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Life Care Planning Survey 2001: Process, Methods and Protocols

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Since the first published literature on life care planning in 1981, the Life Care Plan has become an accepted tool for communicating a comprehensive plan for meeting individualized and complex service needs resulting from the onset of a disability. This specialty practice area, rooted in case management principles and frequently used in litigation settings, has expanded to such areas such as managed care, insurance reserve setting, discharge planning and elder care. With the acceptance of a formal definition of life care planning, standards in life care planning have ensued. Drawing on the results of the Life Care Planning Summit 2000 and advanced professional programs focused on comprehensive standards, frameworks, guidelines and criteria for life care planning, the authors conducted an online national survey of life care planners to identify demographics, business practices, roles/functions of the life care planner, life care planning protocols and future growth/development issues. The purpose of this article is to summarize results of the survey, describe the current state of life care planning practice, protocols/procedures used by life care planners, and areas of life care planning practice where further research may be necessary.

The information from this survey can be used to examine practices generally utilized by responding life care planners, to validate common methodology across disciplinary areas of preparation/experience, and to identify future research needs/areas of development. It provides a baseline for future surveys documenting the evolution of the practice of life care planning.

Introduction and Historical Perspective

The Life Care Plan is often described as a tool of rehabilitation case management practice. It is an organized means of communicating a comprehensive plan for meeting individualized and complex service needs resulting from the onset of a disability. "A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which provides an organized, concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury

or have chronic health care needs" (combined definition of the University of Florida/Intelicus Annual Life Care Planning Conference and the International Academy of Life Care Planners, Weed, 1999, p. iii). The development of this formal definition came about in 1998, following several years of growth in the practice of life care planning.

Since the term Life Care Plan was published in *Damages in Tort Actions* (Deutsch & Raffa, 1981) and *A Guide to Rehabilitation* (Deutsch & Sawyer, 1985, Rev. 2002), the scope and practice of life care planning has developed and grown. A variety of training programs in life care planning have been established to provide detailed instruction on the format, methods and procedures involved in outlining future care needs and costs in catastrophic cases. Formal training began with a two-day course offered by Paul Deutsch, PhD in 1986 followed by the Rehabilitation Training Institute courses in 1993 (now offered through the University of Florida/Intelicus). Life care planning courses and continuing education seminars are now taught through several professional organizations as well as at a number of universities offering graduate programs in rehabilitation counseling and nursing.

Certification became available in 1996 when the Commission on Disability Examiner Certification (now the Commission on Health Care Certification, CHCC) administered the first Certified Life Care Planner (CLCP) examination. There are over 400 Certified Life Care Planners with diverse professional backgrounds that include, but are not limited to, rehabilitation counseling, nursing, psychology, and medicine (May, 2002). 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 (Weed, Berens, and Deutsch, 2002).

The scope of life care planning practice has extended to areas such as managed care, insurance reserve setting, discharge planning, and elder care. At the same time, many professionals who complete life care plans are being called upon as expert witnesses in the legal arena. The Daubert decision (1993) and resulting case law regarding the admissibility of expert witness testimony have become familiar to most life care planners. Applicable in federal and many state courts, Daubert guidelines have influenced the perspective of life care planners and spurred intense consideration of how their opinions will "hold up" under careful scrutiny. As the field advances, professionals involved in this specialty practice area are focusing on the further development of standards within life care planning.

The Life Care Planning Summit 2000 in Dallas, Texas involved representatives from professional associations and individual participants who were practicing life care planners. The published Summit Proceedings include remarks, questions and consensus comments relating to five focus areas: Professional Preparation; Basic Tenets and Procedures; Ethics; Reliability and Validity; and Information Dissemination (Weed & Berens, 2000). Summit proceedings were endorsed by the American Association of Legal Nurse Consultants (AALNC), Case Management Society of America (CMSA), Commission on Disability Examiner Certification (CDEC), International Academy of Life Care Planners (IALCP), International Association of Rehabilitation Professionals (IARP), and University of Florida/Intelicus.

Also in 2000, the International Academy of Life Care Planners (IALCP, previously the American Academy of Nurse Life Care Planners) published Life Care Planning Standards of Practice and peer review procedures were a focus at both the 2000 American Board of Vocational Experts (ABVE) and IARP Forensic Section meetings.

