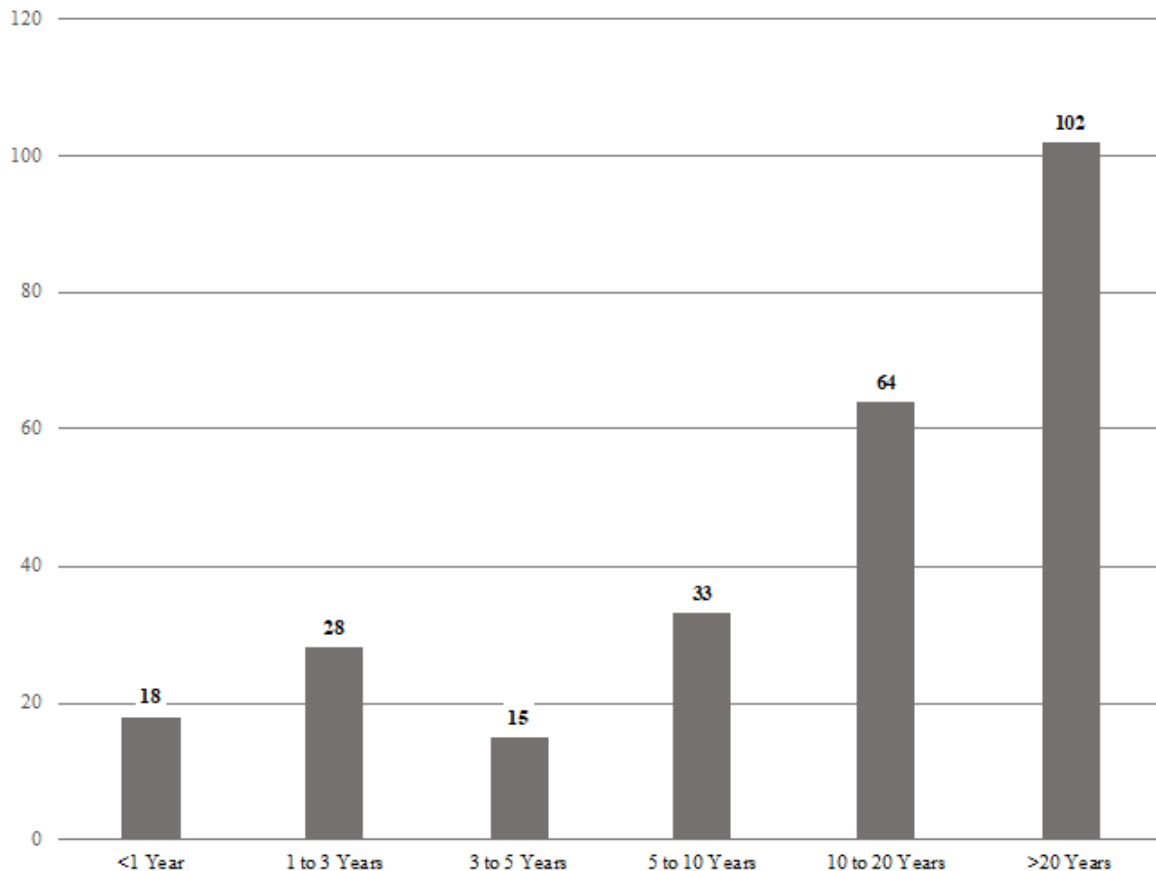
Survey results are provided as separate tables. Highlights of significance include: length of time writing plans, experience prior to writing plans, certification, use of research assistants, geographic location where plans are written, training for cost research, cost gathering techniques used, and cost reporting techniques used. Specific questions and results are as follows.

- More than 39% of life care planners have been writing plans for over 20 years; 64% for over 10 years.
- Over 70% of life care planners had more than 10 years of experience in their primary discipline before writing life care plans
- 64% of the sample reported CLCP as the primary certification related to life care planning; CNLCP 22%, CRC 21% and CCM 18%.
- In the last 12 months, 44% of life care plans were developed without the help of a research assistant to determine costs and 23% used research assistants 81% to 100% of the time.
- Approximately 37% have submitted plans in Florida, and 35% have submitted plans in Texas. All 50 states, D.C., Canada and US District courts were all noted.
- About 44% of life care planners learned how to research costs for services and products through a formal training program, the remaining learned on the job, from a mentor or other non-formal training.
- 42% of life care planners obtain fees and prices by telephone 81% to 100% of the time.

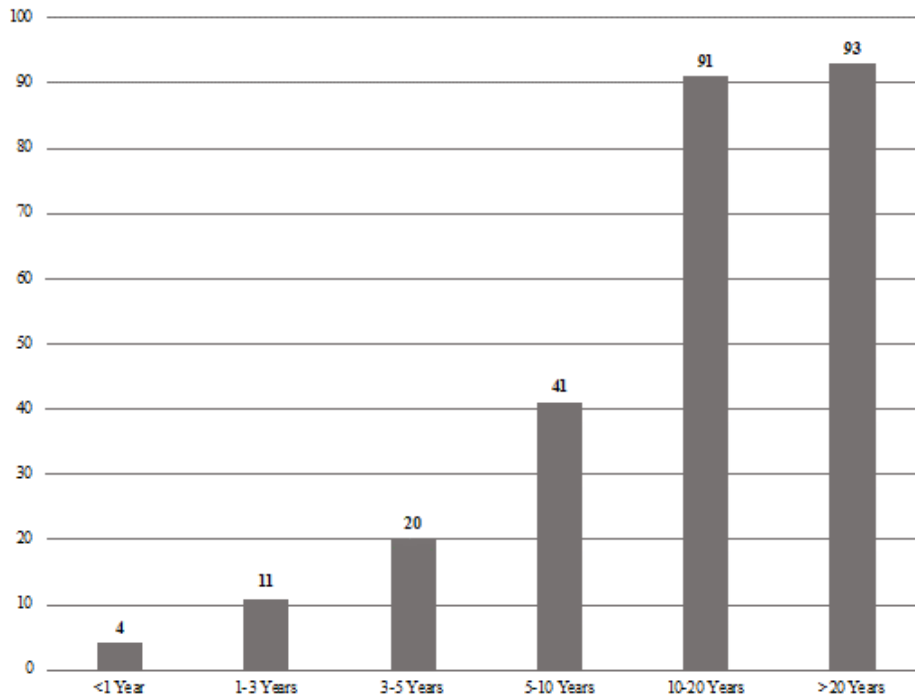
- 6% of life care planners obtain fees and prices by email 81% to 100% of the time.
- 62% life care planners use a database to determine costs 81% to 100% of the time
- Many life care planners (81%) use a combination of sources to determine costs 81% to 100% of the time.
- 93% life care planners identify the sources of the costs in their plans 80% to 100% of the time.
- 43% of life care planners who use databases for costs report 75th percentiles; 22% report the 80th percentile.
- 64% of plans do not rely on Medicare fee schedules to determine costs.
- 51% of life care planners consider prices less than 12 months old to be valid.

Specific questions and results are reported below.

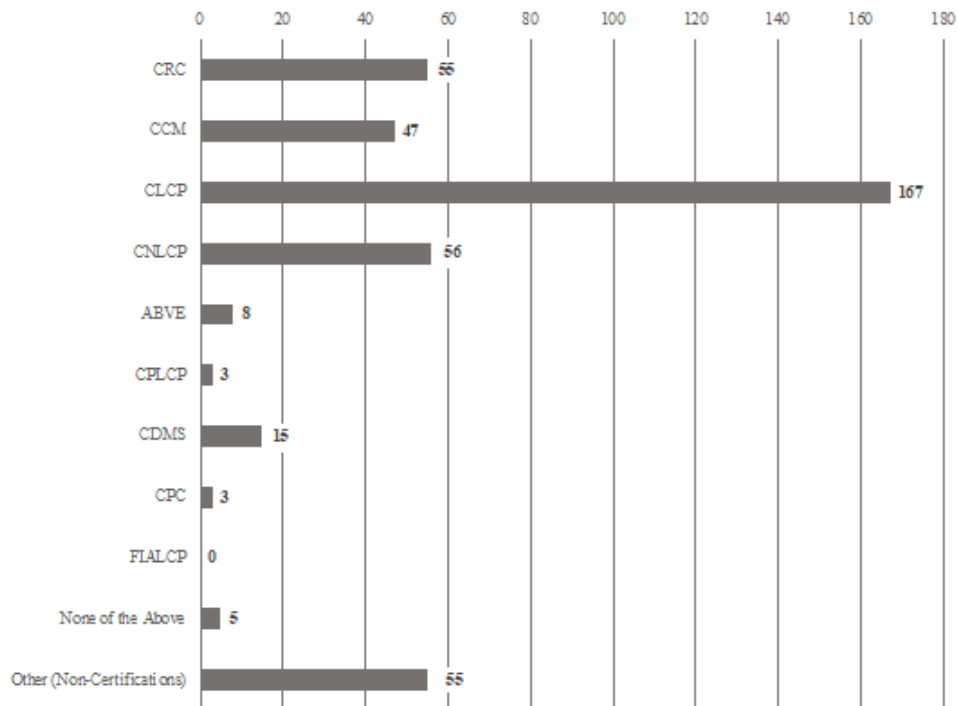
*For how long have you been writing life care plans? (n = 260)*



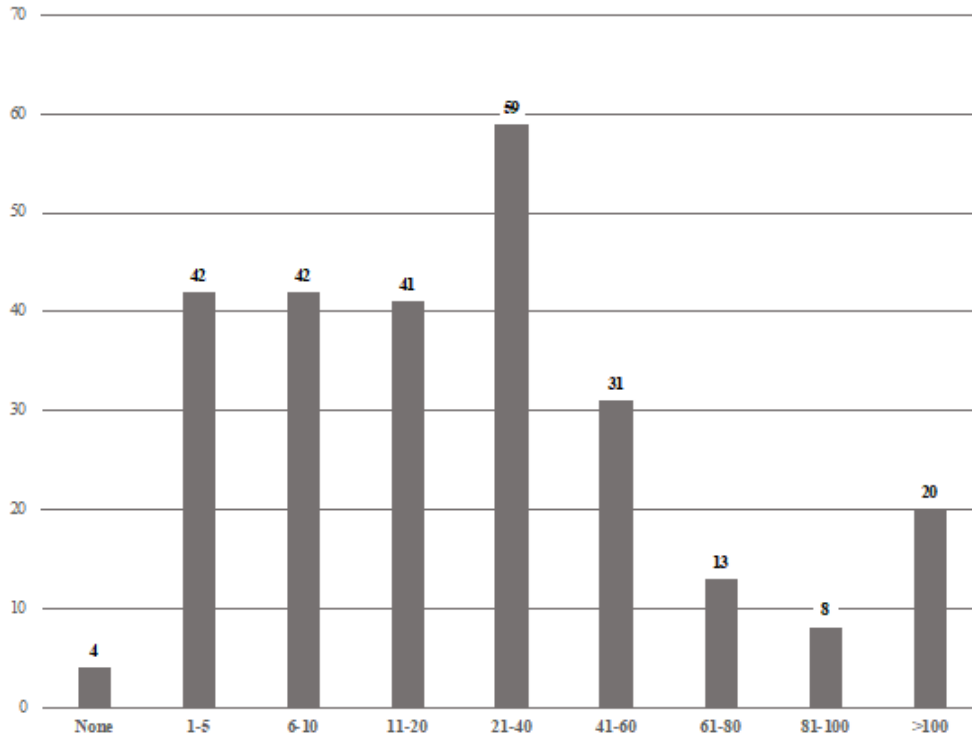
*How many years of experience did you have in your primary discipline before you began writing LCPs? (n = 260)*



