

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-year Perspective

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Abstract

The purpose of this research is to update the *Life Care Planning Surveys of 2001* and 2009 with longitudinal data over the course of 20 years regarding the process, methods, and protocols of life care planning. This research provides data to support and advance the practice of life care planning. The *Life Care Plan Survey 2022* is a revision and replication of the 2001 and 2009 life care planning surveys. Areas addressed in the survey included: a) demographics; b) business practices; c) roles and functions of the life care planner; d) life care planning protocols; and e) future growth and development. Survey results describe the current state of life care planning practice; provide data on protocols/procedures used by life care planners; and identify areas of life care planning practice where further definition, refinement and/or research may be necessary. In addition to descriptive data, responses were analyzed in terms of similarities and differences related to field of practice, certification status, and amount of deposition experience. Results are expected to enhance life care planning practice by promoting continued discussion and consideration regarding roles, scope of practice, competencies, and standards of practice.

Introduction and Historical Perspective

Since the term "life care plan" was published in *Damages in Tort Actions* (Deutsch & Raffa, 1981) and *A Guide to Rehabilitation* (Deutsch & Sawyer, 1985), the scope and practice of life care planning has developed and grown. A variety of training programs in life care planning have been established to provide detailed/focused instruction on the format, methods, and procedures involved in outlining future care needs and costs for individuals with catastrophic injuries, disabilities, or chronic medical needs. Life care planning courses are also offered through a number of universities offering graduate programs in rehabilitation counseling and nursing. Continuing education seminars are provided through several professional organizations and include 28 years of IALCP symposium presentations.

Books and numerous peer-reviewed publications provide information about life care planning and address disability as well as practice issues, including procedures, services, technology, ethics, and standards (Riddick-Grisham, 2004; Riddick-Grisham & Deming, 2011; Rutherford-Owen et al., 2023; Weed & Berens, 2010). Since 2009, the *Journal of Nurse Life Care Planning* has published themed issues on topics such as adaptive technology, amputation, brain injury, coding/costing, durable medical equipment, ethics, evidence-based practice, home care, home modifications, pain, pediatric/adolescent/elder care issues, recreational/vocational aspects, and spinal cord injury. An archive of journal issues is available online. The *Journal of Life Care Planning* continues to include peer-reviewed articles that address life care planning needs for individuals with specific disabilities (e.g., chronic pain, multiple amputations, spinal cord injury, swallowing disorders, transgender transition, traumatic brain injury), recurring Ethics Interface and Practitioner's Toolkit columns, as well as articles on standards of practice (Fick & Preston, 2015; Nunez & Carruthers, 2011; Preston, 2019; Preston & Reid, 2015). As a complete list of topics is too exhaustive to provide in this article, the reader is referred to an index to the *Journal of Life Care Planning* available online. Using the same topics as in prior survey publications, sample articles published since the 2009 include:

- collateral sources (Field et al., 2015; Johnson et al., 2015; Stern & Rutherford Owen, 2022)
- costs/pricing (Busch, 2018; Holakiewicz & Pachecoeiv, 2012; Maniha, 2020; Mertes, 2022; Rutherford-Owen & Henry, 2019; Rutherford-Owen & Thomas, 2012; Smith et al., 2018; Stajduhar et al., 2019; Woodard et al., 2017)
- home health services (Barros-Bailey et al., 2022; Rutherford-Owen et al., 2015)
- life expectancy (Goodrich, 2013)
- medical equipment replacement schedule validation (Marini et al., 2019)

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- outcomes (Vogel & Zebr'acki, 2015)
- report writing foundations, methods, and ethics (Barros-Bailey, 2020; Cary et al., 2023; Johnson et al., 2022)
- technology (King, 2018; Rutherford-Owen et al., 2021; Whiting-Madison et al., 2017)
- telehealth/COVID issues (Cary et al., 2021; Fricks et al., 2020)
- therapy frequency/service delivery (Ramos, 2021; Thompson, 2021)

Professionals involved in the specialty practice of life care planning have consistently focused on consensus building regarding methods and protocols. The 11 summits that have been held since 2000 serve as guiding principles for the work of the life care planner. Through presentations and group exercises, summits have provided practitioners forums to voice opinions as well as identify/define areas of controversy, provide direction for future development/services, set a foundation for standards of practice, standard of care, and ethics as well as give information to leaders, associations, and other life care planners. The published outcomes have culminated in consensus and majority statements which have been updated routinely and published in the *Journal of Life Care Planning* (Johnson, 2015, 2018, 2019; Johnson et al., 2023).

Costing has emerged since the 2012 Summit as an ongoing and evolving issue relevant to life care planners. A costing framework development committee was created in 2022 to build a costing tool that identifies variables to be considered in making cost decisions, identify the circumstances when variables are relevant, provide resources that establish a basis or foundation for variables, and outline factors to consider when choosing variables. It is anticipated that the resulting work product will provide guidance for life care planners by defining key terms, acknowledging various costing techniques as well as providing resources for life care planners to defend their costing method decisions when choosing, applying, and utilizing various costing techniques. (L. Woodard & D. Penilton, personal communication, June 27, 2023).

Continuing the ongoing progress in life care planning education, professionalism, principles, and identification of pertinent practice issues, decennial surveys of life care planners (Barros-Bailey et al., 2023) were conducted in 2001 (Neulicht et al., 2002) and 2009 (Neulicht et al., 2010). These surveys were administered in an effort to obtain current information about life care planners, the life care planning process, as well as methods and protocols used by practicing life care planners. They provide a baseline for future surveys documenting the evolution of life care planning over time.

In the past 20-years, the number of certified life care planners has more than tripled; there are now 1274 active certifications (K. May, personal communication, June 28, 2023). In tandem with the field's growth, the specificity of information required in a life care plan, and the increased complexity of referrals, it is not surprising that questions relevant in 2001 and 2009 continue as current issues: What are the performance indicators of a comprehensive life care planning process? In what manner would an individual life care planner compare and contrast their methodology with that of another life care planner? Do standards accurately represent the individual life care planner in their day-to-day practice?

The purpose of the *Life Care Plan Survey 2022* was to replicate and update the 2001 and 2009 studies. Survey results are expected to enhance life care planning practice by promoting continued discussion and consideration regarding competencies and *Standards of Practice*. This article provides results of the *Life Care Plan Survey 2022*, describes the current state of life care planning practice, provides data on protocols/procedures used by life care planners, and identifies areas of life care planning practice where further definition, refinement, and/or research may be necessary.

Methodology

The study design, data collection process, statistical analyses, and operational definitions constitute the areas of the study's methodology.

Study Design

An online survey of practicing life care planners was completed by a team of subject-matter experts (SMEs) in July 2022. The survey instrument was developed over a two-year period and consisted of multiple-choice questions with the option of providing comments on selected items. Inherent in this process was a recognition of the changes life care planners have faced during the pandemic. Thus, a focused pre-survey was completed to carve out remote life care planning issues (Barros-Bailey et al., 2023). Areas addressed in the survey included: a) demographics; b) business practices; c) roles and functions of the life care planner; d) life care planning protocols; and e) future growth and development. Questions were to be answered based on the practitioner's or company's usual practice. The survey was designed to only be completed once per Internet Protocol (IP) address.

The framework for updating the survey instrument included review of the 2001/2009 survey questions/results, as well as reviews of the literature and current issues. Questions new to the 2022 survey included:

- accept rush/accelerated services
- age
- answer considering a typical year prior to the pandemic
- asked to implement a life care plan
- average gross annual income
- Certified Rehabilitation Counselor (CRC) continuing education unit (CEU) evaluation questions
- complete survey only once
- consult with allied health/education professionals
- contact by a trust or another entity to determine if a life care plan is being followed
- definitions of charge and cost

- differential rates (% higher or lower) for rush/accelerated, travel, non-testifying consultant, research assistance, and administrative services
- in life care plan report not signed
- inclusions of ancillary costs such as assembly, delivery/membership services, tax
- last time charges for services were increased
- maximum hours to complete a life care plan
- minimum hours to complete a life care plan
- number of times testimony has been subjected to motion in limine or in-trial voir dire (CAN)
- only make recommendations within scope of practice
- personal contacts (calls e-mails, etc.) to obtain costs
- photo release signed by evaluatee
- plans to actively transition to retirement; stop accepting referrals
- prepare questionnaire for physicians, allied health/education professional
- professional liability insurance
- referrals as a dually-retained life care planner
- sources of e-blasts/invitations
- team with a life care planner from another discipline to develop or review life care plan for the same evaluatee
- use of online resources for item costs
- varying rates for different types of cases

Survey questions as they appeared in SurveyMonkey online survey platform are provided in Appendix A.

The survey tool was piloted/reviewed by eight leaders in the field of life care planning as well as the research team statistician; feedback was used to refine questions. The study was funded by the Foundation for Life Care Planning and Rehabilitation Research (FLCPRR) and approved by the Institutional Review Board (IRB) of research on human subjects at Capital University. Since the respondents' identities were not available to the research team and the individuals gave informed consent through voluntary participation by completing the survey, no risks to individuals were identified.

Continuing Education Units were awarded by the American Association of Nurse Life Care Planners (5), International Commission on Health Care Certification (5 including 2 in ethics), and the Commission on Rehabilitation Counselor Certification (1). Respondents were required to complete the entire survey, then redirected to a separate link for their Certificate of Completion.

Data Collection

As noted by Barros-Bailey et al. (2023), no centralized or comprehensive list of life care planners currently exists; therefore, prominent life care planning organizations posted information and the SurveyMonkey link. Physician Life Care Planning (PLCP) leadership declined to participate in this decennial survey.

One week prior to the launch of the *Life Care Plan Survey 2022* (6/8/22), e-mail “Save the Date” graphics/announcements were sent by the American Association of Nurse Life Care Planners (AANLCP), International Academy of Life Care Planners/ International Association of Rehabilitation Professionals (IALCP/IARP) and the International Commission on Health Care Certification (ICHCC™). Additional e-blasts with the survey link were sent when the survey opened (6/15/22), as well as an “In Case You Missed It (ICYMI)” one week later. This was followed by a reminder at the end of June and a “time is running out” graphic one week before the survey closed (7/28/22). Results indicate that the majority of respondents received the survey from IARP (59.95%, n=223), followed by ICHCC (46.51%, n= 173), AANLCP (19.89%, n=74) and forwarded by another life care planner (1.88%, n=7). Questions posted to the supporting organizations were forwarded to the survey research team for resolution. Data were collected through a finalized instrument developed on the SurveyMonkey online survey platform.

Statistical Analysis

Quantitative analysis was used for question responses that involved numerical data. For example, descriptive statistics were generated directly from SurveyMonkey responses and included frequency and percentage aggregate data for all questions. Inferential statistics such as Chi-Square (C^2) and one-way Analysis of Variance (ANOVA) were completed, as appropriate, using R version 4.2.2 (R Foundation for Statistical Computing, 2022) to determine if there were significant differences in responses to selected questions by field of practice and years of experience. Qualitative data analysis was utilized for narrative responses. A content analysis of write-in/open-ended responses, performed by members of the research team, involved coding responses to derive meaning as well as a systematic process to determine whether write-in and “other” responses were a better fit with existing survey response options.

Operational Definitions

For purposes of the survey, the research team developed definitions for selected terms, which were hyperlinked into questions as they appeared in the survey. The terms, with corresponding definitions, are as follows:

- *Counseling v. Rehabilitation Counseling*: Counseling is the provision of professional assistance and guidance in resolving personal, social, or psychological problems and difficulties. Rehabilitation counseling is a specific practice of counseling within the discipline where professionals work to help people who have emotional and physical disabilities so that they are able to live and/or work more independently.
- *Life Care Plan*: A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which pro-

vides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or who have chronic health care needs.*

- *MD v. PhD*: MD is a medical degree; PhD is a doctor of philosophy.
- *Motion in Limine*: A pretrial motion asking that certain evidence be found inadmissible, and that it not be referred to or offered at trial.
- *Non-Testifying Consultant*: An individual who is an expert in their field, hired in a litigation (or potential litigation) situation to provide "behind the scenes" consultation and is not retained to provide expert testimony. The non-testifying consultant's name is routinely not revealed to the other side or to the court. Work product of the non-testifying consultant is routinely not discoverable.
- *Routine*: Performed as part of a regular procedure rather than for a special reason.
- *Testifying Expert*: An individual who is an expert in their field, hired in a litigation situation, to provide expert testimony regarding a specific topic. The expert's name must be revealed/listed with the court. Work completed is discoverable.

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

Response Rate

Of the n=474 individuals that started the survey, 83.54% (n=396) responded that they were actively practicing as life care planners. For purposes of this study, a practicing life care planner was defined as one who submitted one or more life care plans to a referral source within the past year. Individuals who provide research, work under the direction of a life care planner, or have completed life care plan training/education but have not submitted a life care plan to a referral source within the last year before the administered survey were asked to end the survey and their data were not collected. Survey respondents were asked to consider a typical year of their primary practice before the pandemic for all questions except for those that specified a different time frame. For the remaining analyses, only life care planner respondents are included. Not all individuals answered all questions on the survey; response rates ranged from 231 to 372, or 48.3% to 78.5%, respectively.

Demographics of the Sample

A variety of demographic data were collected involving gender, age/retirement plans, geographic location of practice, professional affiliations, education, and experience.

Gender

As in 2001 and 2009, respondents were predominantly female (78.64%) with significant gender distribution differences between professional groups. There was a significant relationship between gender and field of practice, $X^2(2, N = 333) = 47.95, p < .001$. Nurses (1%) were the least likely to identify as males compared to rehabilitation counselors (36%) and other professions (27%).

Age/Retirement Plans

While no respondents were less than 24-years old, a majority (60.2%) of respondents were 55 years or older, 29.38% (n= 99) were 55 to 64 years old, and 30.86% (n=104) were 65 or older. About 25% were 45 to 54 (24.63%, n= 83) and around 11% were 35 to 44-years old (10.98%, n=37). Nurses (M = 4.09, SD = .87) were significantly older than rehabilitation counselors (M = 3.71, SD = 1.13), $t(218) = 2.91, p < .01$. A majority of respondents (55.2%, n=128) indicated they planned to begin actively transitioning to retirement from life care planning activities (i.e., reducing the number of files/work hours) over the next decade. Similarly, a majority of respondents (50.4%, n=117) reported they planned to stop accepting referrals for new life care planning cases over the same period. There was no significant difference in plans to retire between nurses (M = 3.15, SD = 1.57) and rehabilitation counselors (M = 3.06, SD = 1.62), $t(130) = .32, p = .75$. Also, there was no significant difference in plans to stop taking life care plan cases between nurses (M = 3.05, SD = 1.63) and rehabilitation counselors (M = 3.06, SD = 1.55), $t(118) = -.04, p = .97$.

Geographical Distribution

No responses were received from life care planners outside the United States and Canada. In the United States, respondents were geographically distributed throughout all 11 Court Districts with the highest response rate from the 9th Circuit (n=68; California, Nevada, Arizona, Oregon, Idaho, Washington, Montana, Alaska, Hawaii) followed by the 5th Circuit (n=48; Texas, Louisiana, Mississippi). The state with the highest number of respondents was Florida (n=35). There were no responses from life care planners in Alaska, Canal Zone, Delaware, District of Columbia, Guam, Nebraska, North Dakota, Puerto Rico, Rhode Island, South Dakota, Tennessee, Vermont, or West Virginia.

In Canada, completed surveys were received from life care planners in Ontario (n=32), New Brunswick (n=5), and Quebec (n=3), as well as one (1) each in Alberta and British Columbia.

Professional Affiliation

As in prior surveys, nurses (36.16%, n=132) and rehabilitation counselors (35.62%, n= 130) comprise the largest professional groups for the respondents of this survey. However, the 2022 results also include responses from occupational therapists (9.32%, n= 34), physicians (6.58%, n=24), physical therapists (3.29%, n=12), counselors/social workers (each 2.74%, n= 10), and psychologists (1.37%, n=5). Respondents who reported professions such as case managers, special education/rehabilitation, and damages expert were grouped as "other

professionals" for data analysis when compared to the rehabilitation counselor and nurse groups that made up nearly 72% of the sample.

Respondents reported an average of 2.40 certifications (n= 363, SD = 1.31) and endorsed belonging to an average of 1.31 organizations (n= 357, SD = 1.28). Of respondents who hold an ICHCC™ certification, 74.66% (n=271) are Certified Life Care Planners (CLCP™), 7.99% (n= 29) are Canadian Certified Life Care Planners (CLCP™), and 10.47% (n=38) are Medicare Set-Aside Certified Consultants (MSCC™). Just over 33% of respondents (33.33%, n=12) are Certified Rehabilitation Counselors (CRC), 29.2% (n=106) are Certified Case Managers (CCM) and 11.29% (n=41) are Certified Disability Management Specialists (CDMS). The most prevalent write-in response was LCP-C (n = 11). Respondents hold active memberships in IARP/IALCP (83.47%, n=298), AANLCP (28.01%, n=100), and Physician Life Care Planning (PLCP; 7.5%, n=27). Over 80% of the respondents (82.35%, n=294) indicated they are active members of a professional listserv.

There was no significant difference in CEU hours by field of practice. Just under half (45.45%, n=105) of the respondents complete an average of 11-20 CEU hours on topics specific to life care planning each year. Another 27.27% complete an average of 21-30 hours per year, and 8.662% complete less than 10 hours per year.

Education

Virtually half (49.59%, n=181) of the respondents reported their highest degree related to life care planning was a master's. Another quarter of respondents (24.03%, n=91) possessed a baccalaureate degree. The number of life care planners with doctorates or professional degrees (18.9%, n=69) almost doubled compared to the prior surveys where it was just over 10%. The remaining respondents were diploma nurses (2.4%, n=9) or had earned an associate's degree in nursing (3.84%, n=14).

Experience

A majority of respondents (82.71%, n=292) indicated that life care planning has been part of their practice for six years or more. Over 15.58% (n=55) had performed life care planning services for 1-5 years, 19.55% (n=69) for 6-10 years, 27.76% (n=98) for 11-20 years, 24.03% (n=88) for 21-30 years, and 10.48% (n=37) for 31 or more years. A majority of respondents (50.7%, n=179) practiced in the field of rehabilitation or worked with people with disabilities for 6-20 years prior to entering life care planning. More than a third of the respondents (36.78%, n=128) reported that life care planning constitutes 76-100% of their work activities. Of the 348 respondents providing information on the number of life care plans completed per year, more than half (51.15%, n=178) complete 20 or less while 16.09% (n=56) complete 21-30 and 18.97% (n= 66) complete 51+ plans per year. For pediatric life care plans (ages 0-21), these were performed by a majority of respondents (61.49% n=214) and constituted up to a quarter of their practice.

Summary

Table 1 summarizes characteristics of a typical 2022 survey respondent.

Typical Life Care Plan Survey 2022 Respondent

- active member of a listserv
- CLCP™
- completes up to 20 life care plans per year
- documents pre-existing conditions within the report, but does not include related costs for those goods/services in the life care plan
- female
- has not been asked to implement a life care plan
- has not been asked to team with a life care planner from another discipline
- has not been contacted by a trust or another entity to determine if a life care plan is being followed
- has not received referrals as a dually-retained life care planner
- has testified in deposition, court (federal/state/provincial/regional), workers' compensation hearing, mediation/arbitration, and/or marital dissolution
- includes a list of complications (potential and probable) in the life care plan
- includes a medical records review in the life care plan report
- member of IARP/ IALCP
- on average, reviews/analyzes 1 to 10 life care plans per year as a non-testifying expert
- only makes recommendations within professional scope of practice to • develop or review a life care plan for the same evaluatee

A majority of respondents (59%, n=180) have not had testimony subjected to motion in limine (USA) or in-trial voir dire (CAN). While the number of times testimony has been subjected to one of these processes ranges from 0-350, with the largest number of respondents (30.2%, n=92) reporting 1 to 10 times.

Business Practices

Business practices are vast in life care planning. They range from practice setting, to professional liability coverage, referral sources, case acceptance and retainer practices, income, and file documentation.

Practice Setting

Over forty percent of respondents (44.51%, n=158) indicated that they practice as an owner/independent practice with employees/subcontractors, while 34.08% (n=121) are the owners of an independent practice without employees/subcontractors or are employed privately as an employee or subcontractor (21.69%, n=77). A very small group of respondents report an attorney's office or insurance company as their practice setting (1.41%, n=5, respectively).

Professional Liability Insurance

A vast majority of survey respondents (83.48%, n=288) carry professional liability insurance. The most prominent carrier is Mercer/Proliability.

Referral Base

Similar to prior surveys, the most common sources of referrals for this sample of life care planners were attorneys (97.58%, n=323) followed by insurance companies (44.11%, n=146). Per write-in responses, other types of referral sources included economists, physicians, colleagues, and expert witness search companies/networks. A majority of respondents (85.2%, n=282) reported that they are not listed with an expert witness service. Of the 48 respondents that have received referrals from a paid expert witness service, the highest percentage 47.5% (n=19) reported 1-10 referrals. Over the past five years, 59.33% (n=104) have not been a dually-retained life care planner (e.g., agreed upon by plaintiff and defense attorneys). During this same period (past five years), a majority of respondents (58.1%, n=190) received over 50% of their referrals from parties representing plaintiffs (including 26.91%, n=88) who indicated that 76-100% of their practice is based on plaintiff referrals. In contrast, only 5.81% (n=19) reported that 76-100% of their referrals are from parties representing the defense. A clear majority of life care planners (73.4%, n=240) receive 50% or fewer referrals from parties representing the defense. Life care plans are prepared primarily for personal injury or accident cases (98.79%, n=327), followed by medical malpractice (83.08%, n=275), and chronic illness (53.78%, n=178). Other types of cases include domestic violence, elder care planning, estate disputes, reserve setting, and witness protection.

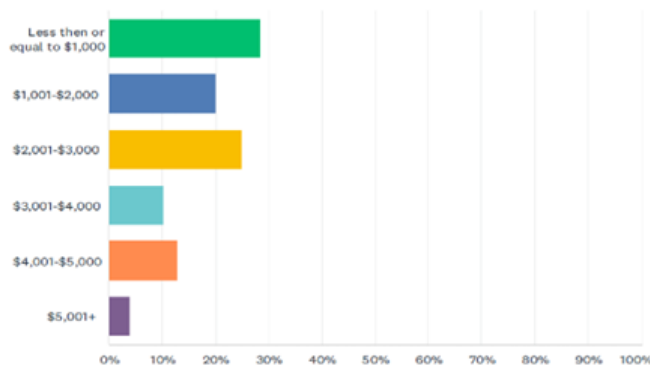
Case Acceptance/Retainer

Seventy-five percent (n=327) of the respondents indicated that they require a signed agreement (or letter of engagement) prior to accepting a case. Almost 68% (67.72%, n=214) of the respondents reported that they require a retainer before initiating work on a case; however, respondents reported that requiring a signed letter of agreement/retainer depends on the firm/referral source, such as whether it is a new referral, out-of-state client, or a plaintiff-retained case. For those who request a retainer, 28.34% (n=89) request \$1,000 or less and 3.82% (n=12) request \$5,001 or more. As illustrated in Figure 1, the remaining respondents report the following:

- \$1,001 - \$2,000: 20.06% (n=63)
- \$2,001 - \$3,000: 24.84% (n=78)
- \$3,001 - \$4,000: 10.19% (n=32)
- \$4,001 - \$5,000: 12.74% (n=40)

Gross Annual Business Income

Reported gross annual income (not solely for life care planning) clustered at the low and high ends of the response range with 19.71% (n=68) reporting less than \$100,000, with 24.06% (n=83) from \$100,001-\$200,000, another 12.17% (n= 42) from \$150,001-\$200,000, and 19.71% (n=69) over \$400,001 annually. About a quarter of respondents (24.3%, n=84) reported a gross annual income of \$200,001 to \$400,000.

Figure 1*Retainer Amount***File Documentation**

A majority of respondents routinely include the following in their electronic/paper case files:

- academic records (51.16%, n=154)
- case generated documents (80.4%, n=242)
- case notes (72.76%, n=219)
- copies of time (contact/activity) sheets (55.48%, n=167)
- cost research (82.39%, n=248)
- e-mail correspondence to/from evaluatee and/or family (55.81%, n=168)
- e-mail correspondence to/from other professionals (61.13%, n=184)
- e-mail correspondence-to/from referral source and/or legal counsel (55.15%, n=166)
- interview notes and/or forms (81%, n=244)
- interview summary (64.12%, n=193)
- invoices sent (70.76%, n=213)
- life care plan (97.67%, n=294)
- medical records (80.07%, n=241)
- narrative report (85.38%, n=257)
- records summary (75.75%, n=228)
- therapeutic records (65.45%, n=197)

- written correspondence to/from evaluatee and/or family (73.09%, n=220)
- written correspondence to/from referral source and/or legal counsel (69.44%, n=209)
- a majority of respondents do not include employment records or invoices received in case files (each 47.18%, n=142).
- 26.25% (n=79) of respondents indicate they maintain closed files for seven years whereas 17.61% (n=53) maintain files indefinitely (do not destroy records) and 14.62% (n=44) do not maintain a closed case file.

Billing

A majority of respondents:

- bill by the hour (83.08%, n=270)
- require a retainer before initiating work on a case (67.72%, n=214)
- charge a different rate for court/deposition appearance (65%, n=208).
- accept rush/accelerated services (88.54%, n=278)
- charge a different rate rush/accelerated services (65.70%, n=182)
- do not charge varying rates for different types of cases (77.5%, n=248), travel (78.27%, n=245), performing as a non-testifying consultant (92.95%, n=290), for research assistance services (63.02%, n=196), or administrative services (73.95%, n=230)

For those respondents that charge a flat fee, a majority (52.73%, n=29) include travel time. Of the respondents who charge a lower rate for travel, 55.8% (n=29), reported a rate of 41-50% less. Of the life care planners who charged a different rate for administrative services, 46.88% (n=30), reported a rate that is >50% lower. While several respondents indicated that there is no charge for administrative services; one indicated that 30 to 60 minutes was charged at the life care plan rate for file set up and one provided a rate of \$50 for proof reading.

Although 38.91% (n=121) of respondents last raised their rates less than one year ago and 20.26% (n=63) two years ago, 13.91% (n=41) of the respondents have never raised their rates. A majority of respondents (50.9%, n=137) report that their last rate increase was 5-10%.