In March 2001, University of Florida/Intelicus presented an advanced program exploring life care planning and expert testimony issues. Presentations and group discussion focused on the use of comprehensive standards, frameworks, guidelines and criteria in developing a Life Care Plan. During conference proceedings, it was recognized that life care planners have

achieved significant consensus regarding common terms, work activities, methodology, best practices and training/dissemination needs. At the same time, other questions arose. What are the performance indicators of a comprehensive life care planning process? How do the textbook definitions of reliability and validity functionally apply in life care planning? In what manner would an individual life care planner compare and contrast his/her methodology with that of another life care planner? Do standards accurately represent the individual life care planner in their day-to-day practice?

There is a paucity of data-based research in the field of life care planning. Turner, Taylor, Rubin, & May (2000) conducted a study of the job functions associated with the development of life care plans and McCollom & Crane (2001) have studied the accuracy of life care plans over time. Current doctoral research includes a study to measure accuracy among 60+ cases where two or more life care plans have been written one or more years after the initial plan was completed (Georgia State) as well as research on life care planner role/function (Southern Illinois University-Carbondale).

Continuing the ongoing progress in life care planning education, professionalism, principles, and identification of pertinent practice issues, the authors developed and completed an online national survey of life care planners in 2001. The survey was conducted in an effort to obtain current information about life care planners, the life care planning process, as well as methods and protocols utilized by practicing life care planners. Survey results are expected to enhance life care planning practice by promoting, within the life care planning community, continued discussion and consideration regarding competencies and standards of practice.

The purpose of this article is to provide preliminary discussion about the results of the Life Care Planning Survey 2001, specifically describe the current state of life care planning practice, describe protocols/procedures used by life care planners, and to identify areas of life care planning practice where further research may be necessary.

Methodology

Study Design

A survey of the demographics and practice activities of life care planners was completed in November 2001. The survey instrument was developed over a six-month period of time. The tool was piloted/reviewed by leaders in the field of life care planning and feedback used to assist in refining the questions. The research protocol was informally reviewed by a member of an Institutional Review Board at a major medical university for the protection of human subjects. Since the respondents' identities were not available to the research team and the individuals gave informed consent through voluntary participation by completing of the survey, no risks to individuals were identified. All survey participants provided informed consent by voluntarily completing the survey.

The survey instrument consisted of multiple-choice answers with the option of providing comments on selected questions. 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 (See Appendix A for the complete survey instrument). Survey respondents were requested to provide information regarding current practice and/or protocols used during the past five years. Questions regarding future growth needs were also included in the survey. Information from the Life Care Planning Summit 2000 Proceedings, IALCP Standards of Practice as well as the CDEC competencies and standards of practice served as the framework for the development of the survey instrument.

Respondents

No centralized or comprehensive list of life care planners currently exists. The major rehabilitation, life care planning and education/training organizations were contacted to obtain names of probable life care planners. Multiple organizations were contacted since individuals from various disciplines complete life care plans. Email lists were obtained from AALNC, IALCP, IARP Forensic Section, MDEX Online, Inc. and University of Florida/Intelicus.

Mailing lists were supplied to the research team for a one time only use. The lists of names provided by these organizations and institutions were reviewed and merged to avoid duplication of names. Individual life care planners were then sent an email invitation to participate in the survey.

Two follow-up email invitations were sent to the 1276 usable email addresses. To reach life care planners who did not have an email address and/or may not have received the invitation to participate, announcements were posted on the IARP and ABVE listservs. In addition, an announcement was made at the University of Florida/Intelicus annual conference accompanied by distribution of a flyer (an updated revision of the invitation letter) to provide information on the project and instructions for going online to complete the survey.

Data Collection

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

The email list of potential life care planners was given to iFeedback. iFeedback sent all email invitations requesting participation, collected the data from respondents, and sent the data to the researchers without respondent identifiers. Participants were given one month to respond. Responding participants completed the survey instrument online. After iFeedback received survey responses, the participants' email addresses were deleted and the data forwarded in aggregate form to the authors.

Statistical Analysis

Descriptive analysis was generated directly from the iFeedback database of responses and included frequency and percentage data for all questions. Chi-Square (X^2) analyses were completed to determine if there were significant differences in responses to selected questions by field of practice and certification status.

Results

Demographics

Response Rate

Responses were obtained from 388 individuals or 30.4% of the emailed invitation list. In response to the first question on the survey, 209 (16.4%) individuals indicated that they are life care planners. For the remaining questions, the number of respondents ranged from 148 – 219 with a mean of 209 and a mode of 213. Not all individuals answered all questions on the survey. Several respondents answered the survey questions without indicating they were life care planners. This variance was not significant enough to skew the data. Results are reported only on the sample of life care planner respondents.