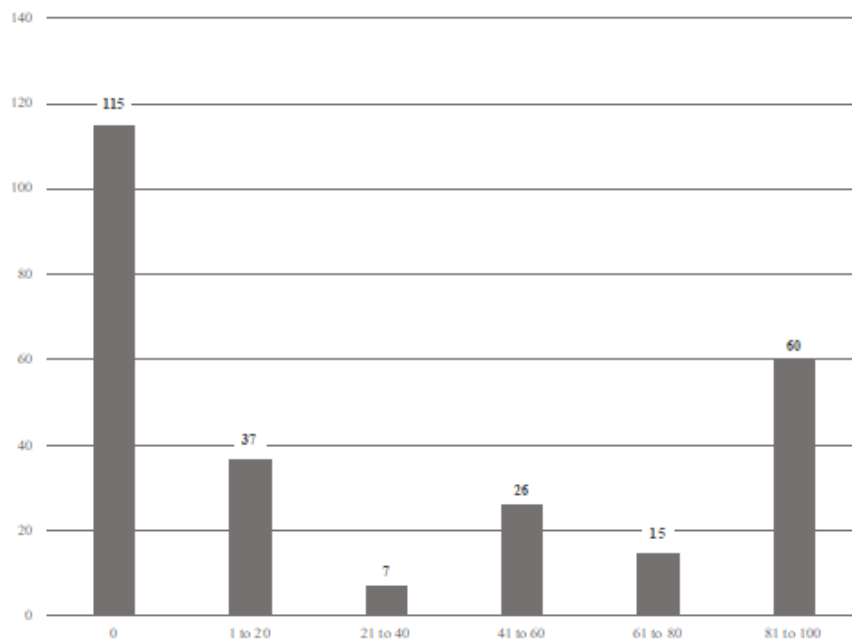
*Primary certification related to life care planning. (n = 260)*



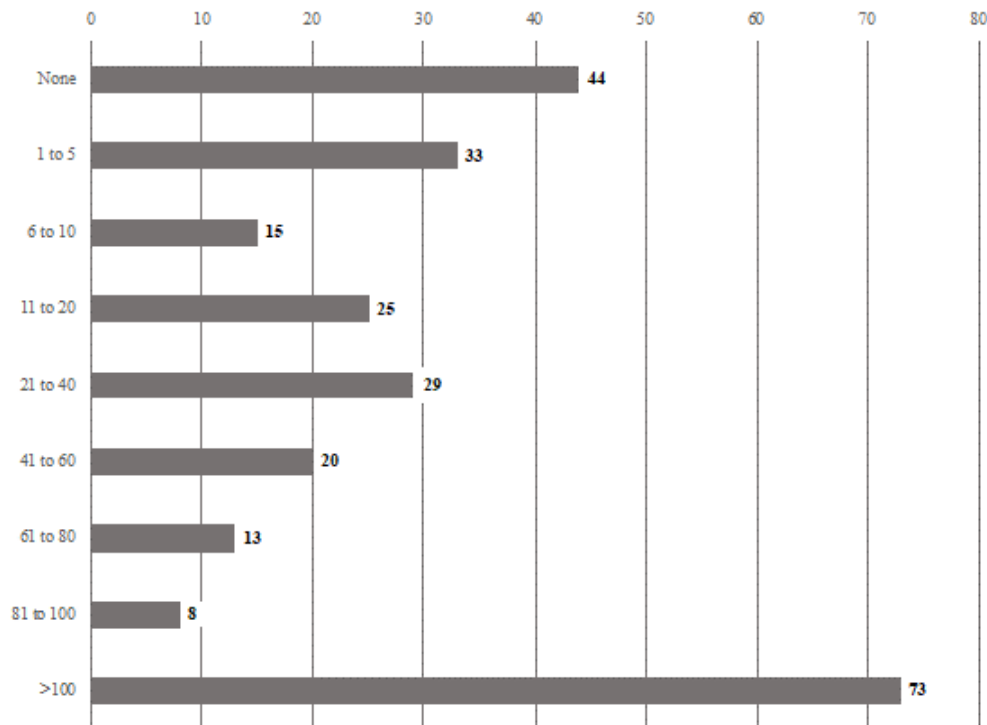
How many LCPs do you write each year? (n = 260)



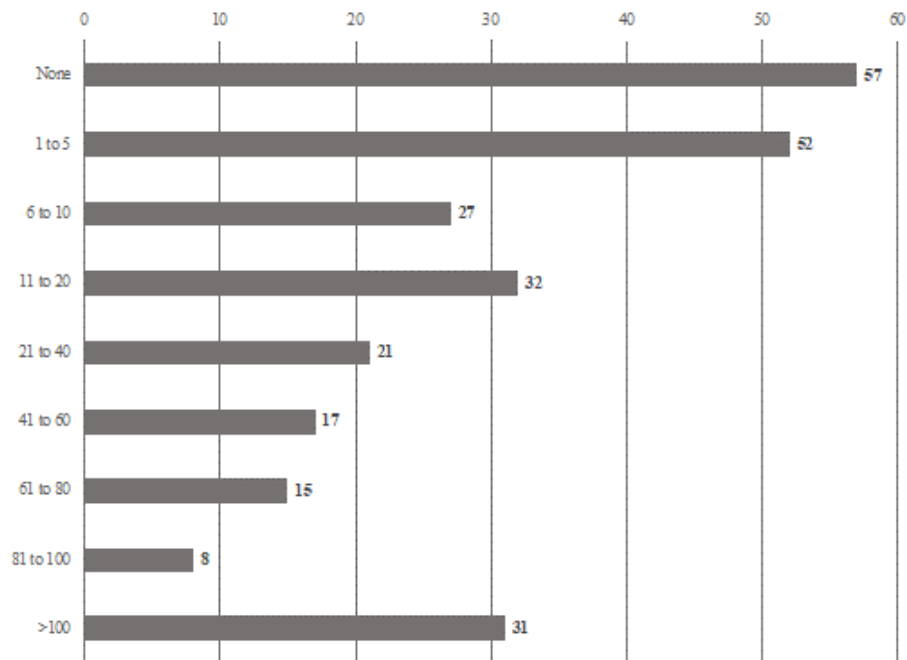
For what % of the LCPs that you have written in the last 12 months have you enlisted the help of a research assistant to determine costs? (n = 260)



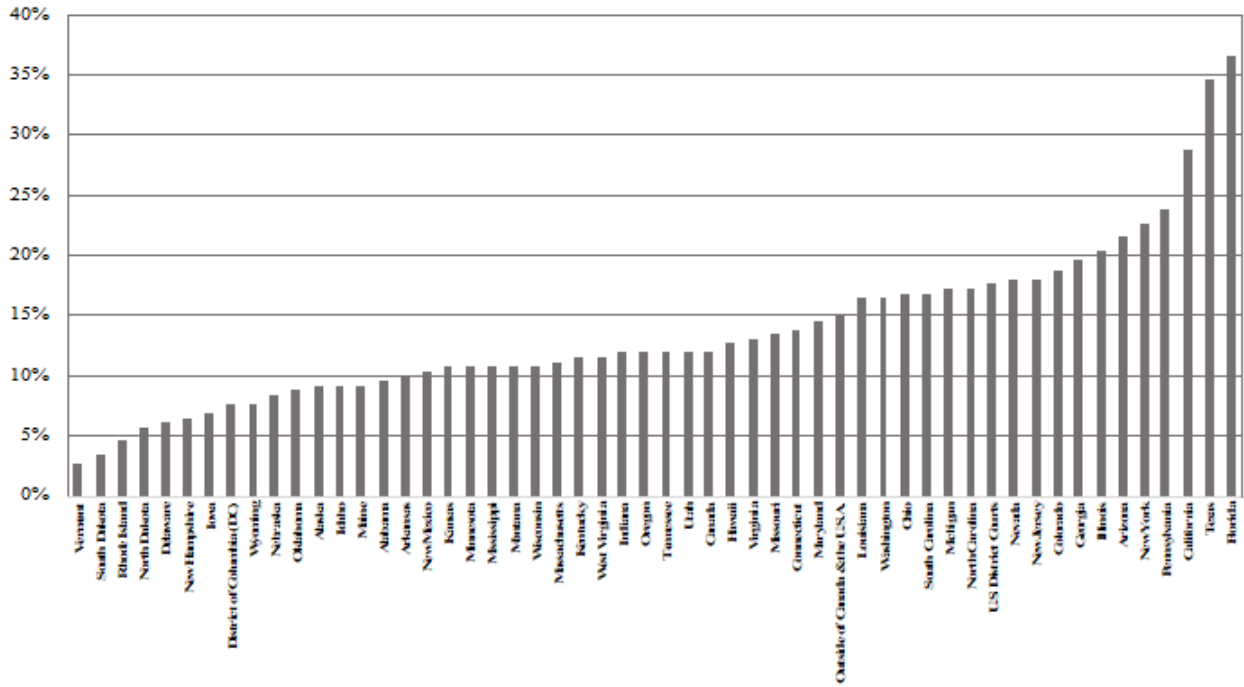
How many times have you testified in a deposition? ( n = 260)



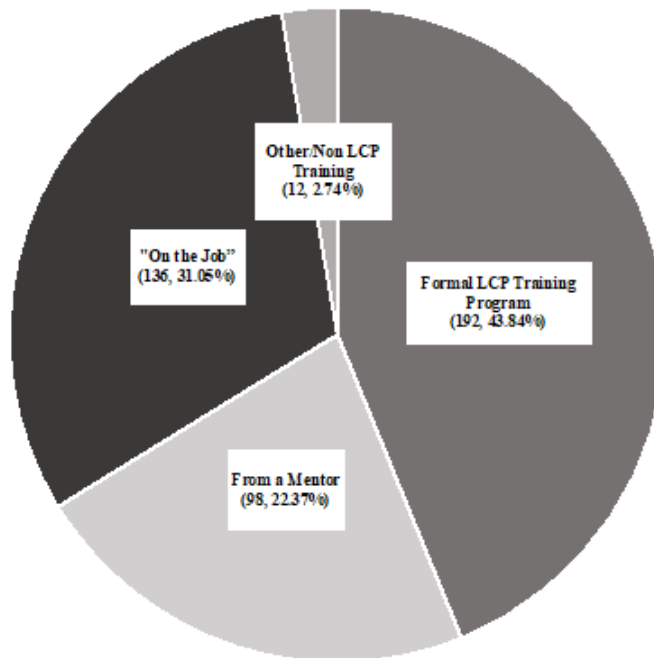
How many times have you testified in a trial? ( n = 260)