Rush/accelerated services are defined as less than or equal to 14 days by 28.88% (n=80), 15-29 days by 30.82% (n=102), and 30-45 days by 22.02% (n=61) of the respondents. While the highest percentage of respondents (28.9%, n=78) indicated that they charge a rate that is 10-20% higher for rush services, 14.8% (n=40) charge a 41 to 50% higher rate. At the extremes, 1.5% (n=4) charge 10% higher and 1.9% (n=5) charge >100%. Write-in comments primarily indicated the variability of the decision with statements such as: "not defined"; "no strict classification"; "individually determined"; "tiered"; "depends on the demands of the case and my current work load"; and "case-by-case basis with considerations of catastrophic vs. non-catastrophic or plaintiff vs. defense."

Hourly fees for case analysis, preparation, peer review, and reports clustered in the ranges of \$151-\$250 (40.25%, n=128), \$251-\$300 (33.33%, n=106), and \$351-\$450 per hour

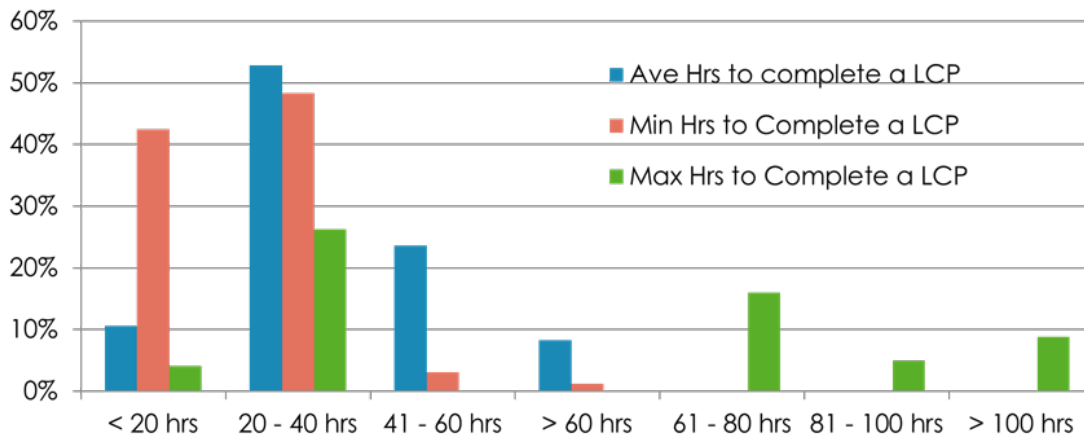
(17.30%, n=55). There was a significant difference in case analysis/preparation/peer review/report between non-CLCPs (M = 2.23, SD = .87) and CLCPs (M = 2.73, SD = 1.20), $t(197)=-4.03, p<.001+$.

While there was no significant difference between nurses (M = 3.35, SD = 1.39) and rehabilitation counselors (M = 3.39, SD = 1.44), $t(225)=-.26, p=.79$ in court testimony fees, significant fee differences were found between non CLCPs (M = 2.87, SD = 1.27) and CLCPs (M = 3.65, SD = 1.62), $t(183)=-4.46, p<.001$. There was a significant effect of field of practice on the hourly fee rate for depositions across the three fields of practice [$F(2, 298) = 4.28, p = .015$]. Post hoc comparisons using the Tukey HSD test indicated that the mean fees for rehabilitation counselors (M = 3.8, SD = 1.7) was significantly different than nurses (M = 3.2, SD = 1.4). In addition, there was a significant difference in deposition fees between non-CLCPs (M = 2.84, SD = 1.18) and CLCPs (M = 3.86, SD = 1.73), $t(201)=-5.79, p<.001$.

A majority of respondents (52.8%, n=114) indicated that the average total number of hours required to complete a life care plan ranges from 20-40. Similarly, 48.3% (n= 157) indicated the minimum hours to complete a life care plan is 20-40, and 42.5% (n=138) reported minimum hours as less than 20. Twenty-six percent of the respondents (26.3%, n=84) reported 20-40 as the maximum number of hours to complete a life care plan, while 30.3% (n=97) indicated the maximum as 41-60 hours and 16% (n=50) reported 61-80 hours as the maximum. Figure 2 is a graphic depiction of how long it takes to complete a life care plan.

Figure 2

How Long Does It Take To Complete a Life Care Plan?



The most common use of contracted workers/staff is clerical (47.89%, n=170), followed by cost research (45.63%, n=162), proofreading (44.79%, n=159), medical records analysis/review (35.77%, n=127), and literature review/research (19.72%, n=70). Contracted workers are also relied upon for bookkeeping, case management, and medical expertise (including independent medical examinations). About twenty-nine percent (28.73%, n=102) do not rely on others to assist in their practice.

The primary avenue used by respondents for resolving non-payment of bills is to contact the referral source (46.4% of respondents, n=103). The second most frequently cited

response was that non-payment of bills was “never a problem” (26.6%, n=36). The remaining options for resolution of non-payment include: legal representation (19.4%, n=43); bar association complaint (16.2%, n=36); and collection services (17.1%, n=38). Multiple respondents indicated that they use a bookkeeper/office assistant for collections or charge a late/penalty fee. Other respondents wrote that they will not testify without payment; some just let it go or do not collect. Another avenue is to require payments step-by-step throughout the case with the final payment due when a report is ready. Virtually all respondents (92.67%, n=215) sign the life care plan report 76-100% of the time. Respondents’ write-in reasons for not signing a life care plan included:

- I have never thought about it or been asked to sign the report
- I sign my Rule 26 letter, but I haven’t signed the actual report tables
- it’s not the company policy
- my name is on there with an introduction, so I don’t see a need to sign it
- my name/contact information is already on it

Roles and Functions of the Life Care Planner

A majority of respondents (78.59%, n=257) indicated that they have not served in the role of a case manager, counselor, therapist, or treatment provider on a case, then later developed the life care plan. Likewise, a majority of respondents (80.73%, n=264) reported that they have not served in the role of a case manager, counselor, therapist, or treatment provider on a case after completing a life care plan, nor have they served in the role of a case manager, counselor, therapist, or treatment provider on a case after another person completed a life care plan (75.84%, n=248).

Just over one-third of the respondents (36.21%, n=84) stated that they have not mentored life care planners (formally or informally), excluding supervision of employees or staff. More than forty percent (40.95%, n=95) with mentoring experience reported mentored 1-5 individuals.

A majority of respondents (67.95%, n=176) have not been asked to team with a life care planner from another discipline to develop or review a life care plan for the same evaluatee. Nineteen percent (19.27%, n=63) of the respondents have never reviewed and/or analyzed a life care plan of an opposing expert to provide a testifying expert opinion in a litigation situation, and 18.35% (n=60) have never reviewed and/or analyzed a life care plan of an opposing expert to provide a non-testifying consulting opinion in a litigation setting. Forty-six percent (46.18%, n=151) have reviewed or analyzed 1-10 plans of an opposing expert to provide an expert opinion in a litigation situation and 55.35% (n=101) have provided this service on 1-10 plans as a non-testifying consultant. Only 7.95% (n=26) have reviewed and/or analyzed 51 or more life care plans of an opposing expert to provide an opinion as a testifying expert, and 1.83% (n=6) have done so as a non-testifying expert.

About thirty-one percent (30.6%, n=71) of the respondents have been asked to assist in the development of deposition questions for the opposing life care plan expert more than 50% of the time. Approximately one in eight life care planners (15.09%, n=35) have not been asked to develop such questions.

Less than half of the respondents (41.81%, n=97) are asked to help find other expert witnesses 1-25% of the time.

A very large percentage (82.57%, n=199) of the respondents reported that they do not discount to present value the cost of the items in the life care plan. Yet, over 50% of the time a majority of respondents (50.8%, n=118) reported that they provide information to an economist to clarify life care plan entries/information. One in eight life care planners (12.07%, n=28) never talk to economists.

Most respondents neither videotape evaluatees (74.29%, n=208) nor participate in the development and presentation of day-in-the-life videos (65%, n=182). For those that do participate in such activities, the primary role in evaluatee video(s) involved advising (51.02%, n=50), followed by appearing/educating (33.71%, n=35), and coordinating (34.69%, n=34). Several respondents indicated that they serve as observers.

While 15.05% (n=42) of the respondents do not take photographs of evaluatees' equipment and homes, 25.81% (n=72) do so 25% of the time or less and 29.03% (n=81) take photographs 76-100% of the time. A clear majority of respondents (67.51%, n=160) do not have a photo release signed by the evaluatee. Seventy-four percent (74.14%, n=172) of responding life care planners have not contacted evaluatees/families to determine if the life care plan is being followed. Similarly, 77.59% (n=180) of the respondents have not been contacted by a trust or other entity to determine if the life care plan is being followed. A majority of respondents (58.19%, n=135) have not been asked to implement a life care plan.

About nineteen percent (18.5%, n=98) of the respondents reported that they review the life care plan with the evaluatee and/or family greater than 50% of the time, while 42.24% (n=98) never do so. While 74.21% (n=168) of the respondents never provide a copy of the life care to the evaluatee and/or family, 6.47% (n=15) do so 76-100% of the time. While about one-third of the respondents (34.48%, n=80) ask the referral source to provide a copy of the life care plan to the evaluatee and/or family 76-100% of the time, 40.95% do not.

Life Care Planning Protocols

Life care planning protocols include how life care planners perform records requests, medical records reviews, interviews, and how they use literature, clinical practice guidelines, and standards of practice.

Records Request

At the time of referral, a majority of respondents routinely make a request for the following types of records (verbally and/or in writing):

- answers to interrogatories (58.92%, n=175)
- billing records (65.32%, n=194)
- complaint (69.02%, n =205)
- day-in-the-life videos or family journals (53.20%, n=158)
- employment records (54.21%, n=161)
- evaluatee contact information (84.51%, n=251)

- expert reports (92.26%, n=274)
- family depositions (71.38%, n=212)
- medical depositions (81.48%, n=242)
- medical records (98.32%, n=282)
- name of opposing attorney(s) (62.96%, n=187)
- name(s) of retained experts (68.35%, n=203)
- neuropsychology/psychology/psychotherapy/counseling records (90.24%, n=268)
- pharmacy/medication records (83.16%, n=247)
- retainer (71.38%, n=212)
- school records (60.27%, n=179)
- service contract/letter of agreement (68.35%, n=203)
- signed consent form (61.95%, n=184)
- therapy records (e.g., physical therapy, occupational therapy, speech/language therapy, early intervention) (89.56%, n=266)

About one-third of the survey respondents routinely request Social Security records (34.68%, n=103) and tax returns (36.36%, n=108).

Medical Records Review

A majority of respondents (94.07%, n=254) include a medical records review in their life care plan report, although this may be integrated into their report as a chronology, summary without detail, or as an appendix. In completing the medical records review, respondents identify and analyze the following (in order of preference):

- specialized consultations
- hospitalizations, providers (respectively)
- general course of medical and therapeutic care
- detailed timeline of medical and therapeutic care

Other areas considered in a medical records review include missing records, billing records, legal documents/depositions, and photos/videos. As summarized in Table 2, a majority of respondents considered both pre-existing and incident-related content in their medical records review.

Table 2*Content Analysis of Medical Records Review*

Item	Pre-Existing	Incident Related
Academic records	91.56% (n=206)	89.78% (n=202)
Assessment outcomes	77.47% (n=196)	98.42% (n=249)
Avocational activities	94.67% (n=231)	94.26% (n=249)
Barriers (e.g., geographic, cultural, access, other)	85.84% (n=220)	96.48% (n=247)
Diagnoses-primary	89.30% (n=242)	98.39% (n=247)
Diagnoses-secondary	89.63% (n=242)	98.89% (n=268)
Discharge planning	66.92% (n=174)	98.85% (n=257)
Evaluee subjective complaints	81.04% (n=218)	98.88% (n=266)
Emergency Medical (EMS)	61.75% (n=155)	98.01% (n=246)
Evaluator's observations	58.40% (n=153)	99.24% (n=260)
Evaluee symptom changes over time	70.72% (n=186)	98.48% (n=259)
Family dynamics	83.40% (n=206)	97.98% (n=242)
Funding - denial	60.67% (n=91)	96.67% (n=145)
Funding – approval	61.54% (n=90)	97.95% (n=143)
Medical conditions	92.86% (n=247)	98.12% (n=261)
Medications	90.74% (n=245)	98.52% (n=266)
Recommendations for attendant care	80.90% (n=216)	98.88% (n=264)
Recommendations for equipment/ supplies	78.73% (n=211)	98.88% (n=265)
Recommendation for treatment	78.44% (n=211)	98.51% (n=265)
Other recommendations	76.13% (n=185)	97.94% (n=238)
Relevant diagnostic test Results	76.52% (n=202)	98.48% (n=260)
Services provided – attendant Care	79.25% (n=210)	98.49% (n=261)
Services/items provided – equipment	78.65% (n=210)	98.5% (n=263)
Services provided – evaluee compliance	77.55% (n=190)	99.18% (n=243)
Services provided – therapy	78.24% (n=205)	99.24% (n=260)
Other services provided	74.32% (n=165)	99.1% (n=220)
Vocational activities	87.40% (n=215)	97.97% (n=241)

Interview

While most respondents requested an in-person interview with the evaluee (94.59%, n=280), write-in responses indicate that this decision is made on a case-by-case basis, will depend on the injury, and/or is dependent on the referral source (plaintiff or defense). In cases not for litigation, about four in ten respondents (42.32%, n=124) request an in-person

interview 76-100% of the time. If a request for evaluatee interview is denied, over seven in ten life care planners (72.64%, n=215) provided written documentation of the denial 76-100% of the time. In cases referred by plaintiff attorneys, over eighty percent of respondents (83.11%, n=246) conduct an in-person interview with the evaluatee and/or family 76-100% of the time. In cases referred by defense attorneys, only about one-third of the respondents (35.84%, n=105) conduct an in-person interview with the evaluatee and/or family 1-25% of the time and less than a quarter of the respondents (21.84%, n=64) conducted an in-person interview 76-100% of the time. A majority of respondents (57.8%, n=167) indicated that in-person interviews with an evaluatee and/or family interviews are up to two hours in length, while about one-third (34.9%, n=95) report an interview length of three to four hours. Respondents typically conduct in-person interviews in the evaluatee's home. The least used location for an in-person interview is a public location (e.g., restaurant, library, airport, hotel).

In the process of completing a life care plan, a majority of respondents (70%, n=196) use a structured interview form 76-100% of the time. A majority of respondents also routinely use standardized (either published or customized) checklists/questionnaires to document information received from the evaluatee/family, physicians and allied health professional (67.86%, n=190). They also use these tools to manage the life care planning process (e.g., track work completed, information needed) (57.14%, n=160).

While over 70.71% (n=198) of life care planners independently request a signed consent from an evaluatee 76-100% of the time for plaintiff referred cases, only about one-third of the respondents (36.07% n=101) request a signed consent 76-100% of the time for defense/insurance referred cases. Over four out of ten respondents (45.36%, n=127) do not independently request a signed consent from an evaluatee for defense/insurance cases, as compared to about eighteen percent (18.21%, n=51) for plaintiff-referred cases.

Overall, as it refers to life care planning protocols, the majority of respondents (76 – 100% of the time) do not:

- consider the time that a parent would normally be expected to perform parenting duties when recommending in-home supervision for a pediatric evaluatee
- consult with physician(s) in addressing medical recommendations
- contact evaluatees/families to determine if the life care plan is being followed
- have a photo release signed by the evaluatee

In addition, a majority of respondents routinely:

- include a discussion/rationale of/for recommendations in the life care plan
- include discussion or reference to life expectancy
- independently request a signed consent form (plaintiff referred cases)
- obtain more than one cost quote on individual items or services
- participate in the development/ presentation of day-in-the-life videos
- provide a copy of the life care plan to the evaluatee and/or family

- review medical records
- review/use clinical practice or standard of care guidelines
- serve as a case manager, counselor, therapist, or treatment provider on a case before or after a life care plan has been developed
- sign the life care plan
- use a structured interview form
- use standardized checklists and/or questionnaires to manage the life care planning process
- use standardized questionnaires and/or checklists to document information from evaluatee, family, allied health professionals
- video the evaluatee (not including day-in-the-life videos)

Literature Search/Clinical Practice Guidelines/Standards of Practice

A majority of the respondents (62.21%, n=165) perform and use a literature search over 50% of the time. The most frequently cited publications, sources or texts are *The Life Care Planning and Case Management Handbook* editions or other life care plan or rehabilitation related textbooks (n=72); *The Journal of Life Care Planning* (n=42); professional publications/medical journals/peer-reviewed journals/medical textbooks (n=28); and clinical practice guidelines (n=20). Respondents also rely on *The National Vital Statistics Reports/CDC* (n=16), *The AANLCP Journal* (n=13), online websites (n=13), standards of practice (n=11), and *A Core Curriculum for Nurse Life Care Planning* (n=9). Eleven respondents stated they either do not use any literature or that this question was not applicable. Some of the write-in answers included cost sources instead of the relied-upon literature, which was not the intent of the questions in this survey section. For example, respondents wrote it the following: FAIR Health (n=13); PMIC (n=12); Physicians Fee Reference (n=12); DME and pharmacy costing sources (e.g., GoodRX, Drugs.com, SpinLife, n=7); American Hospital Directory (n=6); Context4healthcare (n=5); CMS.gov, VA database, and the Genworth Cost of Care Survey (n=4 each). Other stand-alone answers that may be unfamiliar, included:

- BlinkRx
- cost of food
- Redbook
- white paper on UCR charges

In forming life care plan opinions, virtually all respondents (98.92%, n=274) review medical records 76-100% of the time. Over seven in ten of the respondents (71.84%, n=199) review/use clinical practice or standard of care guidelines 76 – 100% of the time; there was no significant difference between nurses (M = 3.55, SD = .95) and rehabilitation counselors (M = 3.32, SD = 1.22), $t(185)=1.46$, $p=.14$ in the use of these materials.

Life Care Plan Development

How the life care plan is developed is at the heart of life care planning methodology. The survey asked life care planners about the collaboration with the transdisciplinary team, addressing vocational issues, cost research, use of databases, home modification, home healthcare needs or household support, pre-existing conditions, complications, life expectancy, physician review, and plan updates.

Collaboration with Rehabilitation Team

Respondents indicated that when developing a life care plan, they only make recommendations within their scope of practice (93.54%, n=258). Write-in responses include clarification that recommendations are included if there is a pattern of care in medical records, provided from other sources, supported by research, and based on experience with similar cases. In addressing medical recommendations, 71.59% (n=189) of the respondents indicated that they consult with physicians 76 -100% of the time. Whereas, 22.35% (n=59) of survey respondents do not conduct an in-person interview with physician(s) in the process of completing a life care plan, 42.18% (n=114) do so 1-25% of the time. Over half of respondents (56.8%, n=150) conduct a remote interview (e.g., telephone/videoconference) with physicians in the process of completing a life care plan. Half (n=132) also prepare a questionnaire for physicians to complete 50% of the time. Again, about half the time, 60% percent of the respondents (n=159) follow up with written confirmation after consultation with a physician.

When direct physician or allied health input for recommendations is not available and/or outside the life care planner's area of expertise, respondents use the following sources (in preferred order):

- medical records
- clinical practice or standard of care guidelines
- expert testimony
- literature/published data
- their own life care planning expertise, education, training/experience

In the process of completing a life care plan, 32.7% (n=89) request additional medical evaluations 1-25% of the time and 34.22% (n=90) make this request 26-50% of the time. In addressing medical recommendations, 51.13% (n=135) of respondents consult with allied health/education professionals (e.g., physical therapist, occupational therapist, teacher, psychologist) over 50% of the time. While about one-third of the sample (37.26%, n=98) conduct a remote interview, 48.52% (n=115) conduct an in-person interview with allied health/education professionals 1-25% of the time. While about one-third of respondents (36.29%, n=86) prepare a questionnaire 1-25% of the time, a similar percentage (35.02%, n=83) follow-up with written confirmation 76-100% of the time.

A majority of respondents (51.48%, n=122) report that they request additional non-medical (allied health/education professional) evaluations 1-25% of the time. In the past five years, a majority of respondents have requested the following evaluations:

- architectural (52.64%, n=140)
- assistive technology (57.47%, n=150)
- driver evaluation (59.39%, n=155)
- functional capacity (62.94%, n=164)
- neuropsychology (83.91%, n=219)
- occupational therapy/ADL assessment (59.77%, n=156)
- physical therapy (54.41%, n=142)
- prosthetic evaluation (66.28%, n=173)
- psychology/counseling (63.22%, n=165)
- wheelchair seating evaluation (50.96%, n=133)

While less than 50% of respondents request audiology, educational, home care, mobility, music therapy, nutrition, orientation & mobility and recreation evaluations, write-in responses included home environment, massage therapy, vocational evaluation, and wound care evaluations.

Vocational Issues

In the process of completing a life care plan, 55.2% (n=142) of the respondents addressed the potential need for a vocational assessment over 50% of the time. There was no significant difference in respondents for years of experience. There was a significant effect of field of practice on the rate that the potential need for vocational assessment is addressed in a life care plan across the three fields of practice [$F(2, 256) = 9.13, p < .001$]. Post hoc comparisons using the Tukey HSD test indicated that the mean rate for nurses ($M = 2.1, SD = 1.5$) was significantly different than rehabilitation counselors ($M = 3.00, SD = 1.3$).

Cost Research

Respondents were asked to define charge and cost in their own words. There was no consensus in the responses for either definition. Themes for the definition of charge included: associated cost for an item, bill for services/goods, and cost without discount. Themes for the definition of cost included amount of money needed to purchase a service or item and charge fee for service or item.

A majority of respondents indicate that:

- a specific number of costs quotes are obtained for each item identified in a life care plan
- cash prices, billed charges, and established fee schedules are used when developing an LCP; negotiated discount rates are not used
- collateral sources are never identified as a mechanism for funding a life care plan

- cost of LCP items are not discounted to present value
- if difficult to quantify, an annual allowance/allocation for goods/services is included
- private/direct hire costs are included when presenting home care options

A majority of respondents (60.42%, n=168) routinely obtain more than one cost quote on individual items or services and use current vendors or providers (64.61%, n=157), local vendors or providers (64.23%, n=158), and national databases with geographic adjustment (58.65%, n=143) 76-100% of the time to obtain costs for items. A clear majority of respondents (66.51%, n=145) do not use national databases without geographic adjustment. If difficult to quantify, a majority of respondents include an annual allowance/allocation for goods and/or services (68.03%, n=166) but may provide a range, use only for services such as adaptive equipment/evaluations or when an item/service is performed on an annual basis. Other resources for costs included public use files of claims data, databases, and/or a medical expert for market value of a specialty item.

Geographic location is the primary factor that affects decision making in determining which resources to use to secure cost information (92.21%, n=225). Other factors endorsed by a majority of the respondents are the life care planner's experience with the item or service (78.28%, n=191), experience with the vendor or provider (68.03%, n=166), and evaluatee or family preferences (57.79%, n=141). Write-ins included consideration of medical bills, databases, evaluatee experience, and service providers. Personal contacts (calls, e-mails, etc.) are used by nearly a majority of respondents 76-100% of the time to obtain costs for home care (48.93%, n=114), facility projected evaluations (35.04%, n=82), medication(s) (34.19%, n=80), future medical care routine (32.33%, n=75), health/strength maintenance (31.91%, n=75), facility care (45.3%, n=106), and projected therapeutic modalities (36.71%, n=87).

While a majority of respondents (74.18%, n=181) obtain a specific number of cost quotes for each item identified in a life care plan, many life care planners indicated that this "depends/varies". The number of cost quotes varies from 1 (e.g., for equipment/large items) to 3-5 sources when possible or when the information is not available from databases. Some respondents reported that they give a range and some cite their sources. Others indicated that they get more quotes for services/products than for equipment and/or if costs vary greatly. The number of cost quotes may depend on availability and time. One respondent indicated that they "obtain the number needed to formulate an opinion".

As illustrated in Figure 3, the primary factor that affects decision-making regarding the number of cost quotes obtained is the availability of items or services in a geographic area (82.64%, n=200), followed by availability of current vendor appropriate cost (74.79%, n=181), item or service availability (73.14%, n=177), nature of the item or service itself (65.7%, n=159), and availability of national database(s) (50.83%, n=123). Respondents also identified other pricing factors as actual billing charges, sources used by the evaluatee, reliability of a costing source, and the "size of the range".

A majority of respondents (61.8%, n= 149) use billing codes greater than 50% of the time when requesting cost quotes. As illustrated in Figure 4, there was not a predominant online resource for identifying costs for items or services. The publication, *Dollar Value of a Day*, was cited as a proxy for childcare, home maintenance, housekeeping, and yard maintenance with Occupational Employment and Wage Statistics (US Bureau of Labor Statistics) wages for an evaluatee's metropolitan statistical area.