Gender

Although (life care planner) respondents were primarily female (84%), there were significant gender distribution differences between professional groups. Rehabilitation counselors had a significantly higher proportion of males (27.4%) than did nurses (5.9%; $X^2(1) = 15.47$, $p<.01$). Other professions (21.9%) also had a significantly higher percent of males than nurses ($X^2(1) = 7.00$, $p<.01$). Rehabilitation counselors and other professionals did not differ from each other in this respect.

Geographical Distribution

Responses were geographically distributed throughout all 11 Federal Court Districts with the highest response rates from the 4th Circuit (N=34; states include Maryland, North Carolina, South Carolina, Virginia, West Virginia) and the 9th Circuit (N= 44; states include California, Nevada, Arizona, Oregon, Idaho, Washington, Montana, Alaska, Hawaii). One Canadian response was received. There were no responses from Hawaii, DC, Maine, North Dakota, Rhode Island, South Dakota, Tennessee, Vermont, West Virginia, Wisconsin or Wyoming.

Licensure/Field of Practice

Fifty-six percent (N=115) of the respondents were Registered Nurses whereas 33% (N=67) indicated they are licensed or certified as rehabilitation counselors.

Responses for primary field of practice follow a similar pattern: 48% of respondents (N=104) considered nursing as their primary field of practice and 33% (N=76) designated rehabilitation counseling. Individuals also indicated a primary field of practice by writing-in other areas (e.g., case management, nursing case management, rehabilitation ergonomics/economics, legal, disability management specialist and neurospsychology). For analyses by field of practice, three groups were formed: Nurses, rehabilitation counselors and "other" professionals. The "other category" includes counseling, medicine, occupational therapy, physical therapy, psychology, social work, speech therapy and the write-in responses.

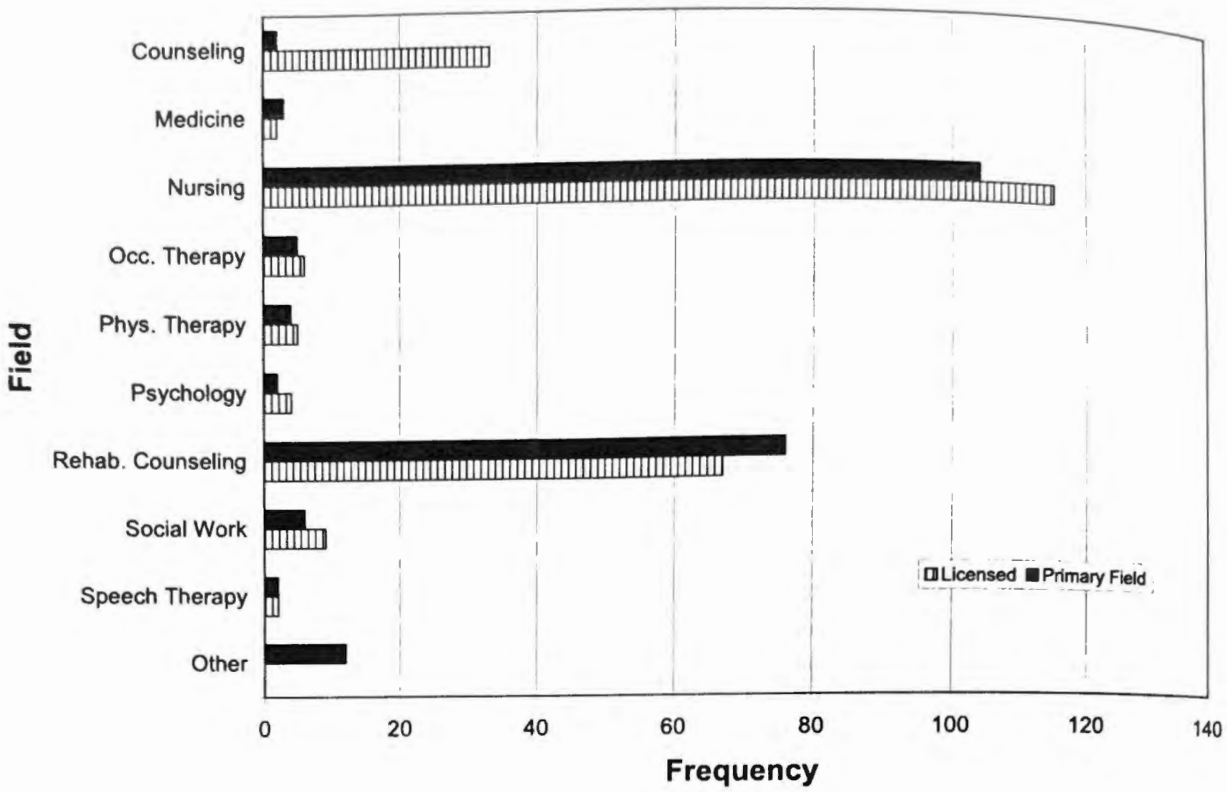

Figure 1. Respondents by licensure/field of practice.