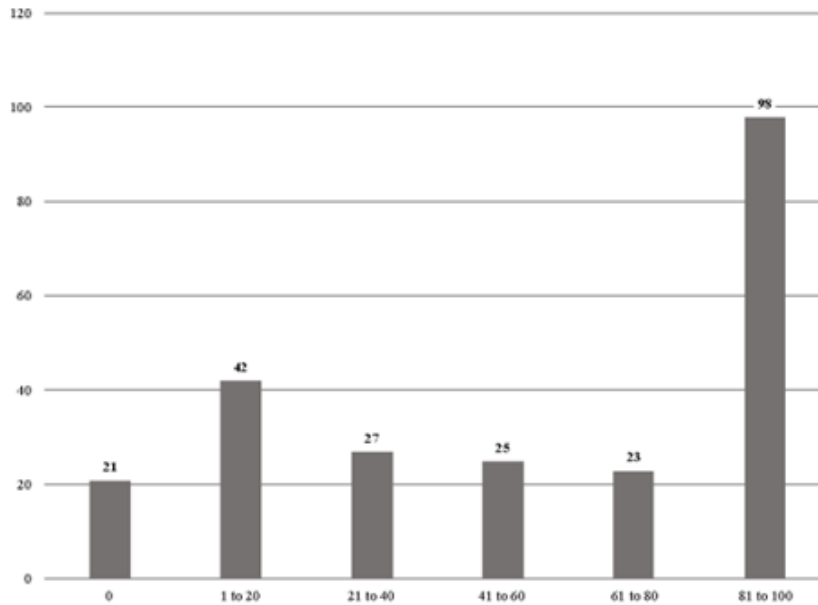
In which of these jurisdictions have you submitted LCPs? (n = 260)



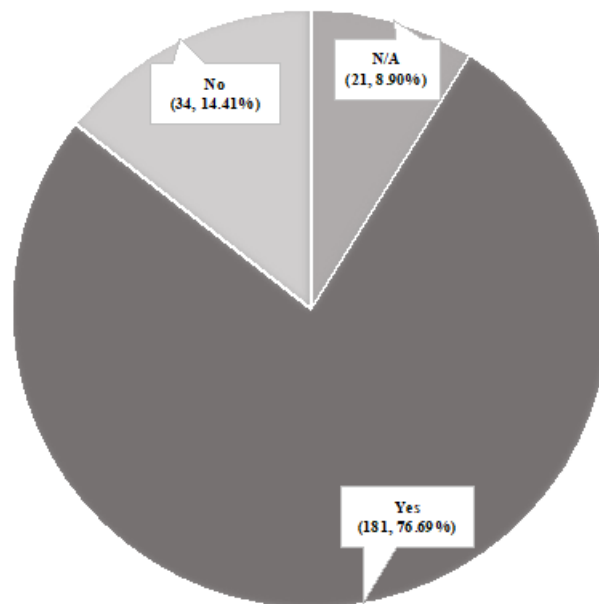
How did you learn how to research costs for services and products recommended in a LCP? (n = 438)



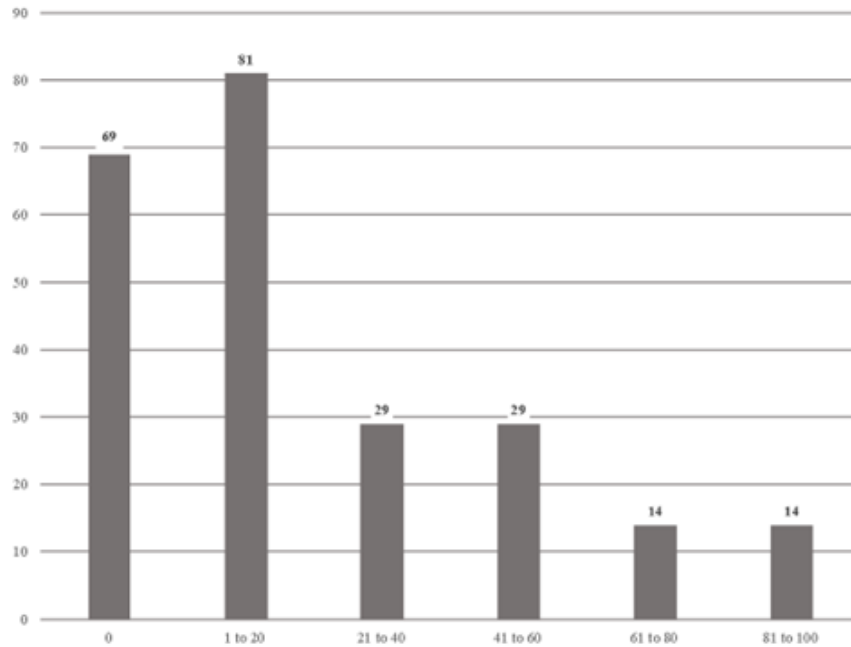
*For what percentage of the LCPs that you write do you e-mail providers to ask for actual fees for services? (n = 236)*



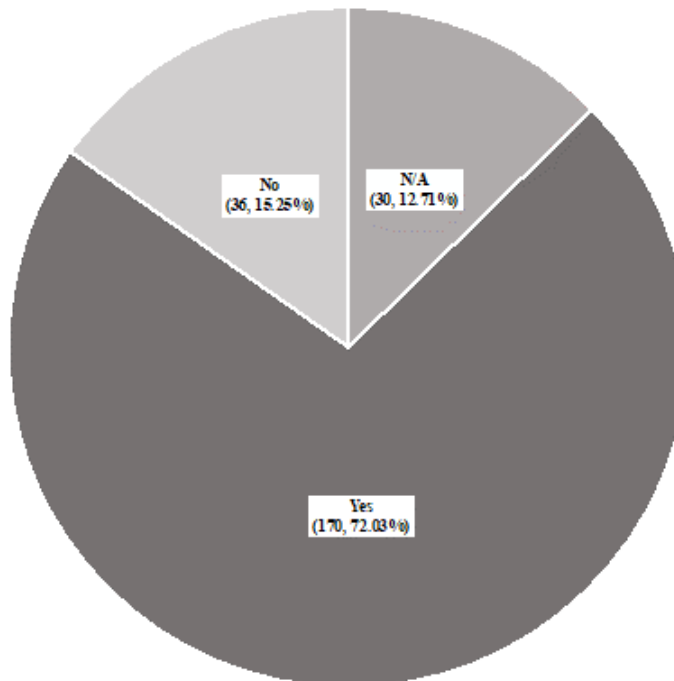
*Do you consider telephone calls to specific providers & vendors a valid method of determining the costs of services & products in a specific geographic area? (n = 236)*



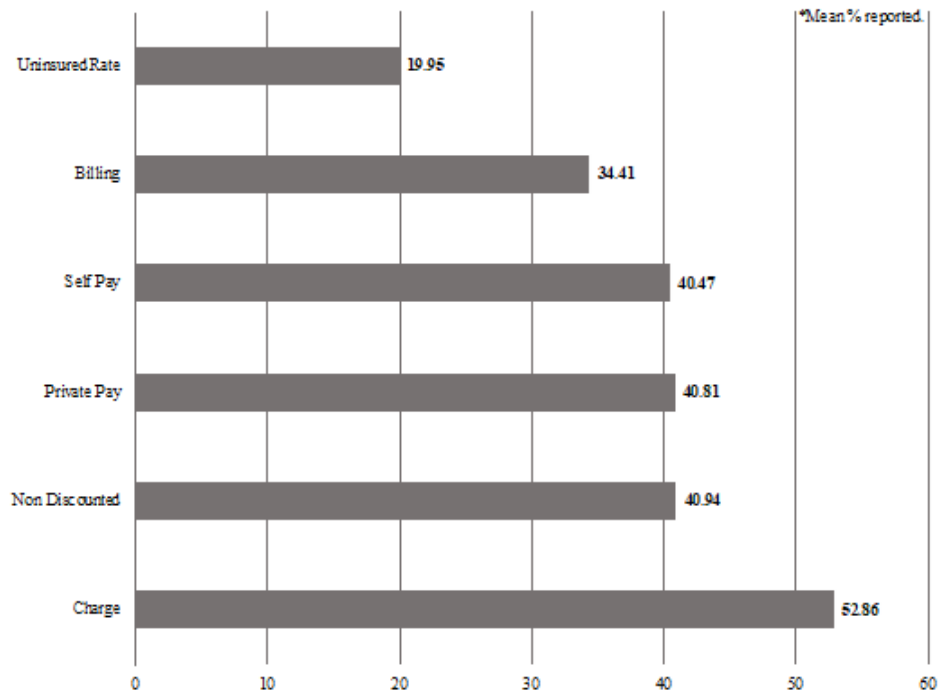
*For what percentage of the LCPs that you write do you e-mail providers to ask for actual fees for services? (n = 236)*



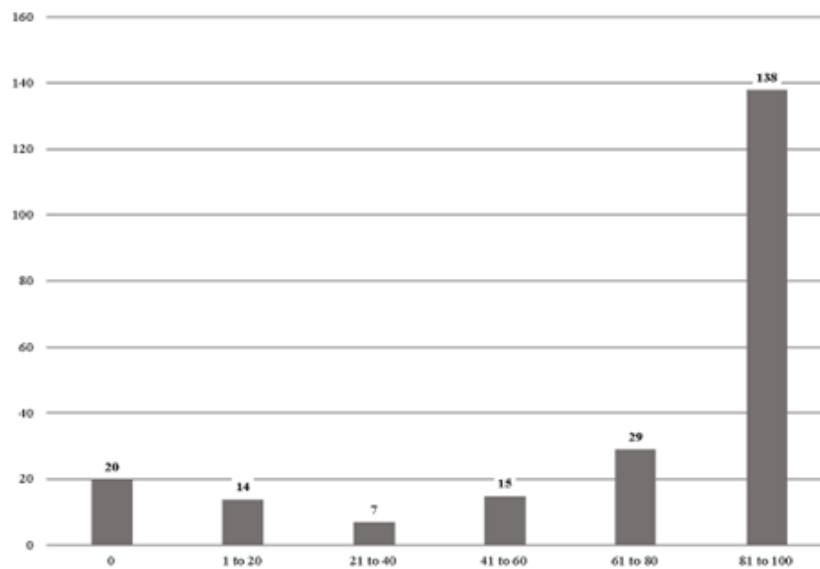
*Do you consider e-mail correspondence with specific providers a valid method of determining the cost of services in a specific geographic area? (n = 236)*