Figure 3

Factors that Affect Decision Making Regarding Number of Cost Quotes Obtained

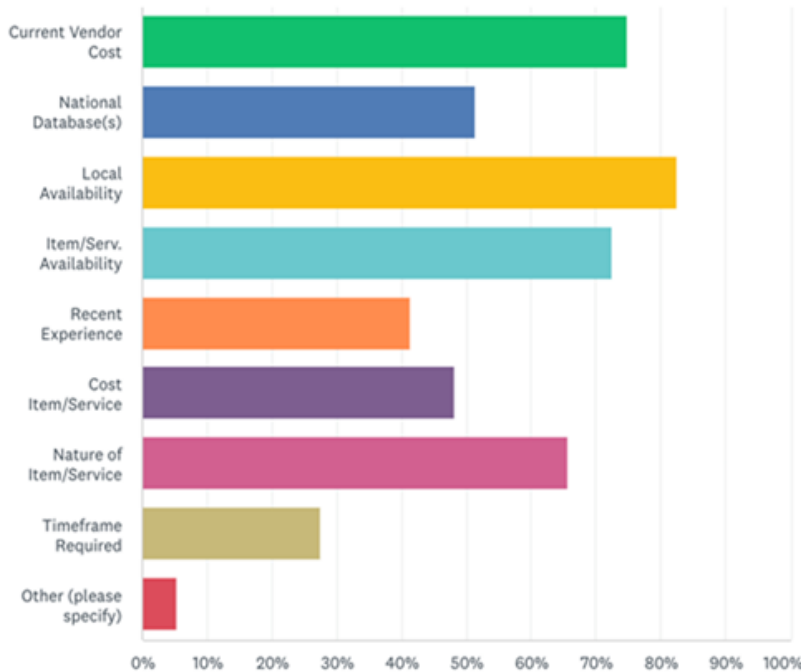
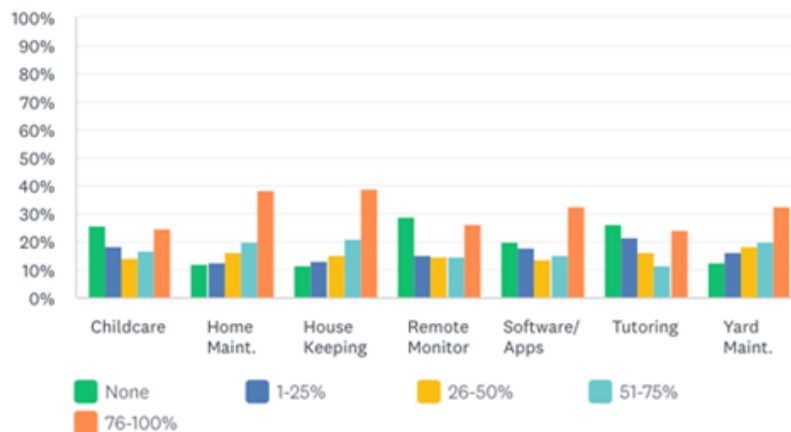


Figure 4

Online Resources Used for Identifying Costs for Items or Services



Although less than a majority of respondents (43.5%, n=104) included ancillary costs, a similar number include shipping (42.32%, n=102), while about one-third of the respondents included delivery or other membership services (37.32%, n=90) and assembly (34.85%, n=84). Maintenance was the most frequently cited write-in response. Some respondents noted that

ancillary costs are added into the overall cost of an item and not listed separately. A graphic depiction of the types of ancillary costs included in a life care plan is presented in Figure 5.

Figure 5

Inclusion of Ancillary Costs



A majority of respondents used cash prices (67.8%, n=160), established fee schedules (65.68%, n=155), and billed charges (64.83%, n=153); but did not use negotiated discounted rates (91.95%, n=217). Other cost sources were also used by a majority of respondents (75%, n=177). Write-in responses indicated that respondents use a variety of sources depending on availability/source of information, terminology of the area, and type of case and jurisdiction.

While a majority of respondents (50.21%, n=118) never identified collateral sources as a mechanism for funding a life care plan, 31.06% (n=73) do so if required by statute or case law and 28.94% (n=68) included when requested by a referral source. Write-in responses ranged from never to always, with some respondents indicating that they identify collateral sources so an evaluatee can use the information post-settlement. Other life care planners acknowledged collateral sources but did not include or identify what they are or do so in a document separate from the life care plan. Examples of collateral sources that were identified by some life care planners included drug plans, Individualized Education Plan or 504 Plan items, assistive devices, and universal health care (e.g., when there is a long-term established collateral funding program standard across the country).

Use of Databases

Published databases are relied upon by nearly a majority of respondents for aggressive medical/surgical intervention (46.38%, n=108), future medical care routine (45.38%, n=108), projected therapeutic modalities (44.26%, n=104), projected evaluations (42.62%, n=101), acute medical interventions (44.02%, n=103), medication(s) (43.46%, n=103), and diagnostic/educational testing (34.04%, n=80). As indicated in Figure 6, a majority of respondents report that they use GoodRX (72.69%, n=173) and FAIR Health (52.36%, n=127).

Database use also differed by professional orientation. As illustrated in Table 3, with the exception of Veterans Administration Reasonable Charges, nurses use databases more

frequently than rehabilitation counselors. Table 3 illustrates the frequency of use of such databases by each discipline.

Figure 6

Databases Used to Research Costs

(>51%)	(31%-50%)	(<30%)
<ul style="list-style-type: none"> • GoodRx, 73% • Fair Health, 54% 	<ul style="list-style-type: none"> • Am. Hosp. Directory, 48% • Glenworth Cost of Care, 47% • Medical Fees in the US, 46% • Physicians Fee Reference, 43% • VA Reasonable Charges, 37% • Hospital Chargemaster, 35% 	<ul style="list-style-type: none"> • Dept. of Labor, 26% • HCPCS Fee Analyzer, 25% • Context4 Healthcare, 24% • Other, 23% • Physicians Fee/Coding, 22% • State/Federal/Provincial, 21% • National Fee Analyzer, 16% • Red Book, 13% • HCUP, 12%

Table 3

Utilization Rate of Databases by Profession

Database	Nurse	Rehab Counselor
American Hospital Directory	40.00%	25.00%
Context4 Healthcare	21.54%	7.81%
Department of Labor	10.77%	21.09%
FAIR Health	38.46%	32.81%
Glenworth Cost of Care	41.54%	24.22%
GoodRX	58.46%	39.84%
HCPCS Fee Analyzer	26.92%	9.38%
HCUP Healthcare Utilization Project	10.00%	4.69%
Hospital Based Transparency (Chargemaster)	30.00%	18.75%
Medical Fees in the United States	36.92%	22.66%
National Fee Analyzer	10.77%	7.03%
Physicians Fee Reference	28.46%	22.66%
Physicians Fee and Coding Guide	13.08%	9.38%
Red Book: Pharmacy's Fundamental Reference	10.77%	4.69%
State/Federal/Provincial	13.08%	10.94%
Veterans Administration Reasonable Charges	31.54%	21.88%

Home Modification

Developing opinions with regard to home modifications, a contractor estimate/quote is the most frequently used resource, followed by the Veterans Administration home modification benefit, independent home accessibility evaluator/specialist, architect estimate/quote, and the literature. A majority of respondents (63.18%, n=127) do not rely on a rehabilitation engineer. Write-in responses included: Cost Helper (website), occupational therapist (if no independent home evaluator is available), own assessment, and consultation with an architect/engineer.

Home Healthcare Needs/Household Support

In forming opinions regarding home health care needs, a majority of respondents used the following sources 76 - 100% of the time:

- activities of daily living (ADL) standardized assessments (54.83%, n=142)
- evaluatee/family perspective or opinion regarding future needs (59.47%, n=157)
- life care planner expertise, education, training and/or experience (76.52%, n=202)
- physician recommendation (79.70%, n=212)
- published standard of care/guidelines (58.85%, n=153)
- self (evaluatee/family) report of current usage (63.60%, n=166)

Home health care agency regulations are used by 47.47% (n=122) of the respondents and state regulations by 42% (n=105). While a majority of respondents (57.45%, n=135) included private/direct hire costs when presenting home care options, this may depend on whether agencies are available and if a family already has one in place/understands and has the means to hire individuals legally. A majority of respondents did not include additional costs for expenses such as food, utilities, and/or supplies when recommending live-in 24-hour care (48.93%, n=114). When recommending in-home supervision for a pediatric evaluatee, a majority of respondents (63.09%, n=147) considered the time that a parent would normally be expected to perform parenting duties 76-100% of the time.

In forming opinions regarding household support needs (e.g., cooking, cleaning, maintenance, shopping), a majority of respondents used the following sources 76 – 100% of the time:

- life care planner expertise, education, training and/or experience (75.67% (n=199)
- physician recommendations (70.19%, n=186)
- physical/occupational therapy evaluation (71.48%, n=188)
- self (evaluatee/family) report (63.85%, n=166)

Clinical practice guidelines were used by 40.64% (n=102) of the respondents and published evidence-based resources (e.g., *Dollar Value of a Day*) by 39.68% (n=100). Other sources included state agency regulations, functional capacity evaluations, Determination of Need Protocol, and permanent guidelines/assessments. A majority of respondents (57.87%, n=136) considered more than one residential care option when applicable, 76-100% of the time.

Pre-existing Conditions

Nearly all of the survey respondents (95.26%, n=241) documented pre-existing conditions but did not include related costs for goods and services (77.02%, n=191). About fifteen percent (14.92%, n=37) indicated that this depends on relevance, and/or if it affects a new injury (if aggravated by the incident in question; only including what needed/additional costs is over and above any pre-existing need). In addition, specific documentation of pre-existing conditions may not be specified, the costs may be shown as an offset, the conditions may be included for information purposes (not in tables), and/or they may be listed separately/itemized.

Complications

While a majority of respondents (84.19%, n=213) included a list of probable complications (complications that have a greater than 50% probability to occur), a majority of life care planners (60.08%, n=152) also included a list of potential complications (complications that are less than 50% probability) for an evaluatee. As reflected by write-in comments, inclusion of potential complications depends on the case/opinions of consulting experts. For example, some respondents included complications if these are well documented or discussed by treaters. Others may include the complications in defense plans, as a footnote, or without costs. If complications are included in a life care plan, a majority of respondents use the following sources to identify them:

- clinical practice guidelines (60.47%, n=153)
- life care planner expertise, education, training, and/or experience (64.03%, n=162)
- literature (64.82%, n=164)
- past medical history (58.89%, n=149)
- physician(s) (92.89%, n=235)
- other: evaluatee/family information/feedback, and/or medical records

Life Expectancy

For life expectancy opinions, a majority of respondents (68.24%, n=159) included discussion or referral to life expectancy in a life care plan 76-100% of the time. Similarly, a majority of respondents use life expectancy tables published by the government/state (75.11%, n=175) and/or defer to a physician or other qualified professional (66.95%, n=156).

Physician Review

After completing a life care plan, about 15% (n=34) request physician review (without signing off) on the entire plan; about one-third of the survey respondents (38.3%, n=89) do not. About a quarter of the respondents (25.43%, n=59) request physician(s) review and sign off on the entire plan 76-100% of the time, 33.19% (n= 77) do not. There was no significant difference between nurses (M = 1.68, SD = 1.49) and rehabilitation counselors (M = 1.33, SD = 1.45) regarding physician review without signoff, $t(159)=-1.53$, $p=.13$ or between nurses (M = 1.80, SD = 1.64) and rehabilitation counselors (M = 2.16, SD = 1.57) regarding physician review and signoff, $t(159)=-1.42$, $p=.16$.

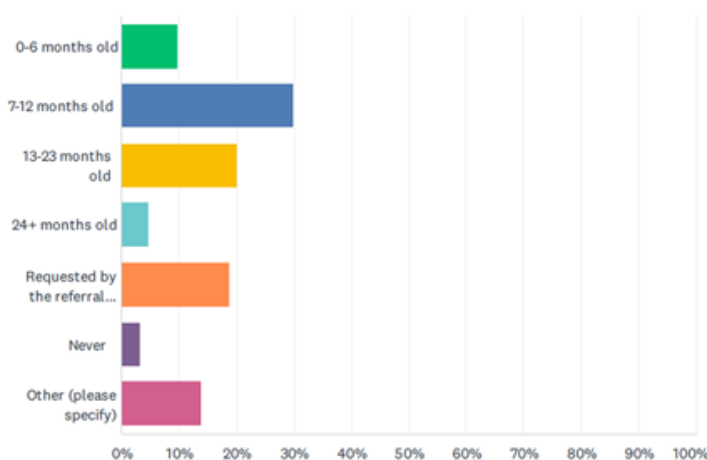
Plan Update(s)

Prior to testimony, about three in ten (30.16%, n=92) of the respondents indicated that they routinely update a life care plan if the plan is 7 to 12 months old, while twenty percent (n=61) indicated that they update the plan if it is 13-23 months old. About ten percent (9.84%, n=30) of survey respondents update a plan if it is up to six months old and 4.59% (n=14) update a plan if two years or older. Plans are updated only if requested by a referral source by 19.02% (n=58) and are never updated by 3.93% (n=12) of the survey respondents.

Write-in responses also indicated that the decision to update a plan is made on a case-by-case basis with comments like, “may depend on the trial schedule”, whether there is a change of condition/circumstances, and/or if there is new information received including updated medical records. In addition, some life care planners stated that they only update sections of a plan. Data on plan update timeframes are provided in Figure 7.

Figure 7

Prior to Testimony, Routinely Update a Life Care Plan



Report Organization

The final work product produced by a life care planner is the narrative report with tables or charts. In this section of the survey, data were collected about report documentation and the types of categories covered in a life care plan.

Documentation

As a testifying expert, a majority of respondents included the following items in their report 76-100% of the time:

- beginning/ending dates for items/services (86.22%, n=254)
- bibliography (53.88%, n=245)
- daily routine/schedule (50%, n=123)
- date of first contact (82.47%, n=207)
- date of life care plan (96.08%, n=245)
- date of referral (50.92%, n=148)
- durable medical equipment (88.45%, n=222)
- evaluations requested (66.4%, n=164)
- frequency/replacement schedule (94.49%, n=240)
- functional abilities (85.38%, n=216)
- life care plan tables/charts (91.37%, n=233)
- location of interview (86.2%, n=218)
- medical diagnoses (93.73%, n=239)
- medical summary/chronology (87.5%, n=224)
- medication regimen (93.28%, n=236)
- narrative report (87.6%, n=219)
- providers/professional consulted (89.33%, n=226)
- psychosocial/psychiatric diagnoses (83.86%, n=213)
- rationale/purpose for recommendations (87.35%, n=221)
- reason for referral (85.38%, n=216)
- recommended by source (80.32%, n=200)
- records received/reviewed (95.7%, n=245)

- referral source (86.75%, n=216)
- social/environmental profile (70.68%, n=176)
- summary of total costs (annual and/or lifetime (75.89%, n=192)
- supply consumption (67.48%, n=166)
- vendor list (64.8%, n=162)
- vocational/educational profile (61.69%, n=153)
- other records requested (56.64%, n=128)

The majority of respondents indicated that the following items are not included in expert reports:

- clinical practice guidelines (20.9%, n=51)
- collateral sources (33.47%, n=81)
- financial profile (44.77%, n=107)
- nursing diagnoses (46.64%, n=111)
- pictures (33.89%, n=81)
- Rule 26 disclosure (44.26%, n=108)

Areas Covered in a Life Care Plan

A majority of respondents listed recommendations in each life care plan using the following standardized categories:

- acute medical intervention (58.2%, n=142)
- aggressive medical/surgical intervention (62.45%, n=153)
- aids for independent function (82.07%, n=206)
- architectural renovations (63.6%, n=159)
- diagnostic/educational testing (68%, n=170)
- durable medical items (83.2%, n=208)
- facility care (62.65%, n=156)
- future medical care routine (83.2%, n=208)
- health and strength maintenance (62.65%, n=156)
- home care (75.3%, n=189)

- home furnishings/accessories (59.68%, n=148)
- medication(s) (86.96%, n=220)
- orthopedic equipment (68.55%, n=170)
- orthotics/prosthetics (69.72%, n=175)
- potential complications (56.73%, n=139)
- projected evaluations (81.67%, n=205)
- projected therapeutic modalities (84.52%, n=213)
- supplies (85.08%, n=211)
- transportation (75.4%, n=187)
- wheelchair accessories/maintenance (72.91%, n=183)
- wheelchair(s)/mobility (73.02%, n=184)

A vocational/educational plan was not included by 48.75% (n=117) of respondents. There were no significant differences in respondents by field of practice or years of experience. The most frequently cited “other” category was special or support services such as: trust management; guardianship fees; association memberships; case management; community connections; and leisure and recreation (e.g., considered by one respondent to be more descriptive than Health Maintenance). Legal/ fiduciary/ bookkeeping costs were also listed as considerations. Several respondents clarified that they may list the category but indicate that is “N/A” or “none anticipated at this time,” to be inclusive.

Alternative category headings were also reported. For example, respondents reported that rehabilitation interventions would include all acute and long term allied health recommendations rather than listing each separately; aids/devices would include durable goods and supplies; mobility would include wheelchairs, cushions, maintenance, crutches, walker, etc. Lastly, tables in the life care plan report were not always used.

Differences between Disciplines

The responses of three field of practice groups (nurses, rehabilitation counselors, other professionals) were analyzed to determine group differences for selected questions. Significant differences were found between field of practice and the following variables (listed alphabetically):

- addressing the potential need for vocational assessment
- age
- conducting an in-person interview when referred by a defense attorney
- discussion/reference to life expectancy
- hourly fees for case preparation/peer review/reports/deposition

- motion in limine/in-trial voir dire
- not requiring a retainer
- performing literature searches 76-100% of the time versus 75% or less
- physician review and sign off of the entire plan
- providing recommendations based on scope of practice
- providing written documentation if evaluatee interview is denied
- use of billing codes when requesting quotes
- using fee schedules
- using structured interview forms 76-100% of the time
- years of experience

Specifically, these were the resulting differences:

- addressing the potential need for vocational assessment: $[F(2, 256) = 9.13, p < .001]$. Post hoc comparisons using the Tukey HSD test indicated that the mean rate for nurses ($M = 2.1, SD = 1.5$) was significantly different than rehabilitation counselors ($M = 3.0, SD = 1.3$), with nurses being lower.
- age: $X^2(8, N = 328) = 38.74, p < .001$. Nurses (38%) were most likely to be in the 65+ age range compared to rehabilitation counselors (30%) and other fields of practice (26%).
- conducting an in-person interview when referred by a defense attorney: $X^2(2, N = 293) = 13.55, p < .001$. Nurses (20%) were least likely to do in-person interviews compared to rehabilitation counselors (43%) and other fields of practice (37%).
- discussion/reference to life expectancy: $X^2(2, N = 232) = 19.97, p < .001$. Nurses (83%) were most likely to discuss or reference life expectancy in greater than 75% of their life care plans compared to rehabilitation counselors (63%) and other fields of practice (56%).
- hourly fees for case analysis/preparation/peer review/reports: $[F(2, 315) = 6.07, p < .009]$. Post hoc comparisons using the Tukey HSD test indicated that the mean fees for nurses ($M = 2.4, SD = 0.9$) was significantly lower than those in the "other" category ($M = 2.8, SD = 1.5$) with others more likely to charge in the \$151-250 and \$251-\$350 per hour ranges while nurses charged in lower ranges.
- hourly fees for deposition: $[F(2, 298) = 4.28, p = .015]$. Post hoc comparisons using the Tukey HSD test indicated that the mean fees for rehabilitation counselors ($M = 3.8, SD = 1.7$) was significantly different than nurses ($M = 3.2, SD = 1.4$) with rehabilitation counselors more likely to charge in the \$251-\$350 and \$351-\$450 per hour ranges while nurses charged in lower ranges.

- motion in limine/in-trial voir dire: $X^2(2, N = 294) = 8.32, p = .02$. Rehabilitation counselors (50%) were most likely to have had life care plan testimony subjected to a motion in limine or in-trial voir dire compared to nurses (37%) and other fields of practice (30%).
- not requiring a retainer: $X^2(2, N = 102) = 22.10, p < .001$. When comparing between the responses of “no” and “other,” nurses (59%) selected “other” most often versus rehabilitation counselors (28%) and other professions (9%).
- performing literature searches 76-100% of the time versus those who do this 75% or less: $X^2(2, N = 264) = 7.89, p = .02$. Nurses (46%) were most likely to do a literature search 76 to 100% of the time versus rehabilitation counselors (27%) and other fields of practice (31%).
- physician review and sign off of the entire life care plan: $[F(2, 229) = 4.83, p = .009]$. Post hoc comparisons using the Tukey HSD test indicated that the mean rate for rehabilitation counselors ($M = 2.2, SD = 1.6$) was significantly different than the other category ($M = 1.4, SD = 1.6$) where rehabilitation counselors requested reviews more often.
- providing recommendations based on scope of practice: $X^2(2, N = 277) = 6.10, p = .05$. Rehabilitation counselors (96%) were most likely to provide recommendations based on scope of practice compared to nurses (90%) and other fields of practice (85%).
- providing written documentation when an evaluatee interview is denied: $X^2(2, N = 296) = 9.34, p < .001$. Other fields of practice (21%) were least likely to require this documentation compared to rehabilitation counselors (8%) and nurses (9%).
- use of billing codes when requesting quotes: $[F(2, 208) = 3.38, p = .036]$. Post hoc comparisons using the Tukey HSD test indicated that the rate for nurses ($M = 3.5, SD = 1.0$) was significantly different than rehabilitation counselors ($M = 3.0, SD = 1.2$) where nurses used billing codes more often.
- using fee schedules: $X^2(4, N = 236) = 13.64, p = .009$. Other fields of practice (79%) were most likely to use a fee schedule versus rehabilitation counselors (62%) and nurses (56%).
- using structured interview forms 76-100% of the time: $[F(2, 81) = 3.74, p = .028]$. Post hoc comparisons using the Tukey HSD test indicated that the mean rate for nurses ($M = 1.8, SD = 1.2$) was significantly different than those in the “other” category ($M = 1.0, SD = 1.2$). Nurses used structured interview forms more often, more likely in the 26-50% range.
- years of experience: $X^2(4, N = 352) = 23.01, p < .001$. Rehabilitation counselors (46%) were most likely to have 21+ years’ experience compared to nurses (34%) and other fields of practice (24%). This result may be that the specialty with the greatest number of early entrants into rehabilitation counseling were rehabilitation counselors followed by nurses and other specialties.

Years of Experience Differences

Respondents were divided into the three aforementioned groups to determine if there were differences in years of experience for selected questions (1-10 years, 11-20 years and 21+ years). Significant differences were found between years of experience and the following variables (listed alphabetically):

- billing method
- contact by a trust to determine if a life care plan is being followed
- contacting a family to see if the life care plan is being followed
- discussion/reference to life expectancy
- hourly fees for case analysis/preparation/peer review reports
- including private/direct hire costs in presenting home care options
- income
- motion in limine or in-trial voir dire
- percentage of plans completed for children
- percentage of work activities that is life care planning
- physician review with and without signoff
- providing written documentation when an evaluatee interview is denied
- serving as a case manager, counselor, therapist, or treatment provider
- taking photos of evaluatees' equipment
- testimony as an expert witness
- time since last rate increase

Specifically, these were the resulting differences:

- billing method: $X^2 (4, N = 325) = 18.33, p = .001$. Participants with <10 years' experience (21%) were most likely to bill both by the hour or by the plan compared to the 11-20 year (9%) and 21+ year group (10%).
- contact by a trust to determine if a life care plan is being followed: $X^2 (2, N = 232) = 11.11, p = .004$. Participants with <10 years' experience (11%) were least likely to have been contacted by a trust compared to the 11-20 year (26%) and the 21+ year group (32%).
- contacting a family to see if the life care plan is being followed: $X^2 (2, N = 232) = 6.13, p = .05$. Participants with <10 years' experience (17%) were least likely to contact families compared to the 11-20 year (29%) and the 21+ year group (33%).

- discussion/reference to life expectancy in a life care plan: $X^2(4, N = 232) = 15.46$, $p = .003$. Participants with <10 years' experience (81%) were most likely to discuss/reference life expectancy 76-100% of the time compared to the 11-20 year (64%) and the 21+ year group (59%).
- hourly fees for case analysis/preparation/peer review/reports: $[F(2, 315) = 3.70, p = .026]$. Post hoc comparisons using the Tukey HSD test indicated that the 10-20 year group ($M = 2.4, SD = 0.8$) differed from the 21+ year group ($M = 2.8, SD = 1.1$), where the latter group was higher.
- including private/direct hire costs in presenting home care options: $X^2(4, N = 234) = 16.11, p = .002$. Participants with <10 years' experience (73%) were most likely to provide these costs compared to the 11-20 year (54%) and the 21+ year group (46%).
- income: $[F(2, 342) = 21.18, p < .001]$. Post hoc comparisons using the Tukey HSD test indicated that the least experienced participants ($M = 3.0, SD = 2.3$) and the 10-20-year group ($M = 3.7, SD = 2.5$) differed from the 21+ year group ($M = 5.0, SD = 2.6$) where those with 21+ years of experience was significantly higher than the other two groups.
- motion in limine or in-trial voir dire: $X^2(2, N = 294) = 33.89, p < .001$. Respondents with 21+ years' experience (57%) were most likely to have had life care plan testimony subjected to motion in limine or in-trial voir dire compared to the 11-20 year (44%) and the <10 year group (18%).
- percentage of plans completed for children: $[F(2, 345) = 19.73, p < .001]$. Post hoc comparisons using the Tukey HSD test indicated that all three experience groups differed from one another, i.e., 1-10 years ($M = 0.9, SD = 0.8$), 11-20 years ($M = 1.2, SD = 0.8$), and 21+ years ($M = 1.5, SD = 0.7$) suggesting that as a life care planner gains greater experience, their potential for pediatric life care plan referrals increases.
- percentage of work activities that is life care planning: $[F(2, 345) = 10.04, p < .001]$. Post hoc comparisons using the Tukey HSD test indicated that the least experienced participants ($M = 2.4, SD = 1.3$) differed from the 10-20 year ($M = 2.9, SD = 1.1$) and the 21+ year group ($M = 2.9, SD = 1.1$) implying that those with less years of life care planning experience spend more time in other activities outside of life care plan than those with greater experience.
- physician review and signoff: $[F(2, 229) = 5.13, p = .007]$. Post hoc comparisons using the Tukey HSD test indicated that the least experienced group ($M = 1.4, SD = 1.6$) differed from the 21+ year group ($M = 2.2, SD = 1.5$).
- physician review without signoff: $[F(2, 229) = 5.05, p = .007]$. Post hoc comparisons using the Tukey HSD test indicated that the least experienced group ($M = 1.1, SD = 1.4$) differed from the 21+ year group ($M = 1.8, SD = 1.5$) where they were potentially less likely to request such a signoff.
- providing written documentation when an interview request is denied: $X^2(2, N = 296) = 6.12, p = .05$. Respondents with 21+ years' experience (94%) were most likely to ever

have provided any written documentation compared to the 11-20 year (84%) and the <10 year group (85%).