Education

Twenty-nine percent (N=62) of the respondents indicated their highest academic degree is at the Bachelor's level; 44% (N=94) have earned a Master's Degree and 9% (N=19) have obtained doctoral degrees. Two physicians completed the survey. A detailed list of degrees with corresponding respondent percentages is presented in Table 1.

Professional Affiliation

Respondents reported that they hold an average of 2.4 certifications and belong to an average of 2.07 organizations each. The most commonly cited organizations in which respondents hold an active membership include: International Association of Rehabilitation Professionals (N=96), Case Management Society of America (N=79), and American Association of Legal Nurse Consultants (N=61).

Fifty-two percent of the respondents (N=107) indicated they are active members of a professional listserv. Although there was no significant difference in listserv participation by field of practice, the trend favors rehabilitation counselors. Less than 50% of the nurses as opposed to 63% of the rehabilitation counselors indicated they are active members of a listserv.

Sixty-three percent of the respondents (N=125) reported that they hold the CHCC Certified Life Care Planner (CLCP) designation, 59% (N=117) are Certified Case Managers (CCM) and 38% (N=75) are Certified Rehabilitation Counselors (CRC). Forty-five percent of

Degree	Number of Respondents with Degree	Percent of Respondents with Degree
Diploma Degree Nurse	18	8
Associate Degree Nurse	12	6
BSN	38	18
BS or BA	24	11
MA	33	15
MS	20	9
MEd	15	7
MSN	14	7
MBA	4	2
MPA/MPH	4	2
MSW	4	2
PhD	15	7
EdD	4	2
MD	2	1
Other	6	3

Number of Respondents = 213

Table 1. Degrees with Corresponding Respondent Percentages

the respondents (N=96) complete an average of 11 – 20 continuing education hours on topics specific to life care planning each year. There was no significant difference in CEU hours by field of practice.

Experience

A majority of respondents (63%, N=134) indicated that life care planning has been part of their practice for one to ten years. Twenty-nine percent (N=62) have performed life care planning services for 11 – 20 years and 4% (N=8) for more than 21 years.

Rehabilitation counselors, nurses, and other professionals were not equally represented with respect to high levels of experience in the field of rehabilitation. Ten percent of the respondents (N=43) reported 1-10 years of experience, 22% (N=89), 11-20 years of experience and 20% (N=78) reported 21 or more years of experience.While 50.7% of rehabilitation counselors reported more than 20 years of experience, only 24.0% of nurses and 40.1% of other professionals did so. The difference between rehabilitation counselors and nurses was significant (X^2 (1) = 13.36, p<.01), but other professionals did not differ significantly from either rehabilitation counselors or nurses.

Fifty-seven percent of the respondents (N =112) have completed 11 – 100 Life Care Plans and 23% (N=49) have completed more than 100 plans. A majority of respondents (82%, N=172) indicated that over 50% of the Life Care Plans they complete are on adults (Age 22 – Life) whereas 72% (N=153) of the respondents complete plans on children less than 50% of the time.

Certification	Number of Respondents with Certification	Percent of Respondents with Certification
Certified Life Care Planner (CLCP)	125	63
Certified Case Manager (CCM)	117	59
Certified Rehabilitation Counselor (CRC)	75	38
Certified Disability Management Specialist (CDMS)	62	31
Certified Rehabilitation Registered Nurse (CRRN)	35	18
American Board of Vocational Experts (ABVE)	15	8
Certified Vocational Evaluator (CVE)	11	6
Legal Nurse Consultant Certified (LNCC)	10	5
Certified Nurse Life Care Planner (CNLCP)	10	5
National Certified Counselor (NCC)	8	4
American Board of Professional Psychologists (ABPP)	1	<1
Academy of Certified Social Workers (ACSW)	2	1
Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP)	2	1
Other	0	0

Number of Respondents = 200

Table 2. Certifications Held by Respondents

For a majority of respondents (73%, N=156), life care planning represents 50% or less of their practice. Twelve percent of the respondents (N=26) indicated that life care planning was a significant proportion (76 - 100%) of their practice.

Thirty-six percent of the respondents (N=76) reported that they provide statewide life care planning services, 47% (N=100) provide regional services (e.g., a 3-5 state radius) and 40% (N=85) provide national services (categories were not mutually exclusive).