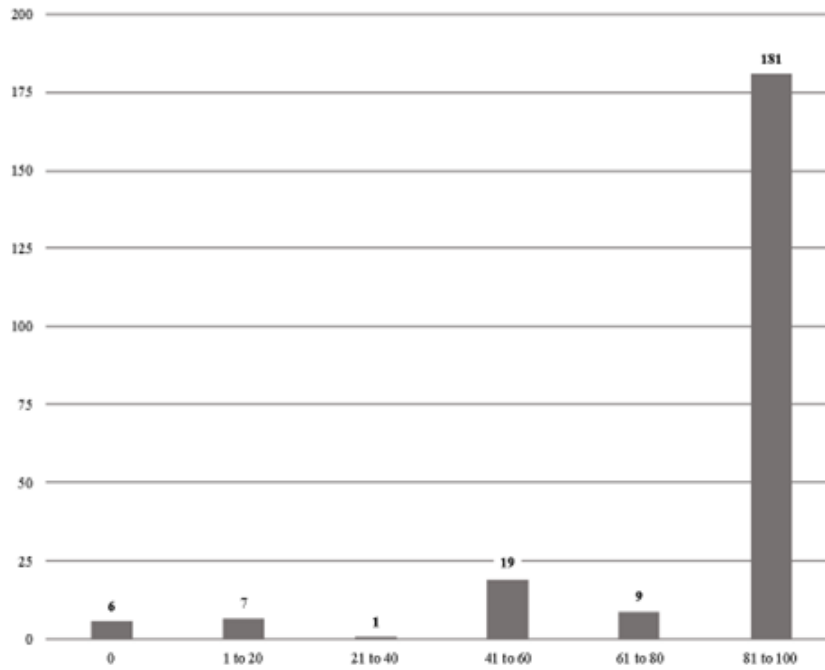
*For those who make telephone calls/write e-mail letters to providers to determine costs for medical services: For what % of the LCPs that you write do you use the term [x] when requesting information?*



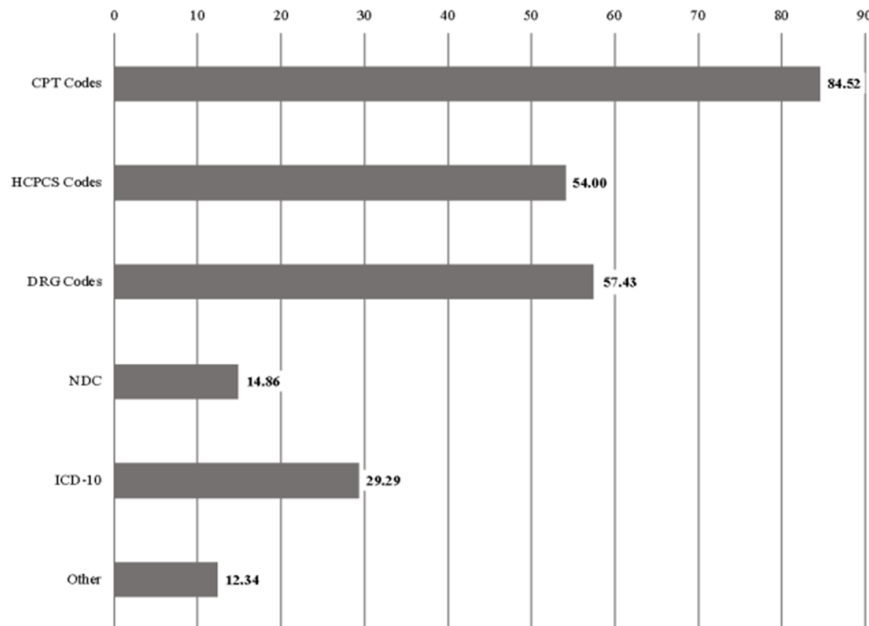
*For what % of the LCPs that you write do you use a database to determine the costs of products and services recommended? (n = 223)*



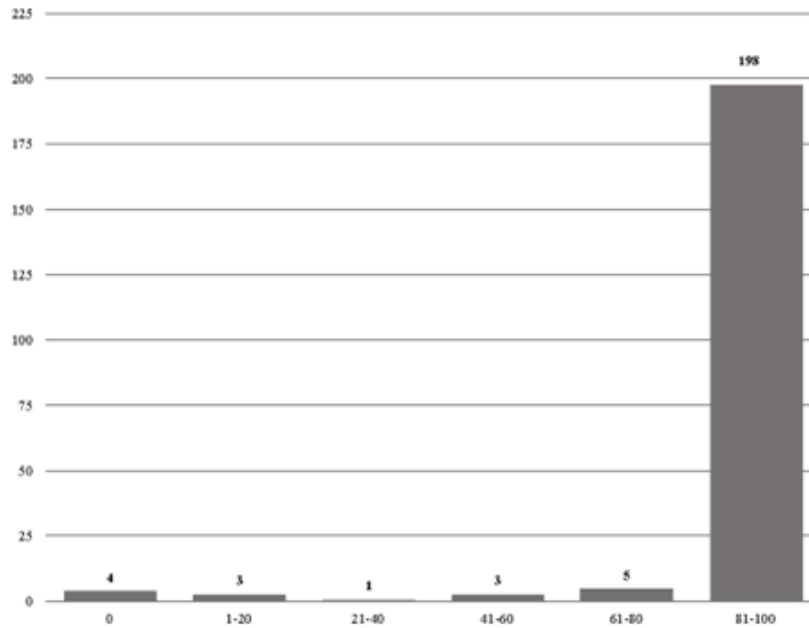
*For what % of the LCPs that you write do you use a combination of sources to determine the costs of products & services recommended? (n = 223)*



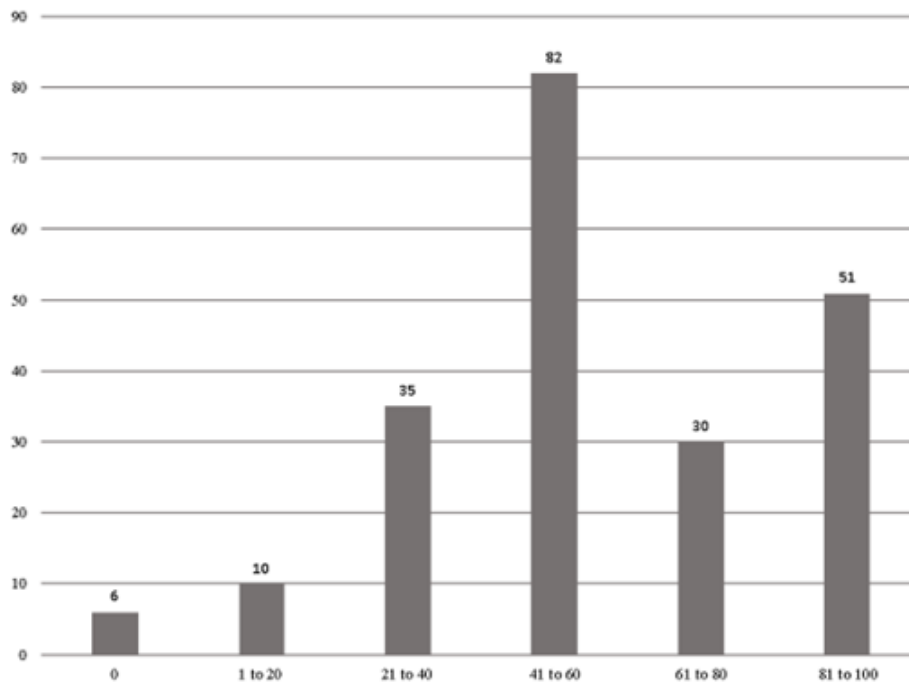
*Of the LCPs that you write in which medical, surgical, or diagnostic procedures are recommended, for what % do you use [x] to research costs? [Note: When researching medical, surgical, or diagnostic procedure costs, about 85% use CPT codes.]*



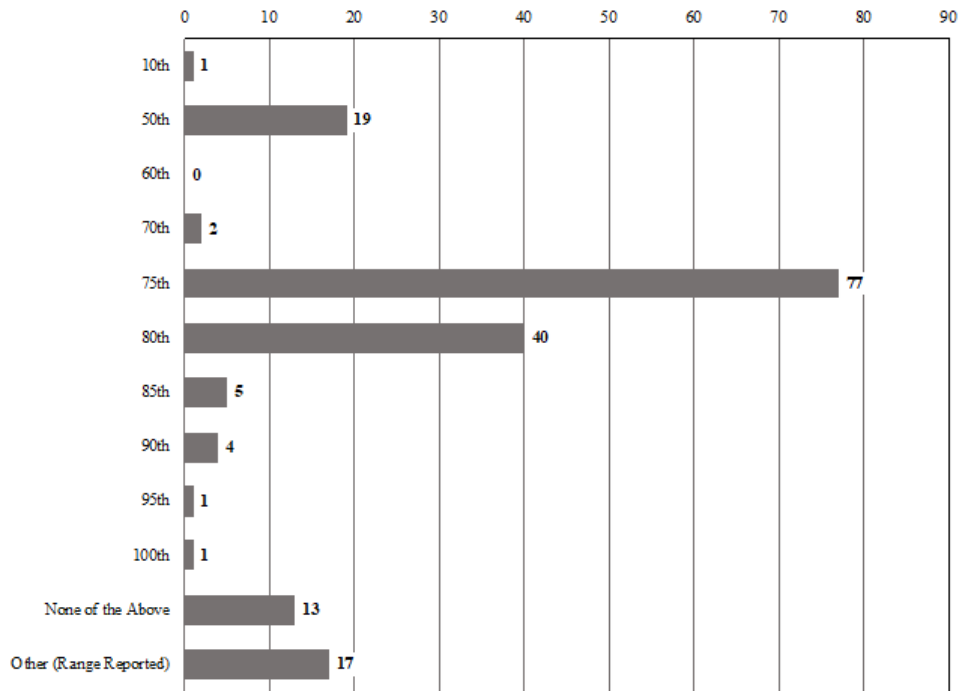
*In what % of the LCPs that you write do you identify the sources of the costs presented in your plan? (n = 214)*