- serving as a case manager, counselor, therapist or treatment provider: $X^2(2, N = 327) = 7.95, p = .02$. Participants with 21+ years' experience (49%) were most likely to have served as a case manager compared to the 11-20 year (35%) and <10-year groups (32%).
- taking photographs of evaluatees' equipment 76 to 100% time: $X^2(2, N = 279) = 6.39, p = .04$. Participants with <10 years' experience (20%) were least likely to take photos 76-100% of the time compared to the 11-20 year (36%) and the 21+ year group (33%).
- testimony as an expert witness: $X^2(2, N = 290) = 19.00, p < .001$. Respondents with <10 years' experience (15%) were most likely to have never testified as an expert witness compared to the 11-20 year (5%) and 21+ year group (0%).
- time a parent would normally expect to perform parenting duties when recommending in-home supervision for a pediatric evaluatee: $X^2(4, N = 232) = 12.98, p = .011$. Participants with <10 years' experience (51%) were least likely to provide these recommendations more than 75% of the time compared to the 11-20 year (64%) and the 21+ year group (74%).
- time since last rate increase: $[F(2, 308) = 12.01, p < .001]$. Post hoc comparisons using the Tukey HSD test indicated that the least experienced group ($M = 1.4, SD = 1.4$) differed from both the 10-20 year group ($M = 2.2, SD = 1.6$) and the 21+ year group ($M = 2.3, SD = 1.5$) suggesting that, with greater experiences, life care planners were more likely to have increased their rate of pay in the selected period.

A list of the non-significant years of experience analyses is provided in Appendix C.

Trends

Much like the definition of a life care plan being a dynamic document so, too, is the practice of life care planning. With the completion of the *Life Care Plan Survey 2022*, data is now available over a 20-year time span. Although each survey has been built upon the results of prior efforts, updates to reflect issues in the field at the time are evident. For example, the term evaluatee replaced client in the 2009 survey and this carried over to 2022. The major question updates over time reflect changes in cost research such as the addition of multiple database choices, price transparency/chargemaster data, and detail regarding analysis of cost information (e.g., billing coded, cash prices, other cost sources, ancillary costs, online resources). In addition, the 2022 survey included expanded detail regarding medical records review and follow-up after plan completion (e.g., contact by a trust, implementation of a life care plan).

Across the 20-years of survey data, a majority of life care planners consistently indicate they:

- are not listed with an expert witness service
- conduct a medical records review

- conduct an in-person interview with an evaluatee 76 – 100% of the time (plaintiff referral)
- consult with physicians 76 – 100% of the time
- have a deposition as the primary type of testimony
- include a discussion/rationale for recommendations
- interview the evaluatee at home as the primary location for such meeting
- most frequently consult a neuropsychologist for a non-medical evaluation
- telephone or conduct an in-person interview with allied health professionals less than 50% of the time
- use a structured interview form 76 – 100% of the time
- use standardized categories for life care plans
- use standardized questionnaires to document information

Future Growth and Development

Life care planning will continue to evolve as the early entrants into the field increasingly pass the baton on to the second generation of life care planners. Goals for life care planning practice, better best practice methods, and areas for future training all reflect such transition of the emerging life care planning practice and practitioner.

Goals

The primary business goal identified by respondents is increasing efficiency (59.05%, n=137) followed by increasing life care plan referrals (41.81%, n=97). Retirement planning is cited by 37.5% (n=87) of the respondents.

Questions Regarding Best Practices

A majority of respondents indicated that the primary area of life care plan practice that creates questions regarding best practices is analyzing an opposing life care planner's opinion (51.29%, n=118). Over thirty percent of respondents are concerned with the following areas:

- age of data (42.24%, n=98)
- analyzing an opposing life care planner's methodology (46.55%, n=108)
- dealing with opinions of referring attorney that differ from the life care planner (31.47%, n=73)
- differing opinions of treatment providers (46.12%, n=107)
- obtaining cost information (46.26%, n=105)

Future Training

Over 30% of respondents wanted additional training in the following areas:

- assistive technology/equipment (38.36%, n=89)
- coding (42.24%, n=99)
- expert testimony (37.93%, n=88)
- foundation for life care plan recommendations (36.21%, n=84)
- use of databases (40.95%, n=95)

Write-in suggestions for training included benefits and problems with remote services, long-term COVID symptoms, retiring/retirement planning, and services for youth requiring 24-hour care (when not readily available). The most preferred training option is an in-person conference with multiple speakers/topics, followed by live/synchronous web-based training, dedicated topic seminars, and pre-recorded/asynchronous web-based training. Correspondence courses were the least preferred training option.

Rewards and Frustrations

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

Rewards

Consistent with past surveys (Neulicht et al., 2002; Neulicht et al., 2010), service to the evaluatee and their family through a comprehensive life care plan reflective of care needs topped the rewards identified by life care planners with the following comments reflective of these sentiments: “. . . drawing many pieces of information from many different sources together to produce a coherent plan of care that cannot only be used in the forensic setting, but also be helpful to the injured person and/or their family,” “when the life care plan is actually implemented and the individual shows benefit from it,” and “restoring hope.”

Almost as satisfying as providing a service to others, life care planners identified professional satisfaction as a reward, such as “providing an objective report,” “finishing a complex case with a good, reasonable, and defensible product,” and “the challenge of the work as no case is the same.”

Other rewards included:

- learning/professional development (e.g., “opportunity to learn with each and every referral”)
- providing autonomy and independence (e.g., “working from home, financial security, autonomy, flexible work schedule”)
- teaching (e.g., “education of all parties and evaluatees regarding current and future care needs”)
- using professional competencies (e.g., “higher level analytical skills”)

Frustrations

On the other hand, life care planners also commented on a several frustrations involved with their practice. Predominant in their frustrations were resource limitations either due to geographic, costing resources or professional standards, or provider availability, attitude, or competency. Such comments as “costing, lack of communication with MDs, offices, etc.” and “lack of costing resources in remote areas” echo these frustrations. This frustration seemed to go hand-in-hand with those involving the life care planner’s interaction with the transdisciplinary team (e.g., “chasing evaluatee or therapists for info,” “nonresponsive experts or physicians,” “missing expert witness reports”). Other frustrations fell into the realm of:

- adversarial environment (e.g., “that the defense and plaintiff counsel are at disparate positions” and “the contentious positions between plaintiff and defense retained life care planners”)
- colleague competency (e.g., “inexperienced professional calling themselves life care planners without proper training or ignoring a standards of practice”)
- deadlines (e.g., “timelines and delays”)
- logistics (e.g., “not being able to interview the evaluatee”)
- post plan implementation (e.g., “no implementation of the work product”)
- referral sources (e.g., “when a referral source has their own ideas of what
- should and should not be included in a life care plan”)
- unreasonable evaluatees (e.g., “managing difficult clients”)

Comments

Nearly 60 general comments were received. Many of these were about the thoroughness or length of the survey itself that will serve as helpful for the next life care planning survey. Several comments revolved around the application of some questions to Canada. Other comments were about disparate subjects like need for additional intra-disciplinary consensus, which discipline is favored in the courts, predicting life expectancy, contacting vendors or relying on bills for costs instead of relying on databases, having peer review boards in associations to oversee the use of proper life care planning methodology, awareness of conflicting standards of practice from adjunct disciplines, growing pushback from the legal field against life care planners, and the need for a unified voice in life care planning.

Survey Limitations and Strengths

The researchers reflect on limitations and strengths as a beacon to guide the next group of researchers taking on the task of surveying the contemporary life care planning practice.

Survey Limitations

Like all research, this study has limitations. Ideally, each member of a population would have an equal chance of being included in the sample. However, in the life care planning field, there is no one centralized or comprehensive listing of life care planners (Barros-Bailey et al., 2023)). Thus, three life care planning organizations agreed to distribute the survey access links and reminders to their members, including the AANLCP, ICHCC, and CRCC, while one organization declined. Additionally, posts to advertise the survey were included on the IARP International Academy of Life Care Planning Section message board. Due to privacy restrictions, researchers could not review and consolidate e-mail lists from the professional organizations; therefore, life care planners who are members of multiple professional organizations may have received multiple invitations to participate, and the total unique number of members contacted could not be calculated. To control for this, the survey landing page asked respondents to select which organizations sent their invitations and to verify that they would complete the survey only once. As individual organizations manage their own e-mail lists, the research team is unaware of the number of undeliverable e-mails, although anticipate this is controlled by regular updates via registration requirements to each organization.

While the generalizability of results may be limited to the extent that survey respondents represent the population of life care planners, the number of respondents and respondent demographics presented in this survey suggest consistency with prior life care planning surveys and good confidence that the current sample is representative of the population of life care planners. Per the limitations of the surveys conducted in 2001 and 2009 (Neulicht et al., 2002; Neulicht et al., 2010), it is not possible to determine a population count of life care planners in the absence of a publicly available centralized listing. Overall, 396 survey respondents were eligible to proceed with the survey as active life care planners, satisfying the required response rate for populations up to 10,000 individuals (using a 95% confidence interval, $\pm 5\%$). Further, the *Life Care Planning Survey 2022* response rate exceeds that of the 2001 survey (n= 209) (Neulicht et al., 2002), 2009 survey (n = 222) (Neulicht et al., 2010), and the 2021 survey regarding the impact of the COVID-19 pandemic on remote life care planning practice (n = 207, Barros-Bailey et al. (2023)).

Survey Strengths

The *Life Care Planning Survey 2022* is the third such survey completed, providing important longitudinal data over the span of 20 years, following similar surveys conducted in 2001 and 2009 examining the process, methods, and protocols of life care planning. The 2022 survey, based on the format used in 2001/2009, was further refined and developed by a committee of 8 life care planners representing different geographical regions from across the United States and Canada, and different health care and rehabilitation backgrounds, with a combined 170 years of experience as life care planners. The co-chairs have been involved in

authoring all three life care plan surveys over the past 20 years. The committee met regularly to review the survey content coverage, relevance and clarity of questions and response options, and questionnaire organization. Questions deemed no longer relevant to life care planning practice were eliminated. To reduce the time burden on the survey respondent, a save and resume function, and progress tracker were used, combined with multiple response styles (e.g., checkboxes, write-in options) to promote efficient responses. The survey was piloted with a group of content experts, refined, and updated before the formal launch. A tailored design method was used to increase the response rate (Dillman et al., 2014) via the use of multiple notifications (e.g., “save the date,” launch, reminder, and closure) to respondents through life care planning organizations. Continuing education units were approved as an incentive to encourage respondents to complete the entire survey from three organizations, with CLCP/CCLCP (5 contact hours, 2 ethics), CNLCP (5 contact hours), and CRC/CCRC (1 contact hour). To access the CEU certificate, respondents completed the survey and selected that they would like the CEU certificate. Finally, the statistical analysis was completed by an experienced statistician, and the content analysis of write-in responses was completed by a team of life care planners. Integrating both quantitative and qualitative data enables the use of complementary data to advance a multi-faceted understanding of the research questions (Creswell, 2014). Response rate is not the only consideration for a survey (Greenlaw & Brown-Welty, 2009). Demographic data in this survey is consistent with the prior comparators (Barros-Bailey et al., 2023; Neulicht et al., 2002; Neulicht et al., 2010), with the majority of respondents being female (78.64%), most often between the ages of 56-65 years (29.38%), with professional backgrounds as nurses (36.16%) or rehabilitation counselors (35.62%), with the majority actively engaged in life care planning for 6 or more years (82.71%).

Discussion

The *Life Care Plan Survey 2022* key findings suggest both consistencies and changes in methodologies and business practices within the field of life care planning. The comparison with data from previous years, specifically 2001 and 2009, helps to identify trends and potential implications for life care planners.

Life Care Plan Survey 2022 results parallel the 2001 and 2009 data for demographics such as gender and geographic distribution, roles, and functions of a life care planner, as well as for protocols/plan development; however, the 2022 data reveals findings that may potentially have implications for life care planners. The 2022 survey revealed field of practice differences regarding topics such as the potential need for a vocational assessment, discussion of life expectancy, use of billing codes when obtaining cost quotes, and physician signoff of the entire plan. The variations in practices across different disciplines may indicate the need for additional discussion to create best practices and ensure consistency while respecting individual as well as discipline related scopes of practice. Another area where differences were noted is with regard to years of experience. Individuals with less than 10-years of experience are least likely to contact a family to see if the life care plan is being followed, include private hire costs, consider normal parenting duties when recommending in-home supervision for a pediatric evaluation, take photographs of equipment and less likely to request physician review without signoff. Experienced life care planners, especially those who are retiring and have a historical foundation, can play a crucial role in guiding colleagues to ensure that methodology and protocols adhere to published peer-reviewed life care planning

literature.

A significant survey finding is that the majority of life care planners are aging, with most being 55 years or older and planning to transition to retirement in the next decade. This trend is particularly true for nurse life care planners. This trend presents a business opportunity for younger, well-trained life care planners who can adhere to established standards of practice and capitalize on the potential market gap. The suggestion to develop continuing education programs that address retirement transition or succession planning is valuable for the profession's growth.

A majority of life care planners belong to one or more life care planning organizations. Although most respondents prefer in-person conferences, seminars and workshops, professional organizations can consider marketing the practice of life care planning to recruit new life care planners through implementation of multiple strategies: online presence/social media, networking/collaboration, professional development/training, outreach/education/mentorship, and professional support. By implementing these strategies, professional organizations can effectively market the practice of life care planning, raise awareness, and attract new life care planners to join their ranks.

While most business practices have remained the same over time, some findings reflect change. A majority of the 2022 respondents practice as an owner in an independent practice with employees/subcontractors, whereas in 2009, the majority practiced without employees or subcontractors. In 2022 the respondents indicated that they use employees or subcontractors to assist in clerical, cost research, proofreading, literature review/research, and medical records review/analysis. The shift in business practices, where more life care planners are employing employees or subcontractors, raises legal considerations, especially regarding government regulations in some states and national levels. Staying informed about changing regulations is recommended including seeking legal advice as needed to ensure compliance.

Survey data suggests that over the years (2001-2022), an increasing number of life care planners require a signed letter of agreement and a retainer before initiating work on a case. This may reflect improved business practices to address common delays inherent in litigated cases that may be extended for years with ever-changing timelines as well as the need for plan updates due to advances in medical treatment and technology. In 2001, life care planners reported varying their fee/rate schedules for non-testifying and testifying services. By 2009, fee/rate schedules tended to merge into a single pricing structure. In 2009, respondents indicated that they did not charge a different rate for rush work, research assistance, or administrative services. By 2022, most respondents report that they charge a different rate for rush/accelerated services reflecting adaptations to meet evolving client demands and timelines. These adjustments demonstrate an understanding of the industry's dynamics and a commitment to efficient service delivery. The inclusion of professional liability insurance by over 80% of the respondents as a prudent business practice is noteworthy, indicating an awareness of risk management and protection for both the life care planners, evaluatees, and referral sources.

Although a majority of respondents reported that they have not served in the role of a case manager, counselor, therapist, or treatment provider on a case after completing a life care plan, or after another person completed a life care plan, this may not be due to a failure of life care planners to deliver services. Rather, it could be due to the nature of a forensic

practice as well as ethical issues involving dual roles. However, most respondents do not provide the family with a copy of the plan or contact evaluatees/families to determine if the plan is being followed. This suggests potential opportunities for further research and exploration of the impact of life care plans on individuals with a disability. More discussion with the professionals who manage care and financial planning after case resolution is recommended with targeted training programs to educate them about the long-term benefits associated with the use of a life care planner for plan implementation and re-evaluation over time.

The majority of respondents request and review records, request an in-person interview of the evaluatee, use a structured interview form, standardized checklists, clinical practice or standard of care guidelines, and consult with physicians in addressing medical recommendations. The consistent use of standardized tools, interviews, and consultations with physicians among life care planners signifies a standardized and disciplined approach to practice. It also highlights the consistency in educational training programs offered in the field, contributing to the professionalism of life care planners.

Responses to questions regarding costing in life care plans acknowledge the ongoing debate and the need for further guidance and education in this area. The IALCP Summit in 2022 surveyed members of the life care community regarding the costing of goods and services identified in life care plans, which resulted in a participant request for the development of a costing framework to help guide life care plan costing. The 2022 survey data confirms the need for further discussion and education in the field. There was no survey consensus in responses to questions asking for definitions of charge and cost – commonly used terms in life care planning. In addition, the factors affecting the resources used and the number of cost quotes obtained varied as did the presentation of cost information in life care plans. Some respondents reported that they utilize collateral sources as a mechanism for funding the life care plan while others never identify collateral sources. The variation in obtaining and presenting cost information in life care plans emphasizes the importance of addressing these issues to enhance consistency and credibility.

Even though most life care planners are experienced in providing testimony, a majority have yet to have testimony subjected to a motion in limine or in-trial voir dire. In addition to traditional venues (e.g., deposition, court, hearings, mediation/arbitration), respondents testify in child support/guardianship/administrative hearings, state legislature and international settings. The need for additional training and education to address legal challenges demonstrates an awareness of potential obstacles faced by life care planners during testimony and the importance of staying prepared.

Conclusion

The *Life Care Plan Survey 2022* updates data from prior surveys and represents the most comprehensive longitudinal survey to date on the practices of life care planners. Results provide a foundation upon which practitioners can compare their methods to responses from peers across the nation. The survey documents changes in life care planning over time and provides further foundation for understanding the multidisciplinary aspects of life care planning, best practices as well as protocols used by responding life care planners. As in 2001 and 2009, results indicate that while respondents report methodology and protocols which parallel role and function studies, educational programs, published standards, and certification guidelines, there is a trend toward more precise business practices, data collection, and

reports/life care plans that contain more detail. Costing remains a primary issue in life care planning. Based on survey and write-in responses, many variables affect life care planning decision making which reflect individualized plans and professional critical thinking. As the specialty practice of life care planning continues to grow, it remains important to continue to reflect on areas of new development, as well as to refine roles, scope/standards of practice, competencies, and future research needs.

The authors encourage all life care planners to consider survey results as they apply to their practice. What do the results mean for life care planning best practices? Do your protocols match the majority of respondents in areas such as providing a rationale for recommendations, making recommendations within your scope of practice, what is kept in a file, information requested at referral, records reviewed, evaluations to consider, and categories most often used in a life care plan? What are your “take aways” from this survey and how will this impact your methods and protocols? How can these results lead to further research and discussion?

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Appendix A

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Introduction

The purpose of this research is to update the life care plan surveys of 2001 and 2009 (Neulicht, et al.). This study provides longitudinal data over the span of 20 years, using the process, methods, and protocols of life care planning.

The Foundation for Life Care Planning and Rehabilitation Research (FLCPRR) is funding this research.

Your answers are confidential (there is no way we can track your responses back to you). There is no known risk to your participation and you can withdraw from this study at any time. This research has been approved as exempt by Capital University's Institutional Review Board (IRB).

We estimate you will take about 60 minutes to answer this survey. If you do not finish it in one sitting, you can come back and complete it.

The study results will be reported through life care planning publications or presentations in the future.

Life care planners wishing to receive 5 (2 Ethics) CLCP/CCLCP, 5 CNLCP, and 1 CRC/CCRC continuing education units (CEUs) for completing this survey will receive a link to the Certificate of Completion at the end.

For general questions, please contact: aneulicht@gmail.com

For technical questions, please contact: mary@bilingualrehab.com (not the organization that disseminated the link to this survey)

Thank you for your participation!

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* This survey is intended to focus on life care planning activities. To be eligible to complete it, respondents must be actively engaged in life care planning activities in the past year as a life care planner (completed and submitted at least one life care plan to a referral source).

If you check either of the first two options below, you will be taken to the end of the survey. Note that the survey can only be completed once per IP address.

- I provide life care plan research or work under the direction of a life care planner (but am not a life care planner myself).
- I have completed life care plan training / education but have not submitted a life care plan to a referral source within the past year.
- I have completed and submitted at least one life care plan to a referral source in the last year.

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Introduction

* What source(s) sent you the invitation to this survey? (check all that apply)

- American Association of Nurse Life Care Planners (AANLCP)
- International Association of Rehabilitation Professionals (IARP)
- International Commission on Health Care Certification (ICHCC)
- The survey link was forwarded to me by another life care planner

* **Unless otherwise specified, please answer the survey questions considering a typical year of your primary practice before the pandemic.**

- Yes, I will consider a typical year of my practice before the pandemic.**

* I verify that I am completing this survey only once.

- Yes
- No

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Demographic & Professional Practice

* My *primary* business practice is located in:

- United States
- Canada
- Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year
Perspective

Demographic & Professional Practice

* In what state or territory is your *primary* business practice located in?

- | | |
|--|--------------------------------------|
| <input type="radio"/> Alabama | <input type="radio"/> Missouri |
| <input type="radio"/> Alaska | <input type="radio"/> Montana |
| <input type="radio"/> Arizona | <input type="radio"/> Nebraska |
| <input type="radio"/> Arkansas | <input type="radio"/> Nevada |
| <input type="radio"/> California | <input type="radio"/> New Jersey |
| <input type="radio"/> Canal Zone | <input type="radio"/> New Mexico |
| <input type="radio"/> Colorado | <input type="radio"/> New York |
| <input type="radio"/> Connecticut | <input type="radio"/> North Carolina |
| <input type="radio"/> Delaware | <input type="radio"/> North Dakota |
| <input type="radio"/> District of Columbia | <input type="radio"/> Ohio |
| <input type="radio"/> Florida | <input type="radio"/> Oklahoma |
| <input type="radio"/> Georgia | <input type="radio"/> Oregon |
| <input type="radio"/> Guam | <input type="radio"/> Pennsylvania |
| <input type="radio"/> Hawaii | <input type="radio"/> Puerto Rico |
| <input type="radio"/> Idaho | <input type="radio"/> Rhode Island |
| <input type="radio"/> Illinois | <input type="radio"/> South Carolina |
| <input type="radio"/> Indiana | <input type="radio"/> South Dakota |
| <input type="radio"/> Iowa | <input type="radio"/> Tennessee |
| <input type="radio"/> Kansas | <input type="radio"/> Texas |
| <input type="radio"/> Kentucky | <input type="radio"/> Utah |
| <input type="radio"/> Louisiana | <input type="radio"/> Vermont |
| <input type="radio"/> Maine | <input type="radio"/> Virgin Islands |
| <input type="radio"/> Maryland | <input type="radio"/> Virginia |
| <input type="radio"/> Massachusetts | <input type="radio"/> Washington |
| <input type="radio"/> Michigan | <input type="radio"/> West Virginia |
| <input type="radio"/> Minnesota | <input type="radio"/> Wisconsin |
| <input type="radio"/> Mississippi | <input type="radio"/> Wyoming |

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Demographic & Professional Practice

* In what province or territory is your *primary* business practice located in?

- | | |
|---|--|
| <input type="radio"/> Alberta | <input type="radio"/> Nunavut |
| <input type="radio"/> British Columbia | <input type="radio"/> Ontario |
| <input type="radio"/> Manitoba | <input type="radio"/> Prince Edward Island |
| <input type="radio"/> New Brunswick | <input type="radio"/> Quebec |
| <input type="radio"/> Newfoundland and Labrador | <input type="radio"/> Saskatchewan |
| <input type="radio"/> Northwest Territories | <input type="radio"/> Yukon |
| <input type="radio"/> Nova Scotia | |

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Demographic & Professional Practice

* My *primary* profession related to life care planning is:

- | | |
|--|---|
| <input type="radio"/> <u>Counselor</u> | <input type="radio"/> Psychologist |
| <input type="radio"/> Nurse | <input type="radio"/> <u>Rehabilitation Counselor</u> |
| <input type="radio"/> Occupational Therapist | <input type="radio"/> Social Worker |
| <input type="radio"/> Physical Therapist | <input type="radio"/> Speech Therapist |
| <input type="radio"/> Physician | |
| <input type="radio"/> Other (please specify) | |

* Select the highest degree earned related to life care planning:

- | | |
|---|--|
| <input type="radio"/> Diploma, Nursing | <input type="radio"/> Master's Degree |
| <input type="radio"/> Associate Degree, Nursing | <input type="radio"/> Doctorate or Professional Degree |
| <input type="radio"/> Baccalaureate Degree | |
| <input type="radio"/> Other (please specify) | |

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Demographic & Professional Practice

* I hold the following certification(s) (check all that apply):

- ABPP
- ABVE
- ACSW
- CCC-SLP
- CCLCP
- CCM
- CDMS
- CLCP
- CMC
- CMCP
- CNLCP
- CPLCP
- CRC
- CRRN
- CVE
- LNCC
- MSCC
- NCC
- Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Demographic & Professional Practice

* Please check the life care planning organization(s) in which you hold an active membership. (check all that apply)

- American Association of Nurse Life Care Planners (AANLCP)
- International Association of Rehabilitation Professionals / International Academy of Life Care Planners (IARP / IALCP)
- Physician Life Care Planning (PLCP)
- Other (please specify)

* I am an active member of a professional listerv / Internet community associated with life care planning.

- Yes
 No

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Demographic & Professional Practice

* My current practice setting is or are: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Attorney's office | <input type="checkbox"/> Owner / independent practice (without employees / subcontractors) |
| <input type="checkbox"/> Hospital / rehabilitation facility | <input type="checkbox"/> Private entity (as an employee or subcontractor) |
| <input type="checkbox"/> Insurance company | <input type="checkbox"/> Public entity (as an employee or subcontractor) |
| <input type="checkbox"/> Owner / independent practice (with employees / subcontractors) | |
| <input type="checkbox"/> Other (please specify) | |

* I rely on others (e.g., contracted workers, staff) to assist me in the following areas (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Vocational assessment / evaluation |
| <input type="checkbox"/> Cost research | <input type="checkbox"/> Medical records analysis / review |
| <input type="checkbox"/> Evaluatee interview | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> Literature review / research | <input type="checkbox"/> I do not rely on others to assist me in my practice |
| <input type="checkbox"/> Resource identification | |
| <input type="checkbox"/> Other (please specify) | |

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Demographic & Professional Practice

* I was practicing in the field of rehabilitation and / or working with people with disabilities prior to my work as a life care planner for:

- 0 years 21-30 years
 1-5 years 31+ years
 6-10 years N / A
 11-20 years

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

- <1 year
 1-5 years
 6-10 years
 11-20 years
 21-30 years
 31+ years

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Demographic & Professional Practice

* On average, I complete ___ life care plans per year.

- <10 31-40
 11-20 41-50
 21-30 51+

* Of the life care plans I have completed in my career ___ were with children (ages 0-21).

- 0% 51-75%
 1-25% 76-100%
 26-50%

* Current life care planning activities constitute ___ of my work activities.

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

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Demographic & Professional Practice

* On average, my gross annual business income is ____.