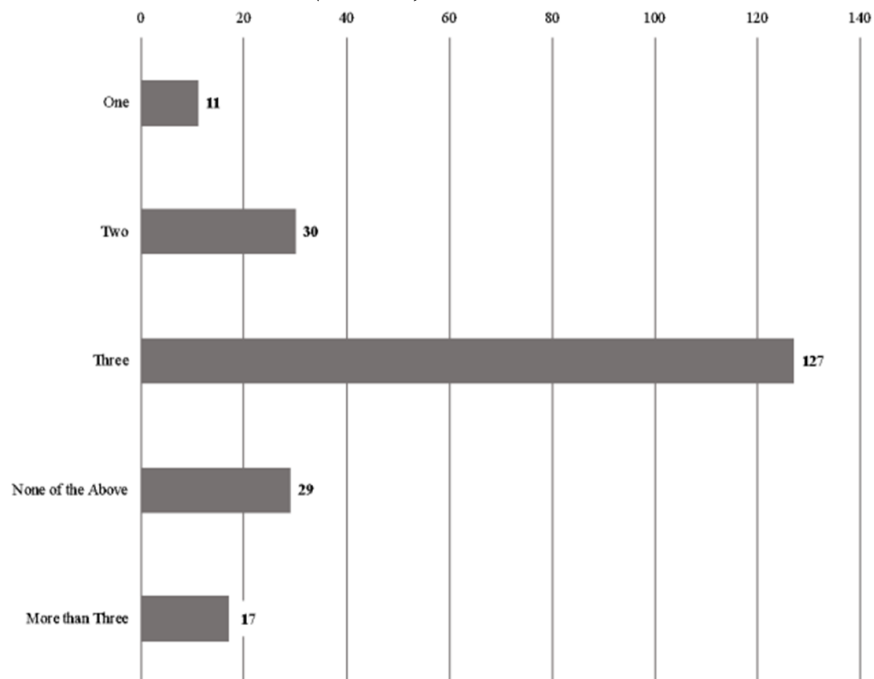
*In what % of LCPs written by others that you review can costs be verified with the information provided? (n = 214)*



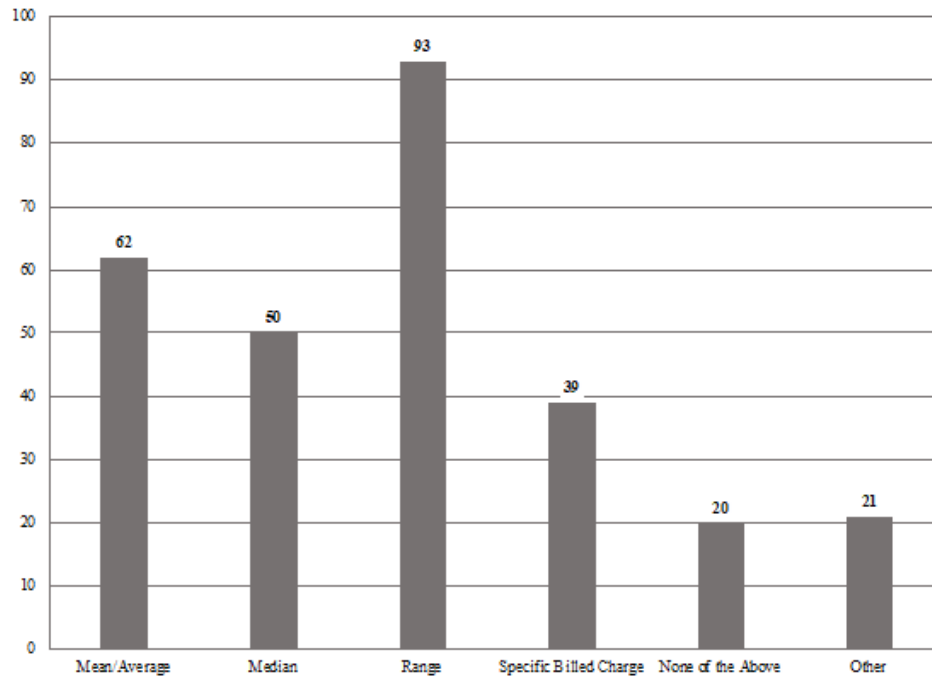
*This question is for those who use a database as a source of cost information for their LCPs. Which percentile do you use to represent costs? (n = 180)*



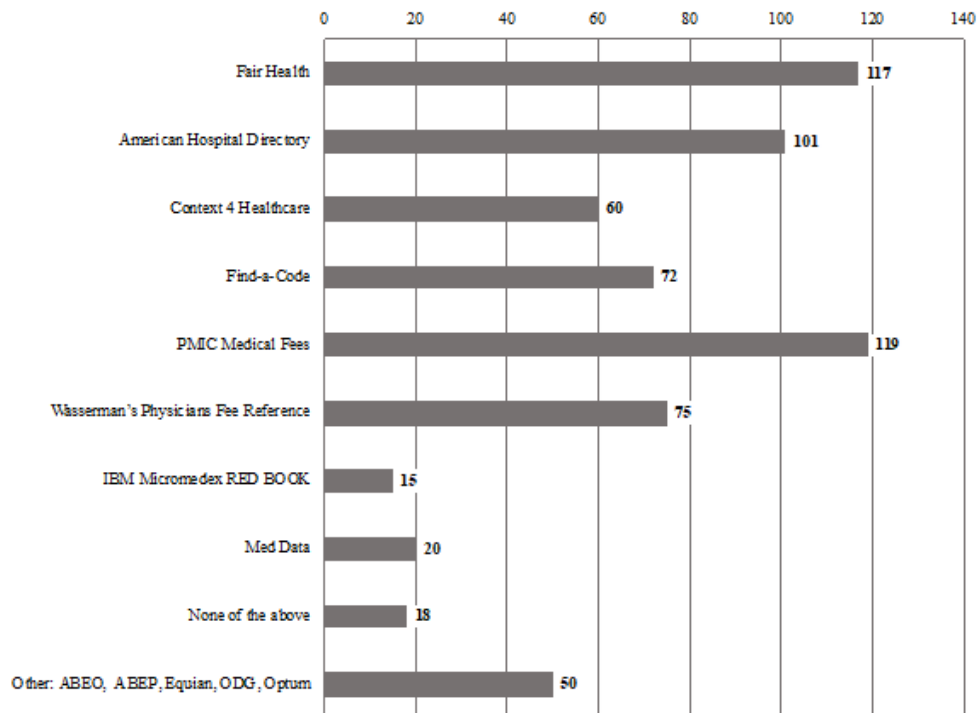
*If you do not use a database, how many cost sources do you generally obtain for a specific service or product recommended in a LCP? (n = 214)*



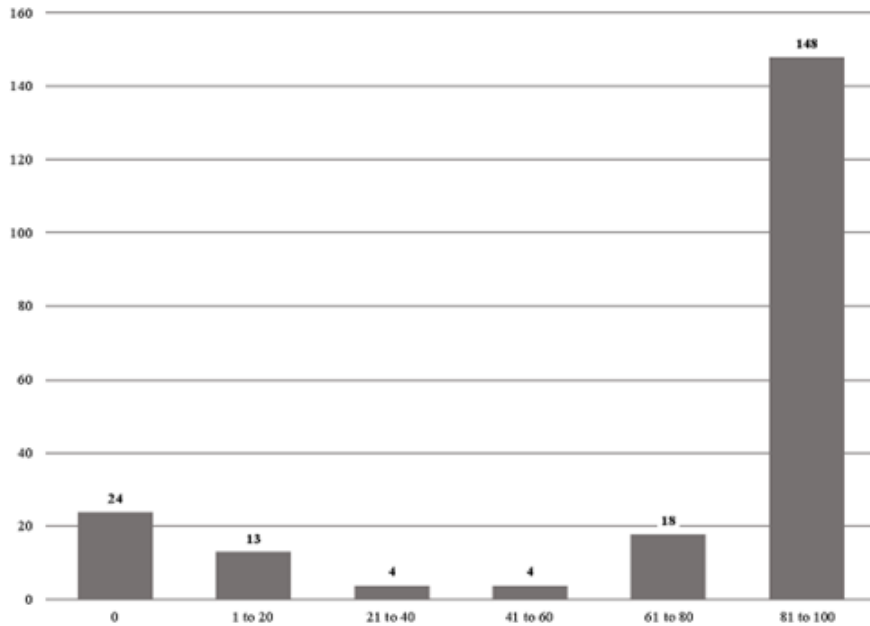
*If you do not use a database, which of the following do you use to represent costs of specific services and products? (n = 211)*



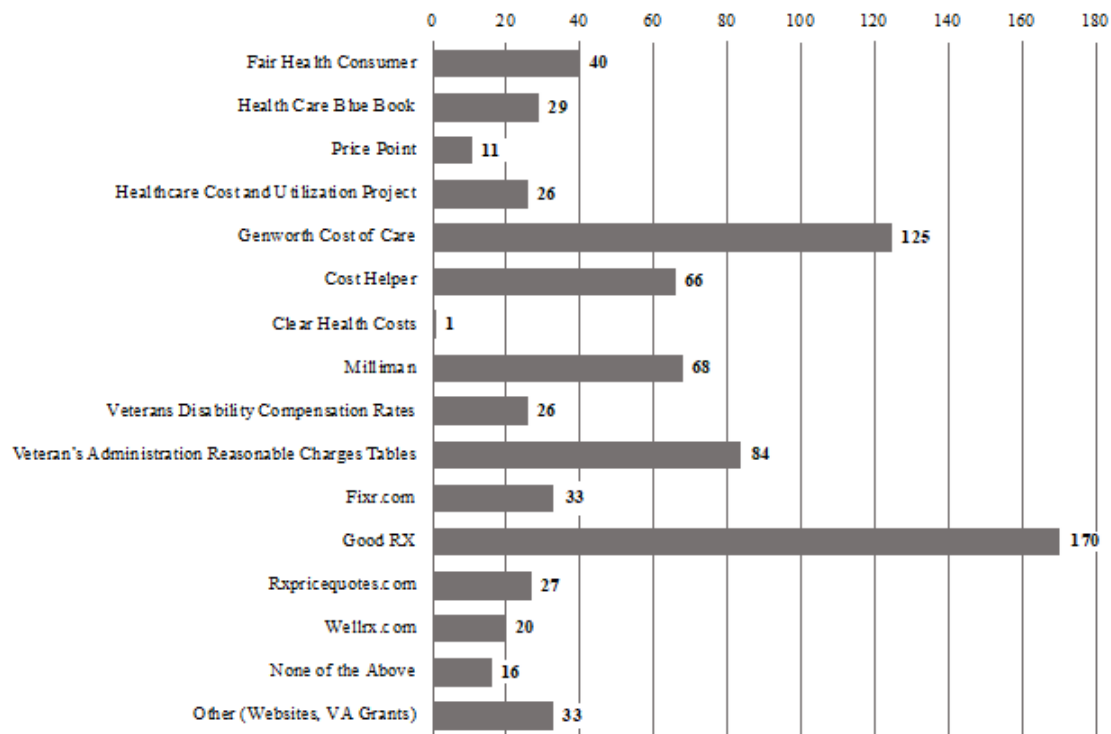
*Please indicate if you have current paid subscriptions to, or have paid to download, any of the following databases: (n = 212)*