- | | |
|---|---|
| <input type="radio"/> <\$100,000 | <input type="radio"/> \$250,001-\$300,000 |
| <input type="radio"/> \$100,001-\$150,000 | <input type="radio"/> \$300,001-\$350,000 |
| <input type="radio"/> \$150,001-\$200,000 | <input type="radio"/> \$350,001-\$400,000 |
| <input type="radio"/> \$200,001-\$250,000 | <input type="radio"/> \$400,001+ |

* Do you carry professional liability insurance?

- Yes
 No

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Demographic & Professional Practice

* Who is the carrier for your professional liability coverage?

* What is your age?

- | | |
|-----------------------------|--|
| <input type="radio"/> <24 | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34 | <input type="radio"/> 65+ |
| <input type="radio"/> 35-44 | <input type="radio"/> Prefer not to disclose |
| <input type="radio"/> 45-54 | |

* What is your gender?

- Female
 Male
 Prefer not to disclose
 Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Perspective

Referral Sources & Client / Evaluee Profiles

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

- Attorneys
- Evaluatee and / or family
- Financial planners
- Governmental agencies (e.g., Department of Justice, Veterans Administration)
- Insurance companies (e.g., auto, health)
- Other (please specify)
- Physicians
- Rehabilitation facilities
- Structured settlement companies
- Trust administrators
- Workers' compensation (e.g., government, insurance company, self-insured)

* I prepare life care plans for the following types of cases (check all that apply):

- Chronic illness (e.g., MS)
- Environmental exposure
- Marital dissolution
- Medical malpractice
- Other (please specify)
- Personal injury or accident
- Pharmaceutical
- Settlement planning
- Vaccine injury

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

- Yes
- No
- N / A

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Referral Sources & Client / Evaluee Profiles

* I have received ___ referrals from a paid expert witness service.

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Referral Sources & Client / Evaluee Profiles

* Of the referrals received from attorneys over the past five years, the percentage of referrals I receive as a dually-retained (e.g., agreed upon by plaintiff and defense) life care planner is:

- 0% 51-75%
 1-25% 76-100%
 26-50%

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

- 0% 51-75%
 1-25% 76-100%
 26-50%

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

- 0%. 51-75%.
 1-25%. 76-100%.
 26-50%.

* On average, I review and analyze ___ opposing expert life care plans per year to provide a non-testifying consulting opinion in a litigation situation.

- 0 21-30
 1-10 31-50
 11-20 51+

* On average, I review and analyze ___ opposing expert life care plans per year to provide a testifying expert opinion in a litigation situation.

- 0 21-30
 1-10 31-50
 11-20 51+

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Referral Sources & Client / Evaluee Profiles

* Over the past five years, I have served in the role of a case manager, counselor, therapist, or treatment provider on a case, then later developed the life care plan.

- Yes
 No

* Over the past five years, I have completed a life care plan then subsequently served in the role as a case manager, counselor, therapist, or treatment provider on the case after I completed a life care plan.

- Yes
 No

* Over the past five years, I have served in the role of a case manager, counselor, therapist, or treatment provider on a case after another person completed a life care plan.

- Yes
 No

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

* I (or the company I work for) bill:

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

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

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

- Yes
 No

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year

Perspective

Agreements, Retainers, & Fees

* The average total number of hours required to complete a life care plan is:

* The minimum total number of hours required to complete a life care plan is:

* The maximum total number of hours required to complete a life care plan is:

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

* Do you have varying rates for different types of cases?

- Yes
 No

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

- Yes
 No
 N / A

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

* My hourly fees for court testimony are:

- | | |
|--|--|
| <input type="radio"/> Less than or equal to \$150 per hour | <input type="radio"/> \$451-\$550 per hour |
| <input type="radio"/> \$151-\$250 per hour | <input type="radio"/> \$551-\$650 per hour |
| <input type="radio"/> \$251-\$350 per hour | <input type="radio"/> \$651+ per hour |
| <input type="radio"/> \$351-\$450 per hour | |

* My hourly fees for deposition testimony are:

- Less than or equal to \$150 per hour
- \$151-\$250 per hour
- \$251-\$350 per hour
- \$351-\$450 per hour
- \$451-\$550 per hour
- \$551-\$650 per hour
- \$651+ per hour
- N / A

* My hourly fees for case analysis, preparation, peer review, or reports are:

- Less than or equal to \$150 per hour
- \$151-\$250 per hour
- \$251-\$350 per hour
- \$351-\$450 per hour
- \$451-\$550 per hour
- \$551-\$650 per hour
- \$651+ per hour

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

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

- Yes
- No
- Other (please specify)

* I require a retainer before initiating work on a case.

- Yes
- No
- Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

* The amount of my retainer is:

- Less than or equal to \$1,000 \$3,001-\$4,000
 \$1,001-\$2,000 \$4,001-\$5,000
 \$2,001-\$3,000 \$5,001+

I (or the company I work for) accept rush / accelerated services.

- Yes
 No

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

* I (or the company I work for) charge a different fee for rush / accelerated services.

- Yes
 No

* My (or the company I work for) rate for rush / accelerated services is ___% higher.

* I (or the company I work for) defines rush services as:

- Less than or equal to 14 days 46-60 days
 15-29 days 61-75 days
 30-45 days 76-90 days
 Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

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

- Yes
 No

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

* The different rate we charge for travel is ___% higher / lower than the hourly case analysis rate.

% higher

% lower

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

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

Yes

No

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

* My (or the company I work for) non-testifying consultant rate is ___% higher / lower than the hourly case analysis rate.

% higher

% lower

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

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

- Yes
- No
- N / A

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

* My (or the company I work for) rate for research assistance is ___% higher / lower than the hourly life care planner rate.

% higher

% lower

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

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

- Yes
- No

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Agreements, Retainers, & Fees

* My (or the company I work for) rate for administrative services is ___% higher / lower than the hourly life care planner rate.

% higher

% lower



Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

* I last raised my rates:

- <1 year ago
- 2 years ago
- 3 years ago
- 4 years ago
- 5+ years ago
- I have never raised my rates.

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

* The last time I raised my rates, I raised them by ___%.

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Agreements, Retainers, & Fees

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

- Never a problem
- Bar association complaint
- Collection service
- Other (please specify)
- Contact referral source
- Retain private legal representative
- Small claims court

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Testimony

* Over my career, I have testified as an expert witness regarding a life care plan ___ number of times in the following settings:

Deposition	<input type="text"/>
Federal Court	<input type="text"/>
State / Provincial / Regional Court	<input type="text"/>
Workers' compensation hearing	<input type="text"/>
Mediation / arbitration	<input type="text"/>
Marital dissolution	<input type="text"/>
Other (please specify)	<input type="text"/>

* To my knowledge, over my career, my life care planning testimony has been subject to a motion in limine (USA) or in-trial voire dire (CAN) ___ times.

* Prior to testimony, I routinely update a life care plan if it is:

- 0-6 months old
 24+ months old
 7-12 months old
 Requested by the referral source
 13-23 months old
 Never
 Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Data Collection & File Management

* I routinely include the following in my electronic / paper case files (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Academic records | <input type="checkbox"/> Invoices received |
| <input type="checkbox"/> Case generated documents | <input type="checkbox"/> Invoices sent |
| <input type="checkbox"/> Case notes | <input type="checkbox"/> Life care plan |
| <input type="checkbox"/> Copies of time (contact / activity) sheets | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> Cost research | <input type="checkbox"/> Narrative report |
| <input type="checkbox"/> E-mail correspondence to / from evaluatee and / or family | <input type="checkbox"/> Records summary |
| <input type="checkbox"/> E-mail correspondence to / from other professionals | <input type="checkbox"/> Therapeutic records |
| <input type="checkbox"/> E-mail correspondence to / from referring source and / or legal counsel | <input type="checkbox"/> Written correspondence to / from evaluatee and / or family |
| <input type="checkbox"/> Employment records | <input type="checkbox"/> Written correspondence to / from other professionals |
| <input type="checkbox"/> Interview notes and / or forms | <input type="checkbox"/> Written correspondence to / from referral source and / or legal counsel |
| <input type="checkbox"/> Interview summary | |

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Data Collection & File Management

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

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

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Data Collection & File Management

* At the time of referral, I routinely request the following information verbally and / or in writing (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Answers to interrogatories | <input type="checkbox"/> Name of opposing attorney(s) |
| <input type="checkbox"/> Billing records | <input type="checkbox"/> Name(s) of retained experts |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Neuropsychology / psychology / psychotherapy / counseling records |
| <input type="checkbox"/> Day-in-the-life videos or family journals | <input type="checkbox"/> Pharmacy / medication records |
| <input type="checkbox"/> Employment records | <input type="checkbox"/> Retainer |
| <input type="checkbox"/> Evaluatee contact information | <input type="checkbox"/> School records |
| <input type="checkbox"/> Expert reports | <input type="checkbox"/> Service contract / letter of agreement |
| <input type="checkbox"/> Family depositions | <input type="checkbox"/> Signed consent form |
| <input type="checkbox"/> Medical depositions | <input type="checkbox"/> Social Security records |
| <input type="checkbox"/> Medical records | <input type="checkbox"/> Tax returns |
| <input type="checkbox"/> Military records | <input type="checkbox"/> Therapy records (e.g., PT, OT, SLT, Early Intervention) |

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Data Collection & File Management

* I request a personal interview with the evaluatee.

- Yes
 No
 Other (please specify)

* If a request for evaluatee interview is denied, I provide written documentation ___ of the time.

- | | |
|------------------------------|-------------------------------|
| <input type="radio"/> None | <input type="radio"/> 51-75% |
| <input type="radio"/> 1-25% | <input type="radio"/> 76-100% |
| <input type="radio"/> 26-50% | |

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

- N / A
- 1-25%
- 26-50%
- 51-75%
- 76-100%

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Data Collection & File Management

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

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

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

- None
- 1-25%
- 26-50%
- 51-75%
- 76-100%
- I do not provide services on non-litigated cases

* The average amount of time I spend conducting in-person interviews with the evaluatee and / or family is ___ hours.

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Data Collection & File Management

* When conducting an in-person interview, I typically use the following location (rank order options: 1=most preferred; 7=least preferred):

- Colleague's office
- Evaluee's home
- My office
- Private location (e.g., MD's office, rehabilitation facility / hospital, court reporter's office)
- Public location (e.g., restaurant, library, airport, hotel)
- Referral source office (e.g., attorney, adjuster)
- N / A

* In the process of completing a life care plan, I use a structured interview form ___ of the time.

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

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

- Yes
- No

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

- Yes
- No

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Data Collection & File Management

* I independently request a signed consent from an evaluatee ___ of the time for plaintiff referred cases.

- None

 51-75%
 1-25%

 76-100%
 26-50%

* I independently request a signed consent from an evaluatee ___ of the time for defense / insurance referred cases.

- None

 51-75%
 1-25%

 76-100%
 26-50%

* I video the evaluatee (not including day-in-the-life videos) ___ of the time.

- None

 51-75%
 1-25%

 76-100%
 26-50%

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

- None

 51-75%
 1-25%

 76-100%
 26-50%

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Data Collection & File Management

* My role in evaluatee video(s) involves (check all that apply):

- Advising

 Editing
 Appearing and educating

 Narrating
 Coordinating

 Videotaping
 Directing
 Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Data Collection & File Management

* I take photographs of the evaluatee's equipment and home ___ of the time.

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

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Data Collection & File Management

* Do you have a photo release signed by the evaluatee?

- Yes
- No

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* In forming life care plan opinions, I review the medical records ___ of the time:

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

* In developing a life care plan, I review / use clinical practice or standard of care guidelines _
___ of the time.

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

* In developing a life care plan, I only make recommendations that are within my professional scope of practice.

- Yes
- No
- Other (please specify)

* In completing the medical records review, I identify and analyze the following (check all that apply):

- Detailed timeline of medical and therapeutic care
- General course of medical and therapeutic care
- Hospitalizations
- Other (please specify)
- Providers
- Specialized consultations

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* In completing the medical records review, I consider the following content (check all that apply):

	Pre-existing	Incident-related
Academic records	<input type="checkbox"/>	<input type="checkbox"/>
Assessment outcomes	<input type="checkbox"/>	<input type="checkbox"/>
Avocational activities	<input type="checkbox"/>	<input type="checkbox"/>
Barriers (e.g., geographic, cultural, access, other)	<input type="checkbox"/>	<input type="checkbox"/>
Diagnoses - primary	<input type="checkbox"/>	<input type="checkbox"/>
Diagnoses - secondary	<input type="checkbox"/>	<input type="checkbox"/>
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>
Evaluee subjective complaints	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Services (EMS)	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator's - observations	<input type="checkbox"/>	<input type="checkbox"/>

Evaluee symptom changes over time	<input type="checkbox"/>	<input type="checkbox"/>
Family dynamics	<input type="checkbox"/>	<input type="checkbox"/>
Funding - denial	<input type="checkbox"/>	<input type="checkbox"/>
Funding - approval	<input type="checkbox"/>	<input type="checkbox"/>
Medical conditions	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations for attendant care	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations for other	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations for treatment	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations for equipment and supplies	<input type="checkbox"/>	<input type="checkbox"/>
Relevant diagnostic test results	<input type="checkbox"/>	<input type="checkbox"/>
Services provided - attendant care	<input type="checkbox"/>	<input type="checkbox"/>
Services / items provided - equipment	<input type="checkbox"/>	<input type="checkbox"/>
Services provided - evaluatee compliance	<input type="checkbox"/>	<input type="checkbox"/>
Services provided - other	<input type="checkbox"/>	<input type="checkbox"/>
Services provided - therapy	<input type="checkbox"/>	<input type="checkbox"/>
Vocational activities	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* Do you include a medical records review in your life care plan report?

- Yes
- No
- Other (please specify)

* I typically use information from the following publications, sources, or texts:

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* In forming opinions regarding home health care needs, I use the following sources:

	None	1-25%	26-50%	51-75%	76-100%
Activities of Daily Living (ADL) standardized assessments / checklists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluee / family perspective or opinion regarding future needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare / rehabilitation professionals / opinion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health care agency recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My expertise, education, training, and / or experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician recommendation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Published standard of care / guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self (evaluee / family) report of current usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* In forming opinions regarding household support needs (e.g., cooking, cleaning, maintenance, shopping), I use the following sources:

	None	1-25%	26-50%	51-75%	76-100%
Clinical practice guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My expertise, education, training, and / or experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PT / OT evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Published evidence-based resources (e.g., Dollar Value of a Day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self (evaluation / family) report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>				

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* When direct physician or allied health input for recommendations are not available and / or outside my scope of practice, I rely on (rank order options: 1=most frequently used; 6=least frequently used):

- Clinical practice or standard of care guidelines
- Expert testimony
- Literature / published data
- Medical records
- My expertise, education, training, and / or experience
- Other

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* In developing a life care plan, I perform and use a literature search ___ of the time.

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

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

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

* In the process of completing a life care plan, I conduct a remote interview (e.g., telephone / videoconference) with physician(s) ___ of the time.

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

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* In the process of completing a life care plan, I conduct an in-person interview with physician(s) ___ of the time.

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

* In the process of completing a life care plan, I prepare a questionnaire for physicians to complete ___ of the time.

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

* Following interview / consultation with physician(s), I follow-up with written confirmation _
_ of the time.

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

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year
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Developing Life Care Plan Report & Recommendations

* In the process of completing a life care plan, I request additional medical evaluations __ of
the time.

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

* In addressing medical recommendations, I consult with allied health / education
professionals __ of the time (e.g., PT, OT, teacher, psychologist).

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

* In the process of completing a life care plan, I conduct a remote interview (e.g., telephone /
videoconference) with allied health / education professionals __ of the time (e.g., PT, OT,
teacher, psychologist).

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

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year
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Developing Life Care Plan Report & Recommendations

* In the process of completing a life care plan, I conduct an in-person interview with allied health / education professionals ___ of the time.

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

* In the process of completing a life care plan, I prepare a questionnaire for allied health / education professionals to complete ___ of the time.

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

* Following interview / consultation with allied health / education professionals, I follow-up with written confirmation ___ of the time.

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

* In the process of completing a life care plan, I request additional non-medical (allied health/education) professional evaluations ___ of the time.

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

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* In the process of completing a life care plan, over the past five years I have requested the following non-physician evaluations (as case appropriate): (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Assistive technology / adaptive equipment | <input type="checkbox"/> Occupational therapy / ADL assessment |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Orientation and mobility evaluation |
| <input type="checkbox"/> Driver evaluation | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Prosthetic evaluation |
| <input type="checkbox"/> Functional capacity evaluation | <input type="checkbox"/> Psychology / counseling |
| <input type="checkbox"/> Home care | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Music therapy | <input type="checkbox"/> Wheelchair seating evaluation |
| <input type="checkbox"/> Neuropsychology / cognition | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | |

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* In the process of completing a life care plan opinion, I address the potential need for a vocational assessment ___ of the time.

- | | |
|------------------------------|-------------------------------|
| <input type="radio"/> None | <input type="radio"/> 51-75% |
| <input type="radio"/> 1-25% | <input type="radio"/> 76-100% |
| <input type="radio"/> 26-50% | |

* Have you been asked to team with a life care planner from another discipline to develop or review a life care plan for the same evaluee?

- Yes
 No

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

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

	None	1-25%	26-50%	51-75%	76-100%
Beginning / ending dates for items / services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bibliography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical practice guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collateral sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily routine / schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of first contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of life care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable medical equipment list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluations requested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial profile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency / replacement schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LCP tables / charts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of interview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical diagnoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical summary / chronology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication regimen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narrative report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing diagnoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers / professionals consulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial / psychiatric diagnoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rationale / purpose for recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reason for referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommended by (source)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Records received / reviewed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research articles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule 26 disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social / environmental profile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summary of total costs (annual and / or lifetime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supply consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vendor list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational / educational profile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other records requested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Developing Life Care Plan Report & Recommendations

* I list recommendations in each life care plan using standardized categories such as these:

	Yes	No	Varies	Never
Acute medical intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive medical / Surgical intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aids for independent function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Architectural renovations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic / Educational testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable medical items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Future medical care routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and strength maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home furnishings / Accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthotics / Prosthetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projected evaluations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projected therapeutic modalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational / Educational plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheelchair accessories / Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheelchair(s) / Mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* I include a discussion / rationale of / for recommendations in the life care plan ___ of the time.

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

* I document pre-existing conditions within the report.

- Yes
 No
 Other (please specify)

* I include a list of potential complications (complications that are less than 50% probability to occur) for an evaluatee in my life care plan.

- Yes
 No
 Other (please specify)

* I include a list of probable (complications that have greater than 50% probability to occur) for an evaluatee in my life care plan.

- Yes
 No
 Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Developing Life Care Plan Report & Recommendations

* If complications are included in a life care plan, I use the following sources to identify them (check all that apply):

- Clinical practice guidelines
- Literature
- My expertise, education, training and / or experience
- Other (please specify)
- Past medical history
- Physician(s)

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Costing Recommendations

In your own words, define a charge:"

In your own words, define a cost:

* I include costs for goods and services related to pre-existing conditions in the life care plan.

- Yes
- No
- Other (please specify)

* I obtain costs for items and / or services recommended in a life care plan using the following resources:

	none	1-25%	26-50%	51-75%	76-100%
Catalogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current vendors or providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local vendors or providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manufacturers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My office cost file or database	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National databases with geographic adjustment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National databases without geographic adjustment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price transparency data published by hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Costing Recommendations

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

- Evaluatee and / or family preferences
- Geographic location
- My experience with the item or service
- My experience with the vendor or provider
- Other (please specify)
- Referral source request
- Time frames for completion of life care plan
- Treating physician preferences

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

- Yes
- No
- Other (please specify)

* I obtain a specific number of cost quotes for each item identified in a life care plan.

- Yes
- No
- Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Costing Recommendations

* What factors affect decision making regarding the number of cost quotes obtained? (check all that apply)

- Availability of current vendor appropriate cost
- Availability of national database(s)
- Availability of items or services in geographic area
- Item or service availability
- Other (please specify)
- Recent experience with the item or service costs
- The cost of the item or service
- The nature of the item or service itself
- Timeframe required by the referral source

* I obtain more than one cost quote on individual items or services.

- Never obtain more than one cost quote
- Routinely obtain more than one cost quote
- Varies - only when item or service cost appears to be higher than usually found
- Varies - only when item or service is out of the ordinary
- Varies - depends on the item or service (describe)

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Costing Recommendations

* I use billing codes ___ of the time when requesting cost quotes.

- All

 51-75%
 1-25%

 76-100%
 26-50%

 N / A in my region

* I discount to present value the cost of the items in life care plan ___ of the time.

- None

 51-75%
 1-25%

 76-100%
 26-50%

* In identifying costs for items in the life care plan, I include ancillary costs such as (check all that apply):

- Assembly

 Tax
 Delivery or other membership services (e.g., Care.com, Prime)

 None
 Shipping
 Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Costing Recommendations

* In identifying costs for items or services in the life care plan I use the following online resources ___ of the time.

	None	1-25%	26-50%	51-75%	76-100%
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House keeping (e.g., cleaning, laundry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remote medical monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Software and apps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yard maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Costing Recommendations

* In forming opinions with regard to home modification cost, I use ___ of the time.

	None	1-25%	26-50%	51-75%	76-100%
Architect estimate / quote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contractor estimate / quote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent home accessibility evaluator / specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation engineer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA home modification benefit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (frequency and please provide examples)

* I use the following databases when researching costs (check all that apply):*

- | | |
|--|---|
| <input type="checkbox"/> American Hospital Directory | <input type="checkbox"/> Hospital Based Transparency (ChargeMaster) |
| <input type="checkbox"/> Context4 Healthcare | <input type="checkbox"/> Medical Fees in the United States |
| <input type="checkbox"/> Department of Labor | <input type="checkbox"/> National Fee Analyzer |
| <input type="checkbox"/> Fair Health | <input type="checkbox"/> Physicians Fee Reference |
| <input type="checkbox"/> Genworth Cost of Care | <input type="checkbox"/> Physicians Fee and Coding Guide |
| <input type="checkbox"/> GoodRx | <input type="checkbox"/> Red Book: Pharmacy's Fundamental Reference |
| <input type="checkbox"/> HCPCS Fee Analyzer | <input type="checkbox"/> State / Federal / Provincial |
| <input type="checkbox"/> HCUP Healthcare Utilization Project | <input type="checkbox"/> Veterans Administration Reasonable Charges |
| <input type="checkbox"/> Other (please specify) | |

* I use personal contacts (calls, emails, etc.) to obtain costs for goods and services ___ of the time in each of the following categories.

	None	1-25%	26-50%	51-75%	76-100%
Acute medical intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive medical / Surgical intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aids for independent function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Architectural renovations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic / Educational testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable medical items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Future medical care routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and strength maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home furnishings / Accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthotics / Prosthetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projected evaluations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projected therapeutic modalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational / Educational plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheelchair accessories / Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheelchair(s) / Mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* I use published databases that provide costs for goods and services ___ of the time in each of the following categories.

	None	1-25%	26-50%	51-75%	76-100%
Acute medical intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive medical / Surgical intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aids for independent function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Architectural renovations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic / Educational testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable medical items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Future medical care routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and strength maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home furnishings / Accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthotics / Prosthetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projected evaluations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projected therapeutic modalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational / Educational plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheelchair accessories / Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheelchair(s) / Mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Costing Recommendations

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Costing Recommendations

* When developing a life care plan, I use cash prices:

- Yes
- No
- Other (please specify)

* When developing a life care plan, I use billed charges:

- Yes
- No
- Other (please specify)

* When developing a life care plan, I use negotiated discount rates:

- Yes
- No
- Other (please specify)

* When developing a life care plan, I use established fee schedules:

- Yes
- No
- Other (please specify)

* When developing a life care plan, I use other cost sources:

- Yes
 No
 Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Costing Recommendations

* I identify collateral sources as a mechanism for funding a life care plan in the following situations (check all that apply):

- Never
 If required by statute or case law
 Life care plan Implementation
 Life care planning consultation / analysis (i.e., rebuttal)
 Other (please specify)
- Trust case management
 Vaccine Act referrals
 When requested by referral source

* When applicable, I consider more than one residential care option ___ of the time.

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

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

- Yes
 No
 Other (please specify)

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Costing Recommendations

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

- None

 51-75%
 1-25%

 76-100%
 26-50%

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

- None

 51-75%
 1-25%

 76-100%
 26-50%

* I include discussion or reference to life expectancy in a life care plan ___ of the time.

- None

 51-75%
 1-25%

 76-100%
 26-50%

* For life expectancy opinions I (check all that apply):

- Defer to a physician or other qualified professional

 Use life expectancy cited in literature
 Give my professional opinion

 Use life expectancy tables published by the government / state
 Use actuarial / rated age tables

 Use statutory life expectancy tables (i.e., court defined)
 Other (please specify)

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Report Review & Follow Up

* After completing a life care plan, I request physician(s) review only (without signing off) on the entire life care plan ___ of the time.

- None

 51-75%
 1-25%

 76-100%
 26-50%

* After completing a life care plan, I request physician(s) review and sign off on the entire life care plan ___ of the time.

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

* I review the life care plan with the evaluatee and / or family ___ of the time.

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

* I provide a copy of the life care plan to the evaluatee and / or family ___ of the time.

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

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Report Review & Follow Up

* I ask the referral source to provide a copy of the life care plan to the evaluatee and / or family ___ of the time.

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

* I collaborate with or provide information to an economist to clarify life care plan entries / information ___ of the time.

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

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

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

* I sign the life care plan report ___ of the time.

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

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Report Review & Follow Up

* If you do not sign the life care plan report, describe why?

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Report Review & Follow Up

* I am asked to assist in the development of questions for the opposing life care plan expert witness in ___ of my cases.

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

* I have contacted ___ evaluatees / families to determine if the life care plan is being followed.

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

* I am contacted by a trust or another entity to determine if the life care plan is being followed ___ of the time.

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

* I am asked to implement a life care plan ___ of the time.

- None

 51-75%
 1-25%

 76-100%
 26-50%

 N / A to my practice

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Business Goals & Professional Development

* Over my career, I have mentored ___ life care planners (formally or informally), excluding supervision of employees or staff.