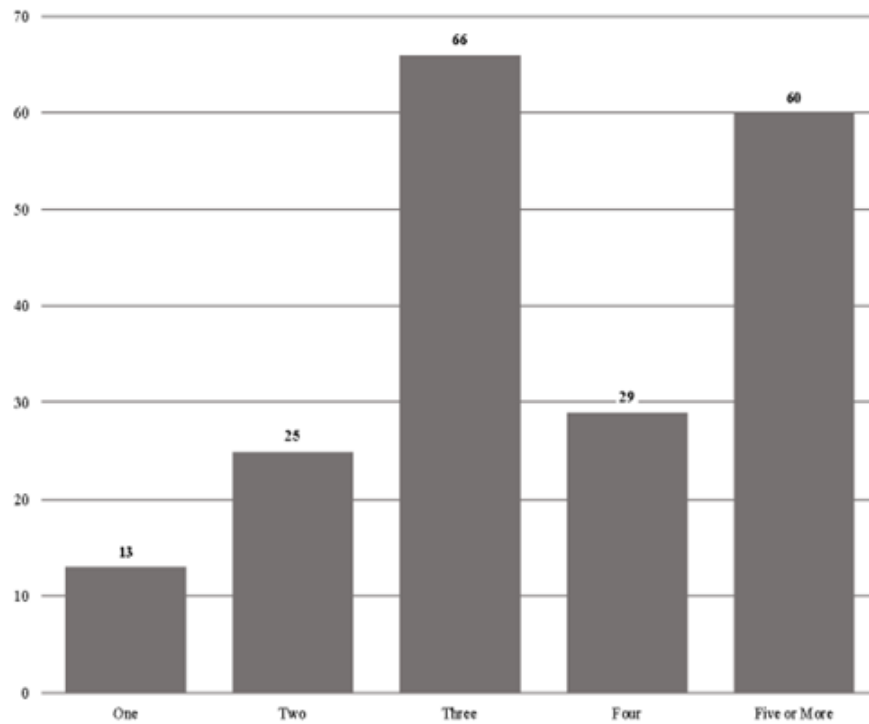
*For what % of the LCPs that you have written in the last 12 months have you used any of the databases mentioned in previous question to determine costs? (n = 211)*



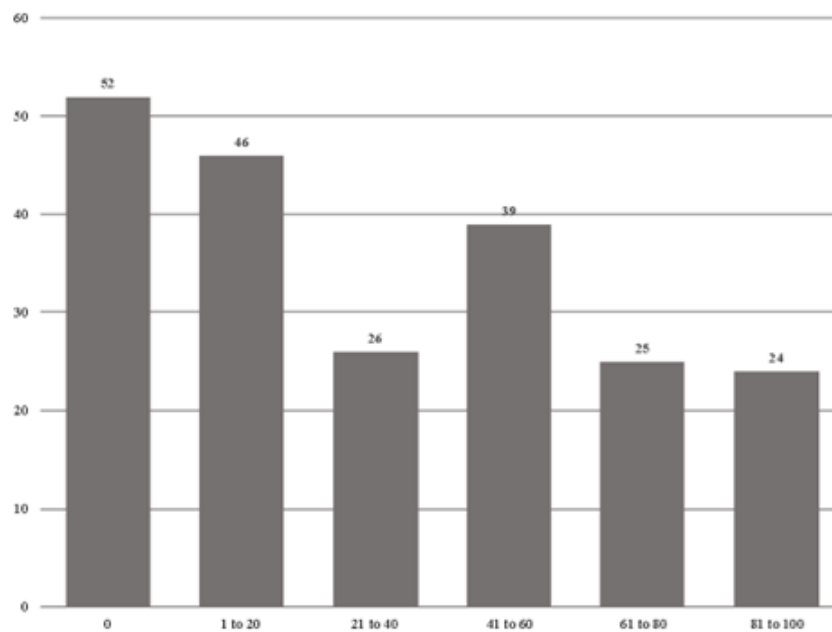
*Which of the following free sources of cost information do you use? (n = 212)*



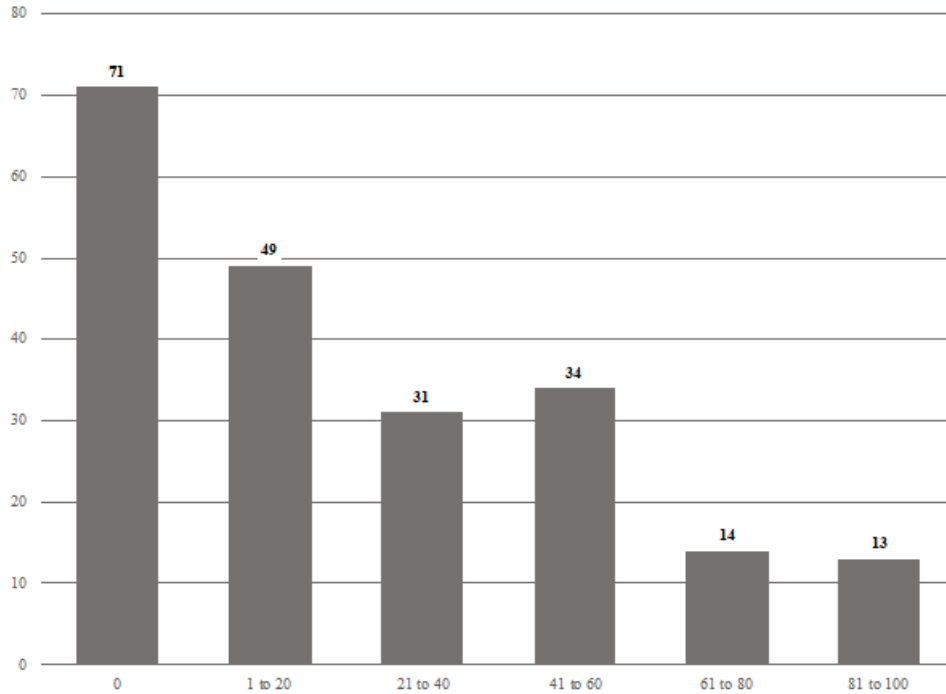
*Generally speaking, how many databases, free & subscription, do you consult for cost information when writing a LCP? (n = 212)*



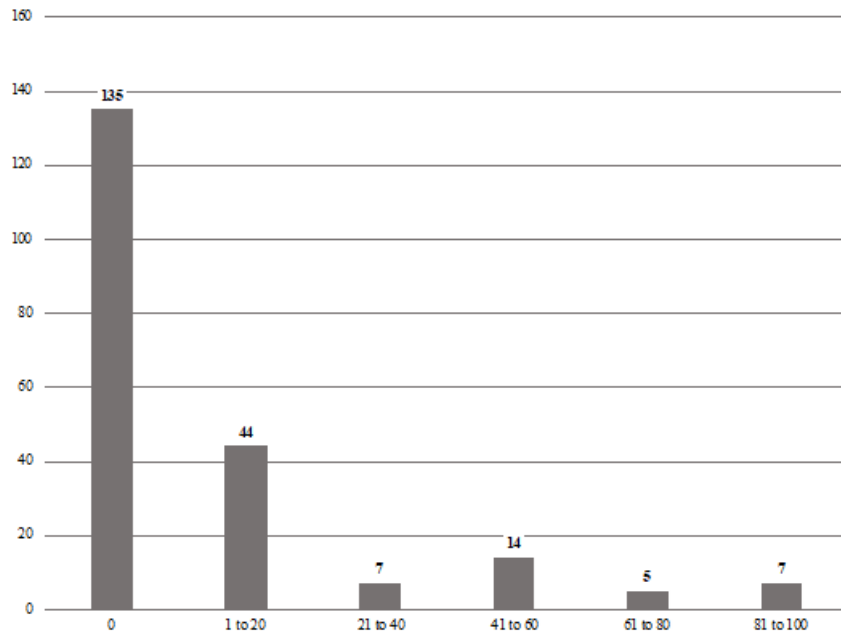
*For what % of the LCPs that you write do you rely on medical bills to determine costs? (n = 212)*



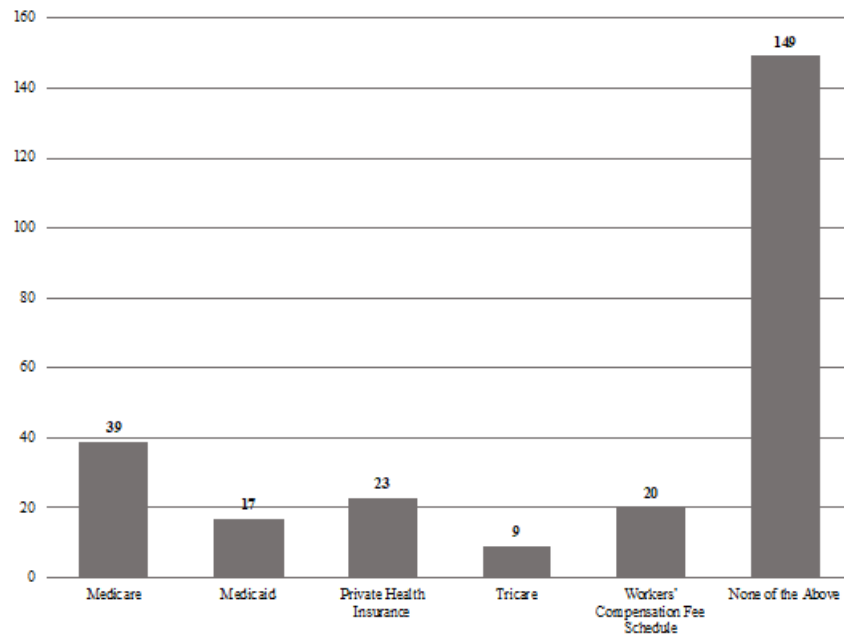
*For what % of the LCPs that you write do you rely on a hospital chargemaster or on prices published on hospital websites to determine costs? (n = 212)*



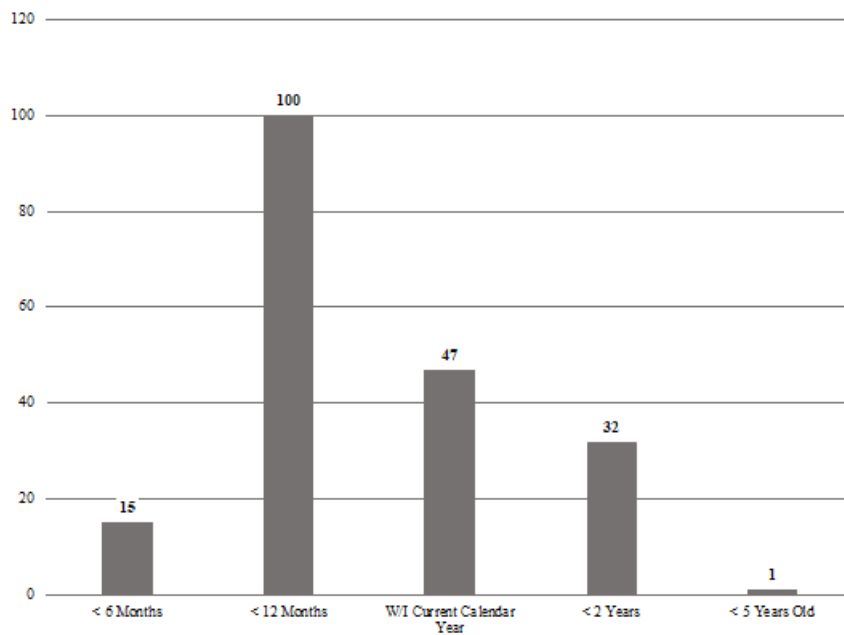
*For what % of the LCPs that you write do you rely on Medicare fee schedules to determine costs? (n = 212)*