- None
 1-5
 6-10
 11+

* My business / professional goals include (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Change my mix of referral sources | <input type="checkbox"/> Increase life care plan referrals |
| <input type="checkbox"/> Decrease case management referrals | <input type="checkbox"/> Provide more consultation |
| <input type="checkbox"/> Decrease life care plan referrals | <input type="checkbox"/> Raise rates |
| <input type="checkbox"/> Downsize employees and / or sub-contractors | <input type="checkbox"/> Retirement planning |
| <input type="checkbox"/> Hire more employees and / or sub-contractors | <input type="checkbox"/> Transition from employee to business owner |
| <input type="checkbox"/> Increase case management referrals | <input type="checkbox"/> N / A |
| <input type="checkbox"/> Increase efficiency | |
| <input type="checkbox"/> Other (please specify) | |

* I plan to begin actively transitioning to retirement from life care planning activities over the next ___ years (i.e., reducing the number of files, reducing number of work hours).

- 0-2 years

 11+ years
 3-5 years

 Undetermined
 6-10 years

* When do you plan to stop accepting referrals for new life care planning cases?

- 0-2 years
- 3-5 years
- 6-10 years
- 11+ years
- Undetermined

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Business Goals & Professional Development

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

- Age of data
- Analyzing an opposing life care planner's methodology
- Analyzing an opposing life care planner's opinions
- Collecting fees
- Confidentiality
- Dealing with opinions of referring attorney that differ from mine
- Differing opinions of treatment providers
- Discussing the plan with the attorney while in development
- Dual relationships
- Evaluatee informed consent
- Other (please specify)
- Marketing practices
- Medical coding
- Obtaining cost information
- Preparing files for deposition
- Recommending further evaluation(s)
- Recommending specific experts
- Setting / establishing fees
- Use of research staff
- Using cost information obtained for other cases
- None of the above

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Business Goals & Professional Development

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

- | | |
|--|---|
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Assistive technology / equipment | <input type="checkbox"/> Malpractice issues |
| <input type="checkbox"/> Back injury | <input type="checkbox"/> Medical treatment technologies |
| <input type="checkbox"/> Birth trauma (e.g., CP, Erb's Palsy, MR) | <input type="checkbox"/> Multiple trauma |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Office / business technologies / transition to remote work |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Orthopaedic injuries |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Environmental exposure (e.g., lead, asbestos, chemical sensitivity) | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Ethical Issues | <input type="checkbox"/> Records management |
| <input type="checkbox"/> Expert testimony | <input type="checkbox"/> Spinal cord injury |
| <input type="checkbox"/> Foundation for life care plan recommendations | <input type="checkbox"/> Transplantation |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Use of databases |
| <input type="checkbox"/> Other (please specify) | |

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Business Goals & Professional Development

* I prefer the following types of training options (rank order options: 1=most preferred; 5=least preferred):

- In-person conferences with multiple topics / speakers
- In-person dedicated topic seminars / workshops
- Correspondence course
- Web-based training (live / synchronous)
- Web-based training (pre-recorded / asynchronous)

Life Care Plan Survey 2022: Process, Methods, and Protocols - A 20-Year Perspective

Business Goals & Professional Development

* On average, I complete ___ continuing education hours on topics specific to life care planning each year:

- <10
- 11-20
- 21-30
- Other (please specify)
- 31-40
- 41+

* The most rewarding part of life care planning is:

* The most frustrating part of life care planning is:

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Business Goals & Professional Development

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

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Continuing Education Units (CEUs)

Thank you for completing this online questionnaire for the Life Care Planning Survey 2022.

Do you wish to receive continuing education units (CEUs)?

- No
- Yes, for CRC/CCRC, please make this selection (if you are also CLCP/CCLCP or CNLCP, you will be able to also access those CEUs with this selection)
- Yes, for CLCP/CCLCP or CNLCP, please make this selection

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

Certificate of Completion (CEU Document)

Thank you for your participation!

Click here: [Certificate of Completion](#) to receive your CEU document.

Because your personal information is not collected, this is the ONLY time you can download and/or print the Certificate of Completion that will open in a separate browser tab.

Life Care Plan Survey 2022: Process, Methods, and Protocols – A 20-Year Perspective

CRCC: Online Survey Evaluation

The Commission on Rehabilitation Counselor Certification (CRCC) requires your completion these five questions to receive your continuing education Certificate of Completion.

After the completion of the following questions, you will be directed to the Certificate of Completion, which also includes CEU information if you are a CLCP/CCLCP and/or a CNLCP.

*** Learning Outcomes**

	To a great extent	To a moderate extent	To a slight extent	Not at all
#1: Survey questions prompted self-reflection regarding protocols, procedures, and methodologies in my life care planning practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Survey questions reinforced my best practices as a life care planner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** Content**

	Agree	Moderately agree	Moderately disagree	Disagree
Survey content was free from commercial bias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survey questions were comprehensive, relevant, and timely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survey technology was user friendly and appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Comments

Thank you for your participation!

Click here: [Certificate of Completion](#) to receive your CEU document.

Because your personal information is not collected, this is the ONLY time you can download and/or print the Certificate of Completion that will open in a separate browser tab.'

Appendix B
Non-Significant Differences Across Field of Practice

- amount of time conducting in-person interviews
- ask referral source to provide copy of life care plan (none vs. other categories)
- bill by the plan and by the hour
- case manager, counselor, therapist or treatment provider role
- complete life care plans on children
- conduct in-person interview in cases referred by defense attorneys (> 51%)
- conduct in-person interview with physician(s)
- consider more than one residential option (76-100% vs. all other categories)
- consider normal parental time when recommending in-home supervision for pediatric cases (none vs. 1- 75% vs. 76 - 100%)
- consult allied health/education professionals (75% or less; all categories except 76-100%)
- consult with physician(s) (75% or less of the time; all categories except 76-100%)
- contact evaluatees to determine if life care plan is being followed
- different rate for court/deposition
- different rate for research services
- different rate for travel
- for 24-hour care, include additional costs for expenses (none vs. other categories)
- gross annual business income
- hourly fees for court testimony (none - 75%)
- hours to complete life care plan
- identify collateral sources as a mechanism for funding a life care plan
- implement a life care plan
- include a list of potential complications
- include a list of probable complications
- include ancillary costs (none of the time)
- include medical records review (no/other)

- include private/direct hire costs
- last raised rates
- life care plan activity as % of practice
- maintain closed files (6 years or less, indefinitely, do not maintain)
- no liability insurance
- obtain a signed photo release (yes responses)
- obtain a specific number cost quotes
- obtain more than one cost quote on individual items or services
- perform literature search (76-100% vs. 75% or less)
- provide copy of life care plan to evaluatee/family (none vs. other categories)
- request physician review only
- request physician review/sign off
- request signed consent for plaintiff referred cases (none - 75%)
- retainer (no/other)
- review life care plan with evaluatee/family
- signed agreement (no/other)
- signed consent defense: group differences for (none - 75%)
- standardized categories (n/a to 51 - 75%; other than 76-100%)
- take photographs of equipment
- team with a life care planner from another discipline
- testify as expert witness
- types of cases for retiring respondents
- update a life care plan
- use billed charges
- use cash prices
- use clinical practice or standard of care guidelines
- use contracted workers
- use established fee schedules

- use negotiated discount rates
- use standardized checklists to document information (no responses)
- use standardized checklists to manage life care plan process (no responses)
- varying rates for different types of cases
- written documents if request for evaluatee interview is denied (none)

Appendix C

Non-Significant Differences Across Years of Experience

- address the potential need for a vocational assessment
- age
- amount of time conducting in-person interviews
- ask referral source to provide copy of life care plan (none vs. other categories)
- complete life care plans on children
- conduct an in-person interview in cases referred by defense attorneys (> 51
- conduct an in-person interview in cases referred by plaintiff attorneys (n/a to 51 - 75%; other than 76-100%)
- conduct in-person interview with physician(s)
- consider more than one residential option (76-100% vs. all other categories)
- consult allied health/education professionals (75% or less; all categories except 76-100%)
- consult with physician(s) (75% or less of the time; all categories except 76-100%)
- different rate for court/deposition
- different rate for research services
- different rate for travel
- for 24-hour care, include additional costs for expenses (none vs. other categories)
- gross annual business income
- hourly fees for court testimony
- hourly fees for deposition testimony
- hours to complete a life care plan
- identify collateral sources as a mechanism for funding a life care plan
- include ancillary costs (none of the time)
- include medical records review (no/other)
- include potential complications (no/other)
- include probable complications (no/other)
- life care plan activity as % of practice

- maintain closed files (6 years or less, indefinitely, do not maintain)
- make recommendations within scope of practice (no/other)
- no liability insurance
- obtain a signed photo release
- obtain a specific number cost quotes
- obtain more than one cost quote on individual items or services
- perform a literature search (76-100% vs. 75% or less)
- provide copy of life care plan to evaluatee/family (none vs. other categories)
- request a signed consent for defense referred cases (none - 75%)
- request a signed consent for plaintiff referred cases (none - 75%)
- retainer (no/other)
- review life care plan with evaluatee/family
- signed agreement (no/other)
- team with a life care planner from another discipline
- types of cases for retiring respondents
- update life care plan
- use a structured interview form (none - 75%)
- use billed charges
- use billing codes when requesting cost quotes
- use cash prices
- use clinical practice or standard of care guidelines
- use contracted workers:
- use established fee schedules
- use negotiated discount rates
- use standardized checklists to document information
- use standardized checklists to manage life care plan process (no responses)
- varying rates for different types of cases

- maintain closed files (6 years or less, indefinitely, do not maintain)
- make recommendations within scope of practice (no/other)
- no liability insurance
- obtain a signed photo release
- obtain a specific number cost quotes
- obtain more than one cost quote on individual items or services
- perform a literature search (76-100% vs. 75% or less)
- provide copy of life care plan to evaluatee/family (none vs. other categories)
- request a signed consent for defense referred cases (none - 75%)
- request a signed consent for plaintiff referred cases (none - 75%)
- retainer (no/other)
- review life care plan with evaluatee/family
- signed agreement (no/other)
- team with a life care planner from another discipline
- types of cases for retiring respondents
- update life care plan
- use a structured interview form (none - 75%)
- use billed charges
- use billing codes when requesting cost quotes
- use cash prices
- use clinical practice or standard of care guidelines
- use contracted workers:
- use established fee schedules
- use negotiated discount rates
- use standardized checklists to document information
- use standardized checklists to manage life care plan process (no responses)
- varying rates for different types of cases

**Life Care Plan Survey 2022: Process, Methods and Protocols –
A 20-year Perspective**

AT-A-GLANCE

The following At-A-Glance summary is intended to assist the reader in referencing the Life Care Plan Survey 2022 statistics more readily for comparison to an individual practice profile and as a foundation to promote future discussion in the evolution of the practice of life care planning.

Please note that in the Life Care Plan Survey 2022 article, some of the data was collapsed to provide information on protocols for a majority of respondents; thus additional and more specific information may be found in the At-A-Glance summary for some of the survey questions. Percentages and data are presented more specifically in the following chart.

Rick Robinson
Robinson Work Rehabilitation

LIFE CARE PLAN SURVEY 2022: PROCESS, METHODS AND PROTOCOLS AT-A- GLANCE		
What source(s) sent you the invitation to this survey? (check all that apply) (N=372)	n	%
International Association of Rehabilitation Professionals (IARP)	223	59.95%
International Commission on Health Care Certification (ICHCC)	173	46.51%
American Association of Nurse Life Care Planners (AANLCP)	74	19.89%
Link was forwarded by another Life Care Planner	7	1.88%
My primary business practice is located in: (N=367)		
United States	323	88.01%
Canada	42	11.44%
Other	2	0.54%
In what state or territory is your primary business practice located in? (United States) (N=324)		
Florida	35	10.80%
California	30	9.26%
Texas	24	7.41%
Louisiana	22	6.79%
Ohio	17	5.25%
Pennsylvania	17	5.25%
Virginia	14	4.32%
Washington	14	4.32%
North Carolina	11	3.40%
Colorado	10	3.09%
New York	10	3.09%
South Carolina	10	3.09%
New Jersey	9	2.78%
Georgia	8	2.47%
Arizona	7	2.16%
Maryland	7	2.16%
Montana	7	2.16%
Illinois	6	1.85%
Massachusetts	6	1.85%
Michigan	6	1.85%
Missouri	6	1.85%
Nevada	6	1.85%
Arkansas	4	1.23%
Oklahoma	4	1.23%
Connecticut	3	.93%
Iowa	3	.93%
Maine	3	.93%
Minnesota	3	.93%
Alabama	2	.62%
Hawaii	2	.62%
Indiana	2	.62%
Kansas	2	.62%
Kentucky	2	.62%
Mississippi	2	.62%
New Mexico	2	.62%
Wisconsin	2	.62%
Delaware	1	.31%
Idaho	1	.31%

Oregon	1	.31%
Utah	1	.31%
Virgin Islands	1	.31%
Wyoming	1	.31%
Alaska	0	0.00%
Canal Zone	0	0.00%
District of Columbia	0	0.00%
Guam	0	0.00%
Nebraska	0	0.00%
North Dakota	0	0.00%
Puerto Rico	0	0.00%
Rhode Island	0	0.00%
South Dakota	0	0.00%
Tennessee	0	0.00%
Vermont	0	0.00%
West Virginia	0	0.00%
In what province or territory is your primary business practice located in? (Canada) (N=42)		
Ontario	32	76.19%
New Brunswick	5	11.9%
Quebec	3	7.14%
Alberta	1	2.38%
British Columbia	1	2.38%
Manitoba	0	0.00%
Newfoundland and Labrador	0	0.00%
Northwest Territories	0	0.00%
Nova Scotia	0	0.00%
Nunavut	0	0.00%
Prince Edward Island	0	0.00%
Saskatchewan	0	0.00%
Yukon	0	0.00%
My primary profession related to life care planning is: (N=365)		
Nurse	132	36.16%
Rehabilitation Counselor	130	35.62%
Occupational Therapist	34	9.32%
Physician	24	6.58%
Other	8	2.19%
Counselor	10	2.74%
Physical Therapist	12	3.29%
Social Worker	10	2.74%
Psychologist	5	1.37%
Speech Therapist	0	0.00%
Select the highest degree earned related to life care planning: (N=365)		
Master's Degree	181	49.59%
Baccalaureate Degree	91	24.93%
Doctorate or Professional Degree	69	18.90%
Associate Degree, Nursing	14	3.84%
Diploma, Nursing	9	2.47%
Other	1	0.27%
I hold the following certification(s) (check all that apply): (N=363)		
CLCP	271	74.66%
CRC	121	33.33%

CCM	106	29.20%
Other	98	27.00%
CNLCP	50	13.77%
CDMS	41	11.29%
MSCC	38	10.47%
ABVE	29	7.99%
CCLCP	29	7.99%
LNCC	27	7.44%
CRRN	21	5.79%
CVE	20	5.51%
CMC	6	1.65%
NCC	6	1.65%
CPLCP	3	0.83%
ABPP	1	0.28%
CCC-SLP	1	0.28%
CMCPC	1	0.28%
ACSW	0	0.00%
Please check the life care planning organization(s) in which you hold an active membership. (check all that apply) (N=357)		
International Association of Rehabilitation Professionals / International Academy of Life Care Planners (IARP / IALCP)	298	83.47%
American Association of Nurse Life Care Planners (AANLCP)	100	28.01%
Other	33	9.24%
Physician Life Care Planning (PLCP)	27	7.56%
I am an active member of a professional listserv / Internet community associated with life care planning. (N=357)		
Yes	294	82.35%
No	63	17.65%
My current practice setting is or are: (check all that apply) (N=355)		
Owner / Independent Practice (with employees / subcontractors)	158	44.51%
Owner / Independent Practice (without employees / subcontractors)	121	34.08%
Private Entity (as an employee or subcontractor)	77	21.69%
Other	4	1.13%
Attorney's Office	5	1.41%
Insurance Company	5	1.41%
Public Entity (as an employee or subcontractor)	3	0.85%
Hospital / Rehabilitation Facility	2	0.56%
I rely on others (e.g., contracted workers, staff) to assist me in the following areas (check all that apply): (N=355)		
Clerical	170	47.89%
Cost Research	162	45.63%
Proofreading	159	44.79%
Medical Records Analysis / Review	128	36.06%
I do not rely on others to assist me in my practice	102	28.73%
Literature Review / Research	70	19.72%
Resource Identification	63	17.75%
Vocational Assessment / Evaluation	52	14.65%
Evaluate Interview	18	5.07%
Other	10	2.82%
I was practicing in the field of rehabilitation and / or working with people with disabilities prior to my work as a life care planner for: (N=353)		
11-20 years	100	28.33%
6-10 years	79	22.38%
21-30 years	66	18.70%

1-5 years	47	13.31%
31+ years	42	11.90%
0 years	13	3.68%
Not applicable	6	1.70%
Life care planning has been a part of my practice for: (N=353)		
11-20 years	98	27.76%
21-30 years	88	24.93%
6-10 years	69	19.55%
1-5 years	55	15.58%
31+ years	37	10.48%
<1 year	6	1.7%
On average, I complete _____ life care plans per year. (N=348)		
<10	97	27.87%
11-20	81	23.28%
51+	66	18.97%
21-30	56	16.09%
31-40	27	7.76%
41-50	21	6.03%
Of the life care plans I have completed in my career _____ were with children (ages 0-21). (N=348)		
1-25%	214	61.49%
26-50%	59	16.95%
0%	53	15.23%
51-75%	16	4.60%
76-100%	6	1.72%
Current life care planning activities constitute _____ of my work activities. (N=348)		
76-100%	128	36.78%
1-25%	81	23.28%
51-75%	74	21.26%
26-50%	65	18.68%
On average, my gross annual business income is: (N=345)		
<\$100,000	83	24.06%
\$100,001 - \$150,000	68	19.71%
\$150,001 - \$200,000	68	19.71%
\$200,001 - \$250,000	42	12.17%
\$250,001 - \$300,000	32	9.28%
\$300,001 - \$350,000	24	6.96%
\$350,001 - \$400,000	15	4.35%
\$400,000+	13	3.77%
Do you carry professional liability insurance? (N=345)		
Yes	288	83.48%
No	57	16.52%
What is your age (N=337)		
65+	104	30.86%
55-64 years old	99	29.38%
45-54 years old	83	24.63%
35-44 years old	37	10.98%
Prefer not to disclose	9	2.67%
25-34 years old	5	1.48%
<24 years old	0	0.00%
What is your gender? (N=337)		
Female	265	78.64%

Male	68	20.18%
Prefer not to disclose	4	1.19%
Other	0	0.00%
My current practice of life care planning is comprised of referrals from the following sources (check all that apply): (N=331)		
Attorneys	323	97.58%
Insurance Companies (e.g., auto, health)	146	44.11%
Workers' Compensation (e.g., government, insurance company, self-insured)	78	23.56%
Evaluee and/or Family	66	19.94%
Governmental Agencies (e.g., Department of Justice, Veterans Administration)	60	18.13%
Physicians	54	16.31%
Trust Administrators	39	11.78%
Financial Planners	26	7.85%
Structured Settlement Companies	25	7.55%
Other	20	6.04%
Rehabilitation Facilities	12	3.63%
I prepare life care plans for the following types of cases (check all that apply): (N=331)		
Personal Injury or Accident	327	98.79%
Medical Malpractice	275	83.08%
Chronic Illness (e.g., MS)	178	53.78%
Environmental Exposure	139	41.99%
Settlement Planning	130	39.27%
Marital Dissolution	77	23.26%
Pharmaceutical	55	16.62%
Vaccine Injury	48	14.50%
Other	13	3.93%
I pay to be listed with an expert witness service (excluding professional membership organizations). (N=331)		
No	282	85.20%
Yes	39	11.78%
Not applicable	10	3.02%
I have received _____ referrals from a paid expert witness service. (N=40)		
0	15	37.50%
1-10	19	47.50%
11-20	4	10.00%
21-30	1	2.50%
>30	1	2.50%
Of the referrals received from attorneys over the past five years, the percentage of referrals I receive as a dually retained (e.g., agree upon by plaintiff and defense) life care planner is: (N=327)		
0%	194	59.33%
1-25%	92	28.13%
76-100%	18	5.50%
26-50%	14	4.28%
51-75%	9	2.75%
Of the referrals received from attorneys over the past five years, the percentage of referrals I receive from parties representing the plaintiffs is: (N=327)		
51-75%	102	31.19%
26-50%	88	26.91%
76-100%	88	26.91%
1-25%	42	12.84%
0%	7	2.14%

Of the referrals received from attorneys over the past five years, the percentage of referrals I receive from parties representing the defense is: (N=327)		
1-25%	123	37.61%
26-50%	117	35.78%
51-75%	40	12.23%
0%	28	8.56%
76-100%	19	5.81%
On average, I review and analyze _____ opposing expert life care plans per year to provide a non-testifying consulting opinion in a litigation situation. (N=327)		
1-10	181	55.35%
0	60	18.35%
11-20	48	14.68%
21-30	21	6.42%
31-50	11	3.36%
51+	6	1.83%
On average, I review and analyze _____ opposing expert life care plans per year to provide a testifying expert opinion in a litigation situation. (N=327)		
1-10	151	46.18%
0	63	19.27%
11-20	39	11.93%
21-30	26	7.95%
51+	26	7.95%
31-50	22	6.73%
Over the past five years, I have served in the role of a case manager, counselor, therapist, or treatment provider on a case, then later developed the life care plan. (N=327)		
No	257	75.23%
Yes	70	21.41%
Over the past five years, I have completed a life care plan then subsequently served in the role as a case manager, counselor, therapist, or treatment provider on the case after I completed a life care plan. (N=327)		
No	264	80.73%
Yes	63	19.27%
Over the past five years, I have served in the role of a case manager, counselor, therapist, or treatment provider on a case after another person completed a life care plan. (N=327)		
No	248	75.84%
Yes	79	24.16%
I (or the company I work for) bill: (N=325)		
By the Hour	270	83.08%
Both Methods (depends on the case)	43	13.23%
By the Plan	12	3.69%
If a flat fee for services is charged, this includes travel time. (N=55)		
Yes	29	52.73%
No	26	47.27%
Average total number of hours required to complete a life care plan is: (N=206)		
20-40 hours	114	55.34%
41-60 hours	51	24.76%
<20 hours	23	11.17%
>60 hours	18	8.74%
Minimum total number of hours required to complete a life care plan is: (N=309)		
20-40 hours	157	50.81%
<20 hours	138	44.66%
41-60 hours	10	3.24%
>60 hours	4	1.29%

Maximum total number of hours required to complete a life care plan is: (N=288)		
41-60 hours	97	33.68%
20-40 hours	84	29.17%
61-80 hours	50	17.36%
>100 hours	28	9.72%
81-100 hours	16	5.56%
<20 hours	13	4.51%
Do you have varying rates for different types of cases? (N=320)		
No	248	77.50%
Yes	72	22.50%
I (or the company I work for) charge a different rate for court / deposition appearance. (N=320)		
Yes	208	65.00%
No	94	29.38%
Not applicable	18	5.63%
My hourly fees for court testimony are: (N=318)		
\$251-\$350 per hour	93	29.25%
\$151-\$250 per hour	77	24.21%
\$351-\$450 per hour	61	19.18%
\$451-\$550 per hour	28	8.81%
\$651 + per hour	24	7.55%
Less than \$150 per hour	20	6.29%
\$551-\$650 per hour	15	4.72%
My hourly fees for deposition testimony are: (N=318)		
\$251-\$350 per hour	84	26.42%
\$151-\$250 per hour	65	20.44%
\$351-\$450 per hour	55	17.30%
\$451-\$550 per hour	34	10.69%
\$651 + per hour	30	9.43%
Less than or equal to \$150 per hour	20	6.29%
Not applicable	17	5.35%
\$551-\$650 per hour	13	4.09%
My hourly fees for case analysis, preparation, peer review, or reports are: (N=318)		
\$151-\$250 per hour	128	40.25%
\$251-\$350 per hour	106	33.33%
Less than or equal to \$150 per hour	39	12.26%
\$351-\$450 per hour	27	8.49%
\$451-\$550 per hour	7	2.20%
\$551-\$650 per hour	7	2.20%
\$651 + per hour	4	1.26%
I (or my company) require a signed agreement (or letter of engagement) prior to accepting a case? (N=316)		
Yes	237	75.00%
No	62	16.62%
Other	17	5.38%
I require a retainer before initiating work on a case? (N=316)		
Yes	214	67.72%
No	71	22.47%
Other	31	9.81%
The amount of my retainer is: (N=314)		
Less than or equal to \$1,000	89	28.34%
\$2,001-\$3,000	78	24.84%
\$1,001-\$2,000	63	20.06%

\$4,001-\$5,000	40	12.74%	
\$3,001-\$4,000	32	10.19%	
\$5,001 +	12	3.82%	
I (or the company I work for) accept rush / accelerated services? (N=314)			
Yes	278	88.54%	
No	36	11.46%	
I (or the company I work for) charge a different fee for rush / accelerated services. (N=277)			
Yes	182	65.70%	
No	95	34.30%	
Rate for rush / accelerated services is _____ % higher. (N=174)			
10-20%	78	44.83%	
41-50%	40	22.99%	
21-30%	35	20.11%	
31-40%	6	3.45%	
>100%	5	2.87%	
<10%	4	2.30%	
61-70%	2	1.15%	
91-100%	2	1.15%	
51-60%	1	0.57%	
71-80%	1	0.57%	
81-90%	0	0.00%	
I (or the company I work for) defines rush services as: (N=261)			
15-29 days	102	39.08%	
Less than or equal to 14 days	83	31.80%	
30-45 days	64	24.52%	
46-60 days	8	3.07%	
61-75 days	3	1.15%	
76-90 days	1	0.38%	
I (or the company I work for) charge a different rate for travel. (N=313)			
No	245	78.27%	
Yes	68	21.73%	
The different rate we charge for travel is _____ % higher / lower than the hourly case analysis rate. (N=64)			
Percentage Higher		n=12	18.75%
	0%	4	33.33%
	1-10%	2	16.67%
	11-20%	2	16.67%
	21-30%	2	16.67%
	41-50%	2	16.67%
	31-40%	0	0.00%
	>50%	0	0.00%
Percentage Lower		n=52	81.25%
	41-50%	29	55.77%
	21-30%	10	19.23%
	>50%	5	9.62%
	11-20%	4	7.69%
	31-40%	2	3.85%
	0%	1	1.92%
	1-10%	1	1.92%
I (or the company I work for) charge a different rate for professional services in the area of life care planning when acting as a non-testifying consultant? (N=312)			
No	290	92.50%	

Yes	22	7.05%
My (or the company I work for) non-testifying consultant rate is _____ % higher / lower than the hourly case analysis rate. (N=24)		
Percentage Higher	n=8	33.33%
0%	5	62.50%
1-10%	1	12.50%
21-30%	1	12.50%
>50%	1	12.50%
11-20%	0	0.00%
31-40%	0	0.00%
41-50%	0	0.00%
Percentage Lower	n=16	66.66%
21-30%	6	37.50%
0%	3	18.75%
11-20%	3	18.75%
41-50%	3	18.75%
31-40%	1	6.25%
1-10%	0	0.00%
>50%	0	0.00%
I (or the company I work for) charge a different rate for research assistance services. (N=311)		
No	196	63.02%
Not applicable	79	25.40%
Yes	36	11.58%
My (or the company I work for) rate for research assistance is _____ % higher / lower than the hourly life care planner rate. (N=37)		
Percentage Higher	n=3	8.10%
0%	1	33.33%
21-30%	1	33.33%
41-50%	1	33.33%
1-10%	0	0.00%
11-20%	0	0.00%
31-40%	0	0.00%
>50%	0	0.00%
Percentage Lower	n=34	91.89%
41-50%	13	38.24%
21-30%	7	20.59%
>50%	6	17.65%
11-20%	3	8.82%
1-10%	2	5.88%
31-40%	2	5.88%
0%	1	2.94%
I (or the company I work for) change a different rate for administrative services (N=311)		
No	230	73.95%
Yes	81	26.05%
My (or the company I work for) rate for administrative services is _____ % higher / lower than the hourly life care planner rate. (N=67)		
Percentage Higher	n=3	4.48%
0%	1	33.33%
41-50%	1	33.33%
>50%	1	33.33%
1-10%	0	0.00%
11-20%	0	0.00%

	21-30%	0	0.00%
	31-40%	0	0.00%
Percentage Lower		n=64	95.52%
	>50%	30	46.88%
	41-50%	15	23.44%
	21-30%	10	15.63%
	31-40%	4	6.25%
	11-20%	3	4.69%
	1-10%	2	3.13%
	0%	0	0.00%
I last raised my rates: (N=311)			
	<1 year ago	121	38.91%
	2 years ago	63	20.26%
	I have never raised my rates	41	13.18%
	5 + years ago	40	12.86%
	3 years ago	33	10.61%
	4 years ago	13	4.18%
The last time I raised my rates, I raised them by _____ %. (N=263)			
	5-10%	137	52.09%
	11-20%	72	27.38%
	21-30%	32	12.17%
	<5%	15	5.70%
	41-50%	5	1.90%
	31-40%	1	0.38%
	>50%	1	0.38%
The venues I (or the company I work for) have used to resolved non-payment of bills include (check all that apply): (N=310)			
	Contact Referral Source	148	47.74%
	Never a Problem	101	32.58%
	Retain Private Legal Representative	51	16.45%
	Collection Service	41	13.23%
	Other	30	9.68%
	Bar Association Complaint	30	9.68%
	Small Claims Court	28	9.03%
To my knowledge, over my career, my life care planning testimony has been subject to a motion in limine (USA) or in-trial voir dire (CAN) _____ times. (N=292)			
	0	180	61.64%
	1-10	92	31.51%
	>30	8	2.74%
	11-20	7	2.40%
	21-30	5	1.71%
Prior to Providing Testimony, I routinely update a life care plan if it is: (N=305)			
	7-12 months old	92	30.16%
	13-23 months old	61	20.00%
	Requested by the Referral Source	58	19.02%
	Other	38	12.46%
	0-6 months old	30	9.84%
	24 + months old	14	4.59%
	Never	12	3.93%
I routinely include the following in my electronic / paper case files (check all that apply): (N=301)			
	Life care plan	294	97.67%
	Narrative report	257	85.38%

Cost research	248	82.39%
Interview notes and / or forms	244	81.06%
Case generated documents	242	80.40%
Medical records	241	80.07%
Records summary	228	75.75%
Written correspondence to / from other professionals	220	73.09%
Case notes	219	72.76%
Invoices sent	213	70.76%
Written correspondence to / from referral source and / or legal counsel	209	69.44%
Therapeutic records	197	65.45%
Interview summary	193	64.12%
E-mail correspondence to / from other professionals	184	61.13%
Written correspondence to / from evaluatee and / or family	178	59.14%
E-mail correspondence to / from evaluatee and / or family	168	55.81%
Copies of time (contact / activity) sheets	167	55.48%
E-mail correspondence to / from referring source and / or legal counsel	166	55.15%
Academic records	154	51.16%
Employment records	142	47.18%
Invoices received	142	47.18%
I (or the company I work for) maintain my closed case file for: (N=301)		
7 years	79	26.25%
5 years	54	17.94%
Indefinitely (do not destroy records)	53	17.61%
Do not maintain closed files	44	14.62%
8 + years	27	8.97%
1 year	17	5.65%
3 years	10	3.32%
2 years	7	2.33%
4 years	5	1.66%
6 years	5	1.66%
At the time of referral, I routinely request the following information. verbally and / or in writing (check all that apply): (N=297)		
Medical records	292	98.32%
Expert reports	274	92.26%
Neuropsychology / psychology / psychotherapy / counseling records	268	90.24%
Therapy records (e.g., PT, OT, SLT, Early Intervention)	266	89.56%
Evaluatee contact information	251	84.51%
Pharmacy / medication records	247	83.16%
Medical depositions	242	81.48%
Family depositions	212	71.38%
Retainer	212	71.38%
Complaint	205	69.02%
Name(s) of retained experts	203	68.35%
Service contract / letter of agreement	203	68.35%
Billing records	194	65.32%
Name of opposing attorney(s)	187	62.96%
Signed consent form	184	61.95%
School records	179	60.27%
Answers to interrogatories	175	58.92%
Employment records	161	54.21%
Day-in-the-life videos or family journals	158	53.20%

Tax returns	108	36.36%					
Social Security records	103	34.68%					
Military records	77	25.93%					
I request a personal interview with the evaluatee. (N=296)							
Yes	280	94.59%					
Other	13	4.39%					
No	3	1.01%					
If a request for evaluatee interview is denied, I provide written documentation _____ of the time. (N=296)							
76-100%	215	72.64%					
None	35	11.82%					
1-25%	34	11.49%					
26-50%	7	2.36%					
51-75%	5	1.69%					
In cases referred by plaintiff attorneys, I conduct an in-person interview with the evaluatee and / or family _____ of the time. (N=296)							
76-100%	246	83.11%					
51-75%	23	7.77%					
Not applicable	12	4.05%					
1-25%	9	3.04%					
26-50%	6	2.03%					
In cases referred by defense attorneys, I conduct an in-person interview with the evaluatee and / or family _____ of the time. (N=293)							
1-25%	105	35.84%					
76-100%	64	21.84%					
None	55	18.77%					
26-50%	36	12.29%					
51-75%	33	11.26%					
In cases not for litigation, I conduct an in-person interview with the evaluatee and / or family _____ of the time. (N=293)							
76-100%	124	42.32%					
I do not provide services on non-litigated cases	101	34.47%					
None	27	9.22%					
1-25%	17	5.80%					
26-50%	15	5.12%					
51-75%	9	3.07%					
The average amount of time I spend conducting in-person interviews with the evaluatee and / or family is _____ hours. (N=288)							
0-2 hours	167	57.99%					
3-4 hours	95	32.99%					
5-6 hours	18	6.25%					
7-8 hours	3	1.04%					
>10 hours	3	1.04%					
9-10 hours	2	0.69%					
When conducting an in-person interview, I typically use the following location (rank order options: 1=most preferred; 7=least preferred): (N=280)							
	1	2	3	4	5	6	7
Colleagues' office	8 2.86%	33 11.79%	29 10.36%	51 18.21%	73 26.07%	56 20.00%	30 10.71%
Evaluatee's home	199 71.07%	30 10.71%	24 8.57%	9 3.21%	3 1.07%	6 2.14%	9 3.21%
My office	42 15.00%	70 25.00%	45 16.07%	26 9.29%	28 10.00%	43 15.36%	26 9.29%

Private location (e.g., MD's office, rehabilitation facility / hospital, court reporter's office)	6	58	67	89	44	14	2	
	2.14%	20.71%	23.93%	31.79%	15.71%	5.00%	.71%	
Public Location (e.g., restaurant, library, airport, hotel)	5	14	33	55	75	71	27	
	1.79%	5.00%	11.79%	19.64%	26.79%	25.36%	9.64%	
Referral source office (e.g., attorney, adjuster)	11	71	68	36	40	48	6	
	3.93%	25.36%	24.29%	12.86%	14.29%	17.14%	2.14%	
Not Applicable	9	4	14	14	17	42	180	
	3.21%	1.43%	5.00%	5.00%	6.07%	15.00%	64.29%	
In the process of completing a life care plan, I use a structured interview form _____ of the time. (N=280)								
76-100%							196	70.00%
None							27	9.64%
51-75%							24	8.57%
26-50%							19	6.79%
1-25%							14	5.00%
I routinely use standardized (either published or customized) checklists and / or questionnaires to document information received from the evaluatee and / or family, physicians, allied health care professionals, etc. (N=280)								
Yes							190	67.86%
No							90	32.14%
I routinely use standardized (either published or customized) checklists and / or questionnaires to manage the life care planning process (e.g., track work completed, information needed. (N=280)								
Yes							160	57.14%
No							120	42.86%
I independently request a signed consent from an evaluatee _____ of the time for plaintiff referred cases. (N=280)								
76-100%							198	70.71%
None							51	18.21%
51-75%							14	5.00%
1-25%							11	3.93%
26-50%							6	2.14%
I independently request a signed consent from an evaluatee _____ of the time for defense / insurance referred cases. (N=280)								
None							127	45.36%
76-100%							101	36.07%
1-25%							37	13.21%
26-50%							8	2.86%
51-75%							7	2.50%
I video the evaluatee (not including day-in-the-life videos) _____ of the time. (N=280)								
None							208	74.29%
1-25%							50	17.86%
26-50%							12	4.29%
76-100%							7	2.50%
51-75%							3	1.07%
I participate in the development and presentation of day-in-the-life videos _____ of the time. (N=280)								
None							182	65.00%
1-25%							86	30.71%
76-100%							5	1.79%
51-75%							4	1.43%
26-50%							3	1.07%
My role in evaluatee video(s) involves (check all that apply): (N=98)								
Advising							50	51.02%
Appearing and educating							35	35.71%
Coordinating							34	34.69%

Directing	14	14.29%
Narrating	13	13.27%
Videotaping	12	12.24%
Other	7	7.14%
Editing	7	7.14%
I take photographs of the evaluatee's equipment and home _____ of the time? (N=279)		
76-100%	81	29.03%
1-25%	72	25.81%
51-75%	52	18.64%
None	42	15.05%
26-50%	32	11.47%
Do you have a photo release signed by the evaluatee? (N=237)		
No	160	67.51%
Yes	77	32.49
In forming life care plan opinions, I review the medical records _____ of the time: (N=277)		
76-100%	274	98.92%
None	2	.72%
1-25%	1	.36%
26-50%	0	0.00%
51-75%	0	0.00%
In developing a life care plan, I review / use clinical practice or standard of care guidelines _____ of the time. (N=277)		
76-100%	199	71.84%
51-75%	30	10.83%
26-50%	21	7.58%
1-25%	19	6.86%
None	8	2.89%
In developing a life care plan, I only make recommendations that are within my professional scope of practice. (N=277)		
Yes	258	93.14%
Other	10	3.61%
No	9	3.25%
In completing the medical records review, I identify and analyze the following (check all that apply): (N=277)		
Specialized consultations	262	94.58%
Hospitalizations	260	93.86%
Providers	260	93.86%
General course of medical and therapeutic care	249	89.89%
Detailed timeline of medical and therapeutic care	239	86.28%
Other	31	11.19%
In completing the medical records review, I consider the following content (check all that apply): (N=272)		
	Pre-Existing	Incident-Related
Academic records (n=225)	206 91.56%	202 89.78%
Assessment outcomes (n=253)	196 77.47%	249 98.42%
Avocational activities (n=244)	231 94.67%	230 94.26%
Barriers (e.g., geographic, cultural, access, other) (n=256)	220 85.94%	247 96.48%
Diagnosis – primary (n=271)	242 89.30%	268 98.89%
Diagnosis – secondary (n=270)	242	266

	89.63%	98.52%			
Discharge planning (n=260)	174	257			
	66.92%	98.85%			
Evaluee subjective complaints (n=269)	218	266			
	81.04%	98.88%			
Emergency Medical Services (EMS) (n=251)	155	246			
	61.75%	98.01%			
Evaluator's – observations (n=262)	153	260			
	58.40%	99.24%			
Evaluee symptom changes over time (n=263)	186	259			
	70.72%	98.48%			
Family dynamics (n=247)	206	242			
	83.40%	97.98%			
Funding – denial (n=150)	91	145			
	60.67%	96.67%			
Funding – approval (n=146)	90	143			
	61.64%	97.95%			
Medical conditions (n=266)	247	261			
	92.86%	98.12%			
Medications (n=270)	245	266			
	90.74%	98.52%			
Recommendations for attendant care (n=267)	216	264			
	80.90%	98.88%			
Recommendations for other (n=243)	185	238			
	76.13%	97.94%			
Recommendations for treatment (n=269)	211	265			
	78.44%	98.51%			
Recommendations for equipment and supplies (n=268)	211	265			
	78.73%	98.88%			
Relevant diagnostic test results (n=264)	202	260			
	76.52%	98.48%			
Services provided – attendant care (n=265)	210	261			
	79.25%	98.49%			
Services / Items provided – equipment (n=267)	210	263			
	78.65%	98.50%			
Services provided – evaluee compliance (n=245)	190	243			
	77.55%	99.18%			
Services provided – other (n=222)	165	220			
	74.32%	99.10%			
Services provided – therapy (n=262)	205	260			
	78.24%	99.24%			
Vocational activities (n=246)	215	241			
	87.40%	97.97%			
Do you include a medical records review in your life care plan report? (N=270)					
Yes	254	94.07%			
No	15	5.56%			
Other	1	.37%			
In forming opinions regarding home health care needs, I use the following sources: (N=267)					
	None	1-25%	26-50%	51-75%	76-100%
Activities of Daily Living (ADL) standardized assessments / checklists (n=259)	39	29	19	30	142
	15.06%	11.20%	7.34%	11.58%	54.83%
Evaluee / family perspective or opinion regarding future needs (n=264)	8	26	32	41	157
	3.03%	9.85%	12.12%	15.53%	59.47%

Healthcare / rehabilitation professionals / opinion (n=265)	2	4	19	27	213	
	.75%	1.51%	7.17%	10.19%	80.38%	
Home health care agency recommendations (n=257)	24	23	41	47	122	
	9.34%	8.95%	15.95%	18.29%	47.47%	
My expertise, education, training, and / or experience (n=264)	6	14	13	29	202	
	2.27%	5.30%	4.92%	10.98%	76.52%	
Physician recommendation (n=266)	3	4	16	31	212	
	1.13%	1.50%	6.02%	11.65%	79.70%	
Published standard of care / guidelines (n=260)	12	24	27	44	153	
	4.62%	9.23%	10.38%	16.92%	58.85%	
Self (evaluee / family) report of current usage (n=261)	9	15	33	38	166	
	3.45%	5.75%	12.64%	14.56%	63.60%	
State regulations (n=250)	64	30	30	21	105	
	25.60%	12.00%	12.00%	8.40%	42.00%	
In forming opinions regarding household support needs (e.g., cooking, cleaning, maintenance, shopping), I use the following sources: (N=267)						
	None	1-25%	26-50%	51-75%	76-100%	
Clinical practice guidelines (n=251)	44	26	40	39	102	
	17.53%	10.36%	15.94%	15.54%	40.64%	
My expertise, education, training, and / or experience (n=263)	5	12	19	28	199	
	1.90%	4.56%	7.22%	10.65%	75.67%	
Physician recommendations (n=265)	6	13	21	39	186	
	2.26%	4.91%	7.92%	14.72%	70.19%	
PT / OT evaluation (n=263)	2	11	22	40	188	
	.76%	4.18%	8.37%	15.21%	71.48%	
Published evidence-based resources (e.g., Dollar Value of a Day) (n=252)	40	35	38	39	100	
	15.87%	13.89%	15.08%	15.48%	39.68%	
Self (evaluation / family) report (n=260)	5	20	35	34	166	
	1.92%	7.69%	13.46%	13.08%	63.85%	
When direct physician or allied health input for recommendations are not available and / or outside my scope of practice, I rely on (ran order options: 1=most frequently used; 6=least frequently used): (N=266)						
	1	2	3	4	5	6
Clinical practice or standard of care guidelines (n=266)	58	54	80	44	27	3
	21.80%	20.30%	30.08%	16.54%	10.15%	1.13%
Expert Testimony (n=266)	64	69	39	44	46	4
	24.06%	25.94%	14.66%	16.54%	17.29%	1.50%
Literature / published data (n=266)	10	34	73	90	58	1
	3.76%	12.78%	27.44%	33.83%	21.80%	.38%
Medical records (n=266)	96	80	33	43	12	2
	36.09%	30.08%	12.41%	16.17%	4.51%	.75%
My expertise, education, training, and / or experience (n=266)	35	28	39	41	116	7
	13.16%	10.53%	14.66%	15.41%	43.61%	2.63%
Other (n=266)	3	1	2	4	7	249
	1.13%	.38%	.75%	1.50%	2.63%	93.61%
In developing a life care plan, I perform and use a literature search _____ of the time. (N=264)						
76-100%				93	35.23%	
51-75%				71	26.89%	
26-50%				50	18.94%	
1-25%				47	17.80%	
None				3	1.14%	
In addressing medical recommendations, I consult with physician(s) _____ of the time. (N=264)						
76-100%				189	71.59%	
51-75%				41	15.53%	

26-50%	22	8.33%
None	6	2.27%
1-25%	6	2.27%
In the process of completing a life care plan, I conduct a remote interview (e.g., telephone / videoconference) with physician(s) _____ of the time. (N=264)		
76-100%	80	30.30%
51-75%	70	26.52%
1-25%	49	18.56%
26-50%	46	17.42%
None	19	7.20%
In the process of completing a life care plan, I conduct an in-person interview with physician(s) _____ of the time? (N=264)		
1-25%	114	43.18%
None	59	22.35%
26-50%	37	14.02%
51-75%	29	10.98%
76-100%	25	9.47%
In the process of completing a life care plan, I prepare a questionnaire for physicians to complete _____ of the time? (N=264)		
76-100%	86	32.58%
1-25%	63	23.86%
51-75%	46	17.42%
26-50%	41	15.53%
None	28	10.61%
Following interview / consultation with physician(s), I follow-up with written confirmation _____ of the time. (N=264)		
76-100%	130	49.24%
1-25%	48	18.18%
None	36	13.64%
51-75%	29	10.98%
26-50%	21	7.95%
In the process of completing a life care plan, I request additional medical evaluations _____ of the time. (N=263)		
26-50%	90	34.22%
1-25%	86	32.70%
51-75%	47	17.87%
76-100%	27	10.27%
None	13	4.94%
In addressing medical recommendations, I consult with allied health / educational professionals _____ of the time (e.g., PT, OT, teacher, psychologist). (N=263)		
76-100%	73	27.76%
1-25%	67	25.48%
51-75%	62	23.57%
26-50%	51	19.39%
None	10	3.80%
In the process of completing a life care plan, I conduct a remote interview (e.g., telephone / videoconference) with allied health / education professionals _____ of the time (e.g., PT, OT, teacher, psychologist). (N=263)		
1-25%	98	37.26%
76-100%	50	19.01%
26-50%	47	17.87%
51-75%	44	16.73%
None	24	9.13%

In the process of completing a life care plan, I conduct an in-person interview with allied health / education professionals _____ of the time. (N=237)		
1-25%	115	48.52%
None	52	21.94%
26-50%	37	15.61%
51-75%	18	7.59%
76-100%	15	6.33%
In the process of completing a life care plan, I prepare a questionnaire for allied health / education professionals to complete _____ of the time. (N=237)		
1-25%	86	36.29%
None	54	22.78%
76-100%	37	15.61%
26-50%	35	14.77%
51-75%	25	10.55%
Following interview / consultation with allied health / education professionals, I follow-up with written confirmation _____ of the time. (N=237)		
76-100%	83	35.02%
None	56	23.63%
1-25%	55	23.21%
26-50%	24	10.13%
51-75%	19	8.02%
In the process of completing a life care plan, I request additional non-medical (allied health / education) professional evaluations _____ of the time. (N=237)		
1-25%	122	51.48%
26-50%	41	17.30%
None	33	13.92%
51-75%	23	9.70%
76-100%	18	7.59%
In the process of completing a life care plan, over the past five years I have requested the following non-physician evaluations (as case appropriate): (check all that apply) (N=261)		
Neuropsychology / cognition	219	83.91%
Prosthetic evaluation	173	66.28%
Psychology / counseling	165	63.22%
Functional capacity evaluation	164	62.84%
Occupational therapy / ADL assessment	156	59.77%
Driver Evaluation	155	59.39%
Assistive technology / adaptive equipment	150	57.47%
Physical therapy	142	54.41%
Architectural	140	53.64%
Wheelchair seating evaluation	133	50.96%
Speech therapy	113	43.30%
Home care	109	41.76%
Mobility	104	39.85%
Educational	75	28.74%
Audiology	69	26.44%
Orientation and mobility evaluation	68	26.05%
Nutrition	67	25.67%
Recreation	43	16.48%
Music therapy	18	6.90%
None	9	3.45%
Other	9	3.45%

In the process of completing a life care plan opinion, I address the potential need for a vocational assessment of the time. (N=259)					
76-100%		103		39.77%	
1-25%		44		16.99%	
26-50%		44		16.99%	
51-75%		40		15.44%	
None		28		10.81%	
Have you been asked to team with a life care planner from another discipline to develop or review a life care plan for the same evaluate? (N=259)					
No		176		67.95%	
Yes		83		32.05%	
As a testifying expert, I document / include the following items in my report of the time. (N=257)					
	None	1-25%	26-50%	51-75%	76-100%
Beginning / ending dates for items / services (n=254)	13	6	6	10	219
	5.12%	2.36%	2.36%	3.94%	86.22%
Bibliography (n=245)	43	32	15	23	132
	17.55%	13.06%	6.12%	9.39%	53.88%
Clinical practice guidelines (n=244)	51	55	36	39	63
	20.90%	22.54%	14.75%	15.98%	25.82%
Collateral sources (n=242)	81	48	25	22	66
	33.47%	19.83%	10.33%	9.09%	27.27%
Daily routine / schedule (n=246)	34	28	32	29	123
	13.82%	11.38%	13.01%	11.79%	50.00%
Date of first contact (n=251)	22	8	8	6	207
	8.76%	3.19%	3.19%	2.39%	82.47%
Date of life care plan (n=255)	4	0	1	5	245
	1.57%	0.00%	.39%	1.96%	96.08%
Date of referral (n=247)	62	19	10	8	148
	25.10%	7.69%	4.05%	3.24%	59.92%
Durable medical equipment list (n=251)	6	4	7	12	222
	2.39%	1.59%	2.79%	4.78%	88.45%
Evaluations requested (n=247)	34	22	9	18	164
	13.77%	8.91%	3.64%	7.29%	66.40%
Financial profile (n=239)	107	48	20	16	48
	44.77%	20.08%	8.37%	6.69%	20.08%
Frequency / replacement schedule (n=254)	5	2	3	4	240
	1.97%	.79%	1.18%	1.57%	94.49%
Functional abilities (n=253)	8	6	6	17	216
	3.16%	2.37%	2.37%	6.72%	85.38%
LCP tables / charts (n=255)	9	2	3	8	233
	3.53%	.78%	1.18%	3.14%	91.37%
Locational of interview (n=255)	13	7	8	4	218
	5.20%	2.80%	3.20%	1.60%	87.20%
Medical diagnoses (n=255)	8	2	3	3	239
	3.14%	.78%	1.18%	1.18%	93.73%
Medical summary / chronology (n=256)	9	11	7	5	224
	3.52%	4.30%	2.73%	1.95%	87.50%
Medication regimen (n=253)	5	2	4	6	236
	1.98%	.79%	1.58%	2.37%	93.28%
Narrative report (n=250)	13	9	4	5	219
	5.20%	3.60%	1.60%	2.00%	87.60%
Nursing diagnosis (n=238)	111	33	15	16	63
	46.64%	13.87%	6.30%	6.72%	26.47%