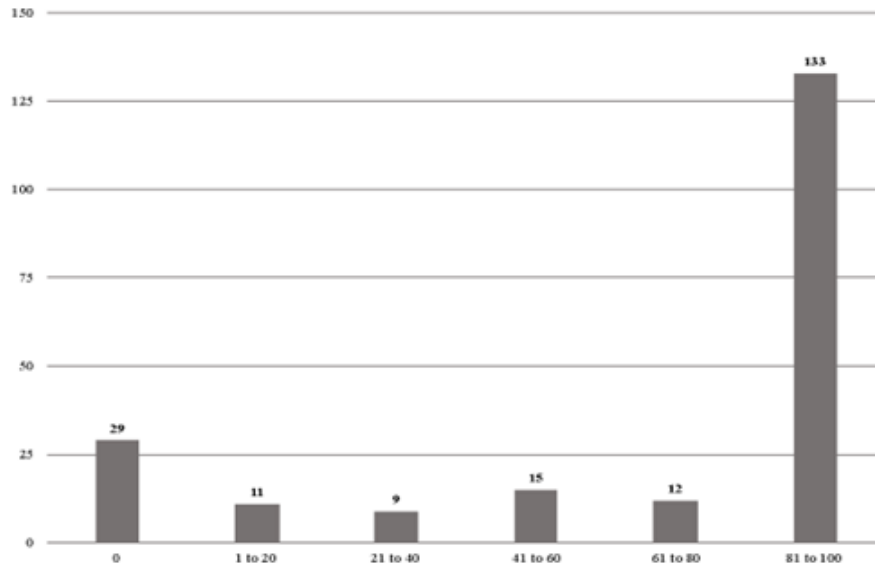
*On which of the following collateral sources of funding do you rely to determine costs for a LCP? (n = 212)*



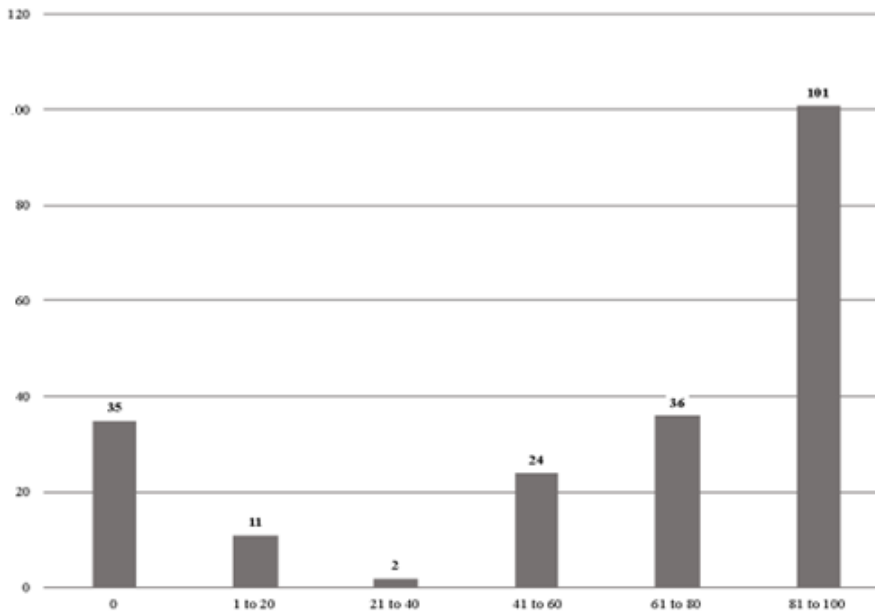
*How current do prices need to be for you to consider them valid? (n = 195)*



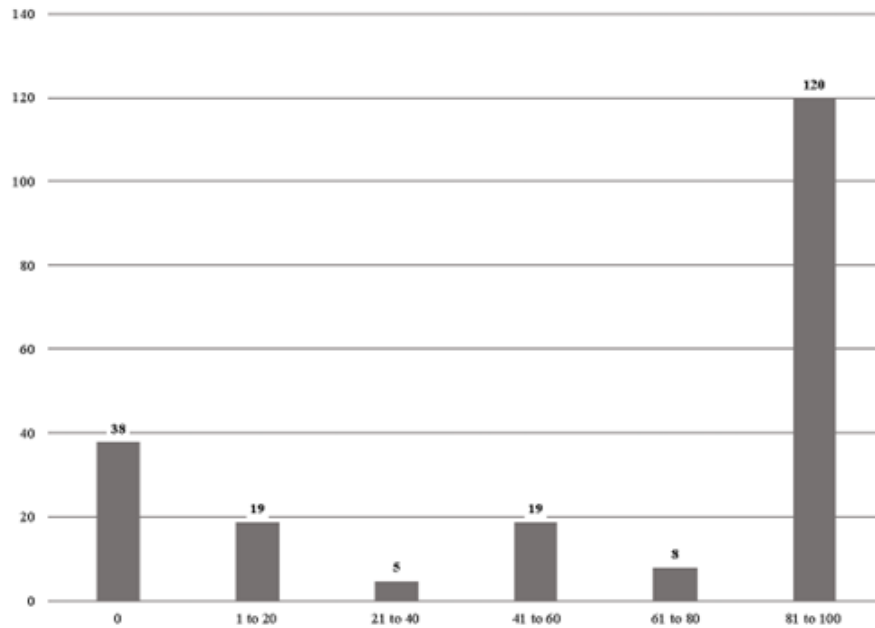
*In what % of the depositions in which you have testified have you been asked to discuss costs appearing in a LCP that you have written? (n = 209)*



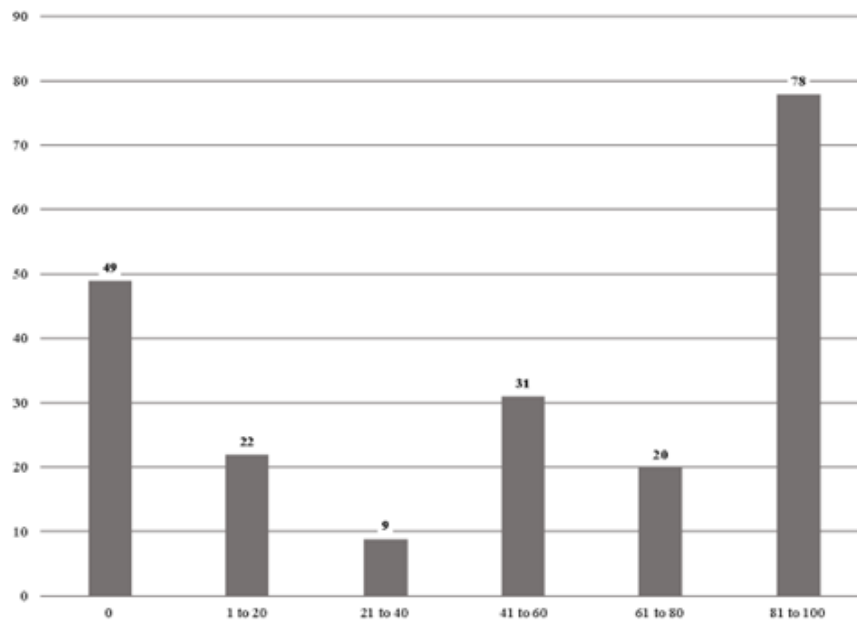
*In what % of the depositions in which you have testified have you been asked to discuss the sources of costs appearing in a LCP that you have written? (n = 209)*



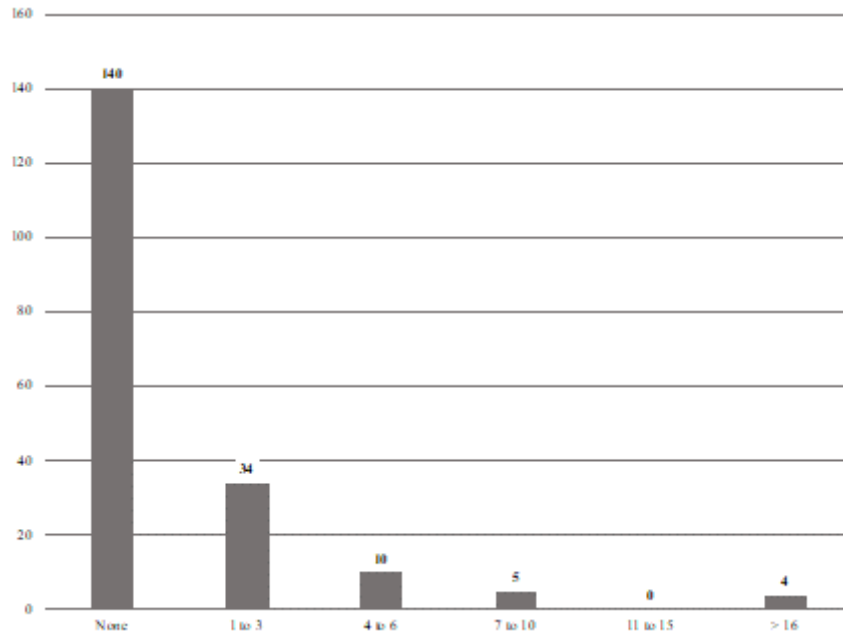
*In what % of the trials in which you have testified have you been asked to discuss costs appearing in a LCP that you have written? (n = 209)*



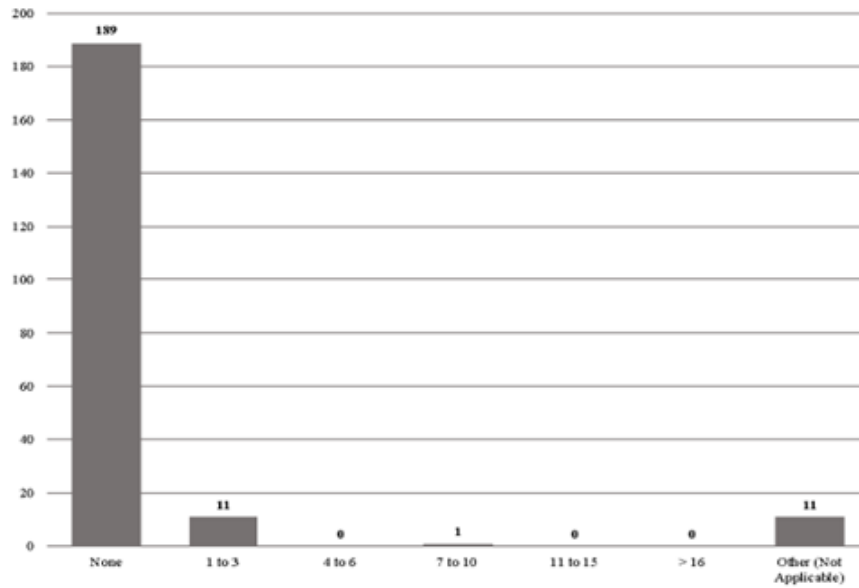
*In what % of the trials in which you have testified have you been asked to discuss the sources of costs appearing in a LCP that you have written? (n = 209)*



*How many times has your testimony regarding the costs contained in a LCP been challenged in a motion in limine? (n = 209)*



*How many times were you excluded from testimony as a result of such a motion? (n = 209)*



### Focus Group Sessions

Following the presentation of the survey results, attendees participated in a focus group. The purpose of the focus group was to allow participants to openly discuss various techniques used to identify costs and services within a life care plan. Dr. Pomeranz and Dr. Yu led the focus group using the Top Hat Platform. Top Hat is an interactive online platform that allows users to interact in a conference environment using their personal electronic device (laptop, tablet, phone) (Top Hat, 2023). Top Hat was selected so that the Summit leaders could capture the data electronically, and allow participants to have time to provide their responses. All attendees received access to Top Hat prior to the date of the summit. Additionally, the attendees received a one hour training session on using the Top Hat platform as well as the focus group methodology.

The focus groups were divided into two sessions. The first session involved questions regarding specific costing techniques with questions divided based on strengths and challenges associated with each technique. The second session related directly to addressing the techniques during preparing and receiving questions during testimony.

### Focus Group Questions

For the first session, questions were divided into strengths of using a technique, challenges of using the technique, and reasons why a costing technique is not used by the Summit participant. The questions were divided across four costing techniques: telephone calls, paid databases, and free/open access databases, and medical bills. See Table C below for the full list of questions from the first focus group session:

**Table 2**

*Focus Group Questions Session 1*

Technique	Focus Group Question
<b>Telephone Calls</b>	Please discuss the strengths of using telephone calls when costing out goods and services within a life care plan. Please discuss the challenges of using telephone calls when costing out goods and services within a life care plan. If you do not utilize telephone calls as a technique, please explain why.

Continued on next page

**Table 2 – continued from previous page**

Technique	Focus Group Question
<b>Paid Databases</b>	<p>Please discuss the strengths of using paid databases when costing out goods and services within a life care plan (refer to the list of databases provided on screen and mention any specific database you are referring to in your response).</p> <p>Please discuss the challenges of using paid databases when costing out goods and services within a life care plan (refer to the list of databases provided on screen and mention any specific database you are referring to in your response).</p> <p>If you do not utilize paid databases as a technique, please explain why.</p>
<b>Free Databases/Open Access</b>	<p>Please discuss the strengths of using free or open access databases when costing out goods and services within a life care plan (refer to the list of databases provided on screen and mention any specific database you are referring to in your response).</p> <p>Please discuss the challenges of free or open access when costing out goods and services within a life care plan (refer to the list of databases provided on screen and mention any specific database you are referring to in your response).</p> <p>If you do not utilize free or open access databases as a technique, please explain why.</p>
<b>Medical Bills</b>	<p>Please discuss the strengths of using medical bills when costing out goods and services within a life care plan.</p> <p>Please discuss the challenges of using medical bills when costing out goods and services within a life care plan.</p> <p>If you do not utilize medical bills as a technique, please explain why.</p>

The second focus group session was based on using the costing techniques described above during testimony. The questions were divided between preparing for and receiving questions during testimony. See Table D below for the full list of questions from the first focus group session.

**Table 3**

*Focus Group Questions Session 1*

Technique	Focus Group Question
<b>Preparation: Telephone</b>	What information do you have prepared regarding telephone costing techniques before testifying?
<b>Preparation: Database</b>	What information do you have prepared regarding database costing techniques before testifying?.
<b>Preparation: Percentile</b>	Please discuss the use of the 80th percentile as opposed to 75th, 50th or 25th percentile as your industry standard when costing?
<b>Preparation: Medical Costing</b>	What information do you have prepared regarding medical billing costing techniques before testifying?
<b>Preparation: Other</b>	Please describe any information you prepare before testifying for other formats used to collect costing information directly (emails, letters, fax).
<b>Questions Received: Telephone</b>	Please describe questions you have received during testimony and how you responded regarding telephone-costing techniques?
<b>Questions Received: Database</b>	Please describe questions you have received during testimony and how you responded regarding database techniques?
<b>Questions Received: Medical Billing</b>	Please describe questions you have received during testimony and how you responded regarding medical billing costing techniques?

**Ranking**

The last step of the focus group sessions involved asking participants to 'like' responses by the summit participant's responses. The facilitator was then able to rank the

responses that summit attendees 'liked' the most. The summit attendees then had an opportunity to ask questions and discuss the top ranked responses. For example, the first focus group question of session 1 was: *Please discuss the strengths of using telephone calls when costing out goods and services within a life care plan.* After every response, participants then used the Top Hat platform to 'like' responses they considered the most important (participants can see everyone's responses on their own device). The facilitator then showed everyone the top 'liked responses'. In this instance, the most 'liked' response was "Attendant care is subject to rather rapid changes geographically and must be tailored to the person's specific needs. It is an area that lends itself to phone surveys." The facilitator then led a brief discussion on the top 'liked responses. During the discussion all participants had an opportunity to provide verbal input using a microphone so all attendees could hear. A transcriber was present in the room to document the discussion of 'liked responses.' The timing for each focus group question was as follows:

1. Read and respond to the focus group question using the Top Hat platform: 3 minutes
2. Rank ("Like") the most important responses: 2 minutes
3. Discussion of the top ranked responses: 10 minutes

All qualitative data has been recorded and is currently being analyzed. The results from the focus group qualitative data will be presented in a future manuscript.

At the 2022 Summit, participants called for the development of a costing framework to help guide life care plan costing. Dana Penilton and Laura Woodard were assigned by the Summit planning committee to co-chair this project. A call for volunteers was sent to life care planning associations (IARP, AANLCP, and AAPLCP) on July 18, 2022, and closed on October 7, 2022. Thirty-five people were selected to be on a working group and 21 people were chosen to be on an advisory committee. Members of the summit planning committee serve on either the working group or the advisory committee. The volunteers represent diversity of profession, geographic location, experience, and credentials.

The Summit Committee's goals for the development of the costing framework are to build a tool to identify the variables to be considered in making cost decisions, identify the circumstances when the variables are relevant, and identify the pros and cons of using or not using the variables. The resulting work product will provide guidance for life care plan costing. The committee will consider whether the creation of an algorithm for costing decision-making (i.e. a decision tree) will be beneficial to the field, and if so, will create one.

Meetings of the working group are initially scheduled monthly, with individual assignments and subcommittee tasks completed between meetings. Our first meetings were held on November 15, 2022 and December 9, 2022. The initial focus of the working group is on a review of the literature and other authoritative sources, and an analysis of 2022 Summit data. The advisory committee will be tasked with special assignments and will review and edit the costing framework documents created by the working group. The costing framework project is expected to take a year or two, or as long as it takes to develop a meaningful tool.

### **Conclusion**

Life care planners for over two decades have continued to take responsibility for the specialty practice of life care planning. They have continued to collaborate routinely to iden-

tify and address emerging issues. Costing in life care plans has been and continues to be a source of debate and discussion. The development of a committee to develop a costing framework in support of the life care planning specialty will once again demonstrate how Life Care Planning Summits provide for life care planners in their ongoing practices.

### **2022 Summit Attendees**

2022 Summit attendees are listed below. They were an integral part in the determination of costing techniques in the field of life care planning.

**Table 4**

*Focus Group Questions Session 1*

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Tracy Albee	Heidi Fawber	Lauren Petkoff
Holly Allman	Ellen Fernandez	April Pettengill
Lisa Anderson	Julia Finn	Jamie Pomeranz
Kristi Bagnell	Leesa Fisher	Victoria Powell
Dan Bagwell	Cindy Fleury	Karen Preston
Payam Bahador	Jordan Frankel	Edmond Provder
Daniel Baierl	Brienne Frey	James Quinn
Rebecca Bailey	Carol Fricks	Paul Ramos
Gretchen Bakkenson	Michael Fryar	Dena Ramsey
Barbara Bate	Cecilia Garcia	Scott Ranney
Richard Bays	Thomas Garzillo	Rhonda Renteria
Kimberly Beladi	Lisa Gay	Susan Riddick-Grisham
Lindsey Bennett	Shelene Giles	Evelyn Robert
Jennifer Bennett	Susan Guth	Jan Roughan
Harold Bialsky	Cheryl Halkowicz	Anne Savage Veh
Stephanie Birely	Todd Harden	Julie Sawyer-Little
Rose Bock	Stephanie Haupt	Jeffrey Schiro

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**Table 4 – continued from previous page**


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Marianne Boeing	Teresa Hearn	Linda Schwieger
Cynthia Bourbeau	Ian Hegwood	Dionne Sellick
Brandy Bradley	Claire Heusinger	Member Services
Melissa Brassfield	Deborah Hilby	Allison Shipp
Susan Burke	Jocelyn Holt	Dianne Simmons-Grab
Rebecca Busch	Cloie Johnson	Kate Smith
Andrew Busch	Elizabeth Kattman	Ronald Smolarski
Sandra Callaghan	Melissa Keddington	Stella Spencer
Charlene Canada	Betsy Keesler	Gil Spruance
Todd Capielano	Julie Kevan	Ryan Stephenson
Penelope Caragonne	Valerie Knafelc	David Stewart
Donna Carlton	Trudy Koslow	Amy Stone
Garson Caruso	Kimberly Kushner	Amy Sutton
Tony Choppa	Sarah Larsen	Kirsten Thomas
Nick Choppa	Ashley Lastrapes	Lisa Thomas
Michelle Clarence	Sherry Latham	Kenneth Totz
Michele Cook	Sarah Malloy	Robert Tresp
Dawn Cook	Debbe Marcinko	Jessica Urie
Alisa Cornetto	Elizabeth Martina	Miranda Van Horn
Aubrey Corwin	Michael Martinez	Joanna Vasquez
Mariann Cosby	Chris McDermott	Liz Vinton
Lisa Cox	Holly McLendon	Kim Wages
Jenn Craigmyle	Stephanie McLeroy	Deborah Watkins

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**Table 4 – continued from previous page**


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Colleen Crunstedt	Judy Metekingi	Leslie Watson
Becky Czarnik	Teresa Millsap	Heidee White
Heather Dahl	Courtney Mitchell	Caroline Williams
Maria Dalisay	Bryan Muench	Tracy Witty
Brian Daly	Andrea Nebel	Aaron Wolfson
Shirley Daugherty	Erin O'Connell	Laura Woodard
Elizabeth Davis	Linda Olzack	Helen Woodard
Kelly Dawson	Britane Outlaw	Nami Yu
Tyla Dimaria	Betty Overbey	Steven Yugas
Cheryl DiPane	John Panek	Khyber Zaffarkhan
Katherine Dunlap	Sharla Paso	David Zak
Stephanie Engler	Dana Penilton	Elizabeth Zaras
Dawn Espinoza	Gerri Pennachio	
Susan Farris	Elizabeth Peralta	

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