Pictures (n=239)	81	64	37	20	37
	33.89%	26.78%	15.48%	8.37%	15.48%
Providers / professionals consulted (n=253)	6	4	7	10	226
	2.37%	1.58%	2.77%	3.95%	89.33%
Psychosocial / psychiatric diagnosis (n=254)	8	7	11	15	213
	3.15%	2.76%	4.33%	5.91%	83.86%
Rationale / purpose for recommendations (n=253)	11	2	7	12	221
	4.35%	.79%	2.77%	4.74%	87.35%
Reason for referral (n=253)	16	7	6	8	216
	6.32%	2.77%	2.37%	3.16%	85.38%
Recommended by (source) (n=249)	21	15	7	6	200
	8.43%	6.02%	2.81%	2.41%	80.32%
Records received / reviewed (n=256)	4	2	4	1	245
	1.56%	.78%	1.56%	.39%	95.70%
Referral source (n=249)	16	5	5	7	216
	6.43%	2.01%	2.01%	2.81%	86.75%
Research articles (n=243)	27	45	32	29	110
	11.11%	18.52%	13.17%	11.93%	45.27%
Rule 26 disclosure (n=244)	108	20	27	22	67
	44.26%	8.20%	11.07%	9.02%	27.46%
Social / environmental profile (n=249)	15	14	24	20	176
	6.02%	5.62%	9.64%	8.03%	70.68%
Summary of total costs (annual and / or lifetime) (n=253)	20	14	11	16	192
	7.91%	5.53%	4.35%	6.32%	75.89%
Supply consumption (n=246)	29	19	16	16	166
	11.79%	7.72%	6.50%	6.50%	67.48%
Vendor list (n=250)	34	15	20	19	162
	13.60%	6.00%	8.00%	7.60%	64.80%
Vocational / educational profile (n=248)	26	18	20	31	153
	10.48%	7.26%	8.06%	12.50%	61.69%
Other records requested (n=226)	30	24	20	24	128
	13.27%	10.62%	8.85%	10.62%	56.64%
I list recommendations in each life care plan using standardized categories such as these: (N=253)					
	Yes	No	Varies	Never	
Acute medical intervention (n=244)	142	21	63	18	
	58.20%	8.61%	25.82%	7.38%	
Aggressive medical / Surgical intervention (n=245)	153	18	57	17	
	62.45%	7.35%	23.27%	6.94%	
Aids for independent function (n=251)	206	0	32	13	
	82.07%	0.00%	12.75%	5.18%	
Architectural renovations (n=250)	159	3	78	10	
	63.60%	1.20%	31.20%	4.00%	
Diagnostic / Educational testing (n=250)	170	9	54	17	
	68.00%	3.60%	21.60%	6.80%	
Durable medical items (n=250)	208	1	31	10	
	83.20%	.40%	12.40%	4.00%	
Facility care (n=249)	156	3	78	12	
	62.65%	1.20%	31.33%	4.82%	
Future medical care routine (n=250)	208	4	22	16	
	83.20%	1.60%	8.80%	6.40%	
Health and strength maintenance (n=249)	156	18	53	22	
	62.65%	7.23%	21.29%	8.84%	
Home Care (n=251)	189	0	50	12	

	75.30%	0.00%	19.92%	4.78%
Home furnishing / Accessories (n=248)	148	17	68	15
	59.68%	6.85%	27.42%	6.05%
Medication(s) (n=253)	220	1	20	12
	86.96%	.40%	7.91%	4.74%
Orthopedic equipment (n=248)	170	11	52	15
	68.55%	4.44%	20.97%	6.05%
Orthotics / Prosthetics (n=251)	175	3	63	10
	69.72%	1.20%	25.10%	3.98%
Potential complications (n=245)	139	14	78	14
	56.73%	5.71%	31.84%	5.71%
Projected evaluations (n=251)	205	8	26	12
	81.67%	3.19%	10.36%	4.78%
Projected therapeutic modalities (n=252)	213	3	24	12
	84.52%	1.19%	9.52%	4.76%
Supplies (n=248)	211	0	26	11
	85.08%	0.00%	10.48%	4.44%
Transportation (n=248)	187	2	48	11
	75.40%	.81%	19.35%	4.44%
Vocational / Educational plan (n=240)	117	17	87	19
	48.75%	7.08%	36.25%	7.92%
Wheelchair accessories / Maintenance (n=251)	183	3	53	12
	72.91%	1.20%	21.12%	4.78%
Wheelchair(s) / Mobility (n=252)	184	3	53	12
	73.02%	1.19%	21.03%	4.76%
I include a discussion / rationale of / for recommendations in the life care plan _____ of the time. (N=253)				
76-100%			217	85.77%
51-75%			13	5.14%
1-25%			11	4.35%
None			7	2.77%
26-50%			5	1.98%
I document pre-existing conditions within the report. (N=253)				
Yes			241	95.26%
No			8	3.16%
Other			4	1.58%
I include a list of potential complications (complications that are less than 50% probability to occur) for an evaluatee in my life care plan. (N=253)				
Yes			152	60.08%
No			72	28.46%
Other			29	11.46%
I include a list of probable (complications that have greater than 50% probability to occur) for an evaluatee in my life care plan. (N=253)				
Yes			213	84.19%
No			29	11.46%
Other			11	4.35%
If complications are included in a life care plan, I use the following sources to identify them (check all that apply): (N=253)				
Physician(s)			235	92.89%
Literature			164	64.82%
My expertise, education, training and / or experience			162	64.03%
Clinical practice guidelines			153	60.47%
Past medical history			149	58.89%
Other			14	5.53%

I include costs for goods and services related to pre-existing conditions in the life care plan. (N=248)		
No	191	77.02%
Yes	47	18.95%
Other	10	4.03%

I obtain costs for items and / or services recommended in a life care plan using the following resources (N=248)					
	None	1-25%	26-50%	51-75%	76-100%
Catalogs (n=218)	67 30.73%	49 22.48%	27 12.39%	36 16.51%	39 17.89%
Current vendors and providers (n=243)	5 2.06%	13 5.35%	23 9.47%	45 18.52%	157 64.61%
Internet (n=244)	5 2.05%	21 8.61%	27 11.07%	43 17.62%	148 60.66%
Local vendors and providers (n=246)	9 3.66%	14 5.69%	25 10.16%	40 16.26%	158 64.23%
Manufacturers (n=235)	25 10.64%	46 19.57%	33 14.04%	50 21.28%	81 34.47%
Medical bills (n=239)	25 10.46%	30 12.55%	28 11.72%	50 20.92%	106 44.35%
My office cost file or database (n=233)	57 24.46%	43 18.45%	31 13.30%	25 10.73%	77 33.05%
National databases with geographic adjustment (n=243)	33 13.58%	16 6.58%	21 8.64%	30 12.35%	143 58.85%
National databases without geographic adjustment (n=218)	145 66.51%	31 14.22%	9 4.13%	12 5.50%	21 9.63%
Price transparency data published by hospitals (n=239)	59 24.69%	36 15.06%	31 12.97%	41 17.15%	72 30.13%

Factors that affect my decision making in determining which resources to use to secure cost information include (check all that apply) (N=244)		
Geographic location	225	92.21%
My experience with the item or service	191	78.28%
My experience with the vendor or provider	166	68.03%
Evaluee and / or family preferences	141	57.79%
Treating physician preferences	106	43.44%
Time frames for completion of life care plan	79	32.38%
Referral source request	59	24.18%
Other	25	10.25%

If difficult to quantify, I include an annual allowance / allocation for goods and / or services. (N=244)		
Yes	166	68.03%
No	62	25.41%
Other	16	6.56%

I obtain a specific number of cost quotes for each item identified in a life care plan. (N=244)		
Yes	181	74.18%
No	40	16.39%
Other	23	9.43%

What factors affect decision making regarding the number of cost quotes obtained? (check all that apply) (N=242)		
Availability of items or services in geographic area	200	82.64%
Availability of current vendor appropriate cost	181	74.79%
Item or service availability	177	73.14%
The nature of the item or service itself	159	65.70%
Availability of national database(s)	123	50.83%
The cost of the item or service	115	47.52%

Recent experience with the item or service costs	100	41.32%			
Timeframe required by the referral source	66	27.27%			
Other	12	4.96%			
I obtain more than one cost quote on individual items or services. (N=242)					
Routinely obtain more than one cost quote	168	69.42%			
Varies – depends on the item or service (describe)	35	14.46%			
Varies – only when item or service cost appears to be higher than usually found	16	6.61%			
Varies – only when item or service is out of the ordinary	16	6.61%			
Never obtain more than one cost quote	7	2.89%			
I use billing codes _____ of the time when requesting cost quotes (N=241)					
76-100%	131	54.36%			
51-75%	34	14.11%			
Not applicable in my region	30	12.45%			
1-25%	26	10.79%			
26-50%	20	8.30%			
I discount to present value the cost of the items in life care plan _____ of the time. (N=241)					
None	199	82.57%			
76-100%	23	9.54%			
1-25%	8	3.32%			
26-50%	7	2.90%			
51-75%	4	1.66%			
In identifying costs for items in the life care plan, I include ancillary costs such as: (check all that apply) (N=241)					
None	104	43.15%			
Shipping	102	42.32%			
Delivery or other membership services (e.g., Care.com, Prime)	90	37.34%			
Assembly	84	34.85%			
Tax	65	26.97%			
Other	14	5.81%			
In identifying costs for items or services in the life care plan I use the following online research _____ of the time: (N=241)					
	None	1-25%	26-50%	51-75%	76-100%
Childcare (n=231)	60 25.97%	42 18.18%	32 13.85%	40 17.32%	57 24.68%
Home maintenance (n=238)	29 12.18%	30 12.61%	40 16.81%	48 20.17%	91 38.24%
Housekeeping (e.g., cleaning, laundry) (n=240)	28 11.67%	32 13.33%	36 15.00%	51 21.25%	93 38.75%
Remote medical monitoring (n=232)	68 29.31%	35 15.09%	34 14.66%	35 15.09%	60 25.86%
Software and apps (n=233)	47 20.17%	42 18.03%	33 14.16%	36 15.45%	75 32.19%
Tutoring (n=232)	60 25.86%	50 21.55%	39 16.81%	27 11.64%	56 24.14%
Yard maintenance (n=237)	30 12.66%	39 16.46%	43 18.14%	48 20.25%	77 32.49%
In forming opinions with regard to home modification cost, I use _____ of the time: (N=238)					
	None	1-25%	26-50%	51-75%	76-100%
Architect estimate / quote (n=212)	56 26.42%	51 24.06%	28 13.21%	26 12.26%	51 24.06%
Contractor estimate / quote (n=229)	23 10.04%	62 27.07%	33 14.41%	43 18.78%	68 29.69%
Independent home accessibility evaluator / specialist (n=217)	40	50	30	38	59

	18.43%	23.04%	13.82%	17.51%	27.19%
Literature (n=209)	57	42	33	29	48
	27.27%	20.10%	15.79%	13.88%	22.97%
Rehabilitation engineer (n=201)	127	37	13	7	17
	63.18%	18.41%	6.47%	3.48%	8.46%
VA home modification benefit (n=221)	77	29	14	33	68
	34.84%	13.12%	6.33%	14.93%	30.77%
I use the following databases when researching costs (check all that apply): (N=238)					
GoodRx				173	72.69%
Fair Health				127	53.36%
American Hospital Directory				114	47.90%
Genworth Cost of Care				112	47.06%
Medical Fees in the United States				108	45.38%
Physicians Fee Reference				99	41.60%
Veterans Administration Reasonable Charges				86	36.13%
Hospital Based Transparency (Charge Master)				83	34.87%
Department of Labor				63	26.47%
HCPCS Fee Analyzer				61	25.63%
Context4 Healthcare				57	23.95%
Other				54	22.69%
Physicians Fee and Coding Guide				51	21.43%
State / Federal / Provincial				50	21.01%
National Fee Analyzer				37	15.55%
Red Book: Pharmacy's Fundamental Reference				30	12.61%
HCUP Healthcare Utilization Project				28	11.76%
I use personal contacts (calls, emails, etc.) to obtain costs for goods and services _____ of the time in each of the following categories? (N=238)					
	None	1-25%	26-50%	51-75%	76-100%
Acute medical interventions (n=236)	77	36	29	26	68
	32.63%	15.25%	12.29%	11.02%	28.81%
Aggressive medical / Surgical intervention (n=236)	75	45	23	30	63
	31.78%	19.07%	9.75%	12.71%	26.69%
Aids for independent function (n=236)	63	60	30	28	55
	26.69%	25.424%	12.71%	11.86%	23.31%
Architectural renovations (n=236)	55	52	27	36	66
	23.31%	22.03%	11.44%	15.25%	27.97%
Diagnostic / Educational testing (n=236)	74	41	35	27	59
	31.36%	17.37%	14.83%	11.44%	25.00%
Durable medical items (n=236)	64	44	37	39	52
	27.12%	18.64%	15.68%	16.53%	22.03%
Facility Care (n=234)	36	32	23	37	106
	15.38%	13.68%	9.83%	15.81%	45.30%
Future medical care routine (n=232)	69	37	24	27	75
	29.74%	15.95%	10.34%	11.64%	32.33%
Health and strength maintenance (n=235)	60	32	36	32	75
	25.53%	13.62%	15.32%	13.62%	31.91%
Home care (n=233)	28	24	28	39	114
	12.02%	10.30%	12.02%	16.74%	48.93%
Home furnishings / Accessories (n=232)	62	58	36	29	47
	26.72%	25.00%	15.52%	12.50%	20.26%
Medications (n=234)	57	44	29	24	80
	24.36%	18.80%	12.39%	10.26%	34.19%
Orthopedic equipment (n=234)	59	38	46	36	55

	25.21%	16.26%	19.66%	15.38%	23.50%
Orthotics / Prosthetics (n=234)	29	24	38	51	92
	12.39%	10.26%	16.24%	21.79%	39.32%
Potential complications (n=234)	97	49	23	19	46
	41.45%	20.94%	9.83%	8.12%	19.66%
Projected evaluations (n=234)	61	40	32	19	82
	26.07%	17.09%	13.68%	8.12%	35.04%
Projected therapeutic modalities (n=237)	58	36	34	22	87
	24.47%	15.19%	14.35%	9.28%	36.71%
Supplies (n=235)	58	44	42	29	62
	24.68%	18.72%	17.87%	12.34%	26.38%
Transportation (n=234)	48	32	44	42	68
	20.51%	13.68%	18.80%	17.95%	29.06%
Vocational / Educational plan (n=232)	68	38	37	28	61
	29.31%	16.38%	15.95%	12.07%	26.29%
Wheelchair accessories / Maintenance (n=235)	51	40	42	37	65
	21.70%	17.02%	17.87%	15.74%	27.66%
Wheelchair(s) / Mobility (n=236)	47	40	44	37	68
	19.92%	16.95%	18.64%	15.68%	28.81%
I use published databases that provide costs for goods and services _____ of the time in each of the following categories. (N=238)					
	None	1-25%	26-50%	51-75%	76-100%
Acute medical interventions (n=234)	55	27	25	24	103
	23.50%	11.54%	10.68%	10.26%	44.02%
Aggressive medical / Surgical intervention (n=235)	53	29	17	27	109
	22.55%	12.34%	7.23%	11.49%	46.38%
Aids for independent function (n=233)	78	35	28	31	61
	33.48%	15.02%	12.02%	13.30%	26.18%
Architectural renovations (n=236)	100	47	26	16	47
	42.37%	19.92%	11.02%	6.78%	19.92%
Diagnostic / Educational testing (n=235)	83	31	20	21	80
	35.32%	13.19%	8.51%	8.94%	34.04%
Durable medical items (n=235)	76	29	33	35	62
	32.34%	12.34%	14.04%	14.89%	26.38%
Facility Care (n=235)	75	42	27	27	64
	31.91%	17.87%	11.49%	11.49%	27.23%
Future medical care routine (n=238)	56	30	18	26	108
	23.53%	12.61%	7.56%	10.92%	45.38%
Health and strength maintenance (n=235)	93	33	26	22	61
	39.57%	14.04%	11.06%	9.36%	25.96%
Home care (n=233)	80	43	26	30	54
	34.33%	18.45%	11.16%	12.88%	23.18%
Home furnishings / Accessories (n=233)	99	39	32	18	45
	42.49%	16.74%	13.73%	7.73%	19.31%
Medications (n=237)	62	27	20	25	103
	26.16%	11.39%	8.44%	10.55%	43.46%
Orthopedic equipment (n=235)	72	32	34	28	69
	30.64%	13.62%	14.47%	11.91%	29.36%
Orthotics / Prosthetics (n=236)	75	43	34	25	59
	31.78%	18.22%	14.41%	10.59%	25.00%
Potential complications (n=232)	99	36	19	19	59
	42.67%	15.52%	8.19%	8.19%	25.43%
Projected evaluations (n=237)	65	28	25	18	101
	27.43%	11.81%	10.55%	7.59%	42.62%

Projected therapeutic modalities (n=235)	57	25	27	22	104
	24.26%	10.64%	11.49%	9.36%	44.26%
Supplies (n=237)	79	39	29	33	57
	33.33%	16.46%	12.24%	13.92%	24.05%
Transportation (n=232)	99	38	33	220	42
	42.67%	16.38%	14.22%	8.62%	18.10%
Vocational / Educational plan (n=232)	125	36	21	14	36
	53.88%	15.52%	9.05%	6.03%	15.52%
Wheelchair accessories / Maintenance (n=234)	83	33	35	24	59
	35.47%	14.10%	14.96%	10.26%	25.21%
Wheelchair(s) / Mobility (n=236)	80	33	39	24	60
	33.90%	13.98%	16.53%	10.17%	25.42%
When developing a life care plan, I use cash prices? (N=236)					
Yes				160	67.80%
No				63	26.69%
Other				13	5.51%
When developing a life care plan, I use billed charges? (N=236)					
Yes				157	66.53%
No				62	26.27%
Other				17	7.20%
When developing a life care plan, I use negotiated discount rates: (N=236)					
No				217	91.95%
Yes				11	4.66%
Other				8	3.39%
When developing a life care plan, I use established fee schedules: (N=236)					
Yes				155	65.68%
No				63	26.69%
Other				18	7.63%
When developing a life care plan, I use other cost sources? (N=236)					
Yes				177	75.00%
No				53	22.46%
Other				6	2.54%
I identify collateral sources as a mechanism for funding a life care plan in the following situations (check all that apply): (N=235)					
Never				118	50.21%
If required by statute or state law				73	31.06%
When requested by referral source				68	28.94%
Life care planning consultation / analysis (i.e., rebuttal)				33	14.04%
Trust case management				26	11.06%
Life care plan implementation				20	8.51%
Other				16	6.81%
Vaccine Act referrals				12	5.11%
When applicable, I consider more than one residential care option at a time. (N=235)					
76-100%				136	57.87%
51-75%				50	21.28%
26-50%				27	11.49%
1-25%				16	6.81%
None				6	2.55%
In presenting home care options, I include private / direct hire costs. (N=235)					
Yes				135	57.45%
No				78	33.19%
Other				22	9.36%

When recommending live-in 24-hour care, I include additional costs for expenses such as food, utilities, supplies, etc. _____ of the time? (N=233)		
None	114	48.93%
76-100%	55	23.61%
1-25%	22	9.44%
51-75%	22	9.44%
26-50%	20	8.58%
When recommending in-home supervision for a pediatric evaluatee, I consider the time that a parent would normally be expected to perform parenting duties _____ of the time? (N=233)		
76-100%	147	63.09%
None	40	17.17%
51-75%	17	7.30%
1-25%	16	6.87%
26-50%	13	5.58%
I include discussion or reference to life expectancy in a life care plan _____ of the time. (N=233)		
76-100%	159	68.24%
None	36	15.45%
51-75%	16	6.87%
1-25%	13	5.58%
26-50%	9	3.86%
For life expectancy opinions I (check all that apply): (N=233)		
Use life expectancy tables published by the government / state	175	75.11%
Defer to a physician or other qualified professional	156	66.95%
Use life expectancy cited in literature	56	24.03%
Use actuarial / rated age tables	53	22.75%
Use statutory life expectancy tables (i.e., court defined)	42	18.03%
Give my professional opinion	12	5.15%
Other	6	2.58%
After completing a life care plan, I request physician(s) review only (without signing off) on the entire life care plan _____ of the time. (N=232)		
None	89	38.36%
1-25%	60	25.86%
51-75%	34	14.66%
76-100%	34	14.66%
26-50%	15	6.47%
After completing a life care plan, I request physician(s) review and sign off on the entire life care plan _____ of the time. (N=232)		
None	77	33.19%
76-100%	59	25.43%
1-25%	47	20.26%
51-75%	34	14.66%
26-50%	15	6.47%
I review the life care plan with the evaluatee and / or family _____ of the time. (N=232)		
None	98	42.24%
1-25%	71	30.60%
76-100%	25	10.78%
26-50%	20	8.62%
51-75%	18	7.76%
I provide a copy of the life care plan to the evaluatee and / or family _____ of the time. (N=232)		
None	168	72.41%
1-25%	35	15.09%
76-100%	15	6.47%

26-50%	7	3.02%
51-75%	7	3.02%
I ask the referral source to provide a copy of the life care plan to the evaluatee and / or family _____ of the time. (N=232)		
None	95	40.95%
76-100%	80	34.48%
1-25%	34	14.66%
51-75%	15	6.47%
26-50%	8	3.45%
I collaborate with or provide information to an economist to clarify life care plan entries / information _____ of the time. (N=232)		
51-75%	62	26.72%
76-100%	56	24.14%
1-25%	44	18.97%
26-50%	42	18.10%
None	28	12.07%
I am asked to help find other expert witnesses _____ of the time. (N=232)		
1-25%	97	41.81%
26-50%	51	21.98%
51-75%	40	17.24%
None	35	15.09%
76-100%	9	3.88%
I sign the life care plan report _____ of the time. (N=232)		
76-100%	215	92.67%
1-25%	7	3.02%
None	6	2.59%
26-50%	2	.86%
51-75%	2	.86%
If you do not sign the life care plan report, describe why? (N=6)		
Not applicable	5	83.33%
Always sign	1	16.67%
I am asked to assist in the development of questions for the opposing life care plan expert witness in _____ of my cases? (N=232)		
1-25%	71	30.60%
26-50%	55	23.71%
51-75%	52	22.41%
None	35	15.09%
76-100%	19	8.19%
I have contacted _____ evaluatee's / families to determine if the life care plan is being followed. (N=232)		
None	172	74.14%
1-25%	46	19.83%
26-50%	6	2.59%
51-75%	4	1.72%
76-100%	4	1.72%
I am contacted by a trust or another entity to determine if the life care plan is being followed _____ of the time. (N=232)		
None	180	77.59%
1-25%	44	18.97%
26-50%	5	2.16%
51-75%	3	1.29%
76-100%	0	0.00%
I am asked to implement a life care plan _____ of the time? (N=232)		

None	135	58.19%
1-25%	61	26.29%
Not applicable to my practice	18	7.76%
51-75%	11	4.74%
26-50%	7	3.02%
76-100%	0	0.00%
Over my career, I have mentored _____ life care planners (formally or informally), excluding supervision of employees or staff. (N=232)		
1-5	95	40.95%
None	84	36.21%
6-10	35	15.09%
11+	18	7.76%
My business / professional goals include (check all that apply): (N=232)		
Increase efficiency	137	59.05%
Increase life care plan referrals	97	41.81%
Retirement planning	87	37.50%
Raise rates	71	30.60%
Change my mix of referral sources	62	26.72%
Provide more consultation	62	26.72%
Hire more employees and / or sub-contractors	51	21.98%
Increase case management referrals	31	13.36%
Decrease life care plan referrals	25	10.78%
Transition from employee to business owner	17	7.33%
Decrease case management referrals	14	6.03%
Other	8	3.45%
Not applicable	8	3.45%
Downsize employees and / or sub-contractors	5	2.16%
I plan to begin actively transitioning to retirement from life care planning activities over the next _____ years (i.e., reducing the number of files, reducing number of work hours). (N=232)		
11+ years	60	25.86%
3-5 years	45	19.40%
Undetermined	44	18.97%
6-10 years	43	18.53%
0-2 years	40	17.24%
When do you plan to stop accepting referrals for new life care planning case? (N=232)		
Undetermined	62	26.72%
11+ years	53	22.84%
0-2 years	42	18.10%
6-10 years	38	16.38%
3-5 years	37	15.95%
Areas of my life care planning practice that create questions regarding best practices include (check all that apply): (N=232)		
Analyzing an opposing life care planner's opinions	119	51.29%
Analyzing an opposing life care planner's methodology	108	46.55%
Differing opinions of treatment providers	107	46.12%
Obtaining cost information	107	46.12%
Age of data	98	42.24%
Dealing with opinions of referring attorney that differ from mine	73	31.47%
Medical coding	67	28.88%
Discussing the plan with the attorney while in development	43	18.53%
Recommending further evaluation(s)	43	18.53%
None of the above	36	15.52%

Preparing files for deposition	35	15.09%
Using cost information obtained for other cases	33	14.22%
Use of research staff	32	13.79%
Collecting fees	29	12.50%
Dual relationships	29	12.50%
Setting / establishing fees	29	12.50%
Recommending specific experts	28	12.07%
Confidentiality	24	10.34%
Marketing practices	22	9.48%
Evaluee informed consent	20	8.62%
Other	7	3.02%
I would like additional training in the following areas (check all that apply): (N=232)		
Coding	98	42.24%
Use of databases	95	40.95%
Assistive technology / equipment	89	38.36%
Expert testimony	88	37.93%
Foundation for life care plan recommendations	84	36.21%
Acquired brain injury	71	30.60%
Ethical issues	62	26.72%
Amputation	61	26.29%
Medical treatment technologies	59	25.43%
Spinal cord injury	55	23.71%
Birth trauma (e.g., CP, Erb's Palsy, MR)	54	23.28%
Malpractice issues	54	23.28%
Pain	52	22.41%
Multiple trauma	46	19.83%
Environmental exposure (e.g., lead, asbestos, chemical sensitivity)	46	19.83%
Back injury	44	18.97%
Burns	44	18.97%
Pediatrics	43	18.53%
Transplantation	41	17.67%
Office / business technologies / transition to remote work	38	16.38%
Records management	38	16.38%
Orthopaedic issues	36	15.52%
Other	26	11.21%
Cancer	25	10.78%
Heart disease	15	6.47%
HIV / AIDS	14	6.03%
Hepatitis	13	5.60%

I prefer the following types of training options (rank order options: 1 = most preferred; 5 = least preferred): (N=231)					
	1	2	3	4	5
In-person conferences with multiple topics / speakers (n=231)	103 44.59%	26 11.26%	38 16.45%	40 17.32%	24 10.39%
In-person dedicated topic seminars / workshops (n=231)	24 10.39%	102 44.16%	39 16.88%	49 21.21%	17 7.36%
Correspondence course (n=231)	6 2.60%	7 3.03%	46 19.91%	21 9.09%	151 65.37%
Web-based training (live / synchronous) (n=231)	54 23.38%	50 21.65%	73 31.60%	44 19.05%	10 4.33%

Web-based training (pre-recorded / asynchronous) (n=231)	44	46	35	77	29
	19.05%	19.91%	15.15%	33.33%	12.55%

On average, I complete _____ continuing education hours on topics specific to life care planning each year: (N=231)		
11-20	105	45.45%
21-30	63	27.27%
41+	22	9.52%
<10	20	8.66%
31-40	18	7.79%
Other	3	1.30%