Twenty-six percent of the respondents (N=55) have never testified as an expert witness regarding a Life Care Plan. Of those with Life Care Plan testimony experience (73.7%, N=154), .6% (N=1) have testified only in Federal Court, 23% (N=36) only in state court and 4.5% (N=7) only in workers' compensation hearings. Twenty-seven percent (N=42) have testified in both Federal and State Court, and 19% (N=29) in Federal/State Court as well as workers' compensation hearings. Eighty-nine percent of the respondents (N=189) have never been subjected to a Daubert challenge and 80% (N=166) have not assisted an attorney in preparation for a Daubert hearing regarding another expert witness.

Business Practices

Practice Setting

Many respondents (41%, N=88) indicated that they practice as sole proprietors. Other practice settings included owner/independent practice setting with employees (29%, N=62) and private rehabilitation or case management company (employee; 17%, N=37). There was no significant difference by field of practice.

Referral Base

The most common sources of referrals for this sample of life care planners were attorneys, workers' compensation insurance carriers and insurance companies. A majority of respondents (62%, N=131) reported that they are not listed with an expert witness service. Forty-three percent of the respondents (N=93) receive greater than 50% of their referrals from plaintiff attorneys. Fifteen percent of the respondents (N=31) receive greater than 50% of their referrals from defense attorneys.

Case Acceptance/File Documentation

Forty-five percent (N=96) of the respondents indicated that they require a signed agreement (or letter of engagement) prior to accepting a case; 31% (N=65) indicated that this practice varies by case. Seventy-three percent (N=155) reported that copies of all time sheets (contact/activity) are part of their file 76 – 100% of the time. Ninety-five percent of the respondents (N=202) reported that copies of all correspondence are part of their file 76 – 100% of the time. Fifty-three percent (N=113) indicated that copies of all email correspondence are part of their file 76 – 100% of the time.

Retainer

While 40% of the respondents (N=85) reported that they require a retainer before initiating work on a case, 43% of the respondents (N=93) indicated that this practice varies by case. For those who request a retainer, 42% (N=61) request $1000 or less, 23% (N=36) request $1001 - $1500, 14% (N=21) request $1501 - $2000 and 11% (N=17) request more than $2000. Twelve percent of the respondents (N=19) indicated that the requested retainer varies by case.

Billing

A majority of the respondents (53%, N=91) indicated that the average total number of hours required to complete a Life Care Plan ranges from 31 – 50. The most common use of others (e.g., contracted workers, other staff) is for assistance to obtain cost information, followed by vocational assessment, resource identification, literature review/research, and medical records analysis.

Ninety-eight percent of the respondents (N=206) indicated that they (or their company) bill by the hour. Twenty-four percent (N=50) of the respondents charge $100 or less per hour whereas 41% (N=85) charge $101 - $125 per hour and 33% (N=71) charge $126 or more per hour. Rate structure differences existed by professional group such that the proportion of rehabilitation counselors (46.5%; X^2 (1) = 13.78, $p<.01$) and other professionals (46.9%; X^2 (1) =

8.33, p<.02) who typically charge more than $125 per hour was significantly greater than the proportion of nurses who charged this much (20.1%).

When rate structure was examined by certification status, it was found that those who were not CLCPs were not proportionally represented in the highest rate group (47.3%) compared to CLCPs (22.8%). On the other hand, CLCPs were disproportionally more likely to charge between $100 per hour and $125 per hour (56.3% compared to 32.4% for non-certified individuals). These differences were statistically significant (X^2 (2) = 12.82, p<.01).

Fifty-four percent of the respondents (N=115) reported that they charge a different rate for court/deposition appearance. (Ninety-six respondents from this group state they charge a higher rate for court/depositions). Twenty-six percent of the respondents (N=55) indicated that they (or their company) charge a different rate for travel. (Eighty-nine percent of this group or 51 respondents indicated a lower travel rate). Ninety percent of the respondents (N=190) indicated that they charge a different rate for professional services in the area of life care planning when acting as a non-testifying consultant (versus as an expert witness). For those who charge a different rate, 67% (N=16) charge less per hour as a non-testifying consultant.

The primary avenue utilized by respondents for resolving non-payment of bills is to contact the referral source. The second most frequently cited response was that non-payment of bills was "never a problem". The remaining options for resolution of non-payment were (in rank order): legal representation; write it off; bar association complaint; and collection service.

Roles/functions of the life care planner

A majority of respondents (54%, N=115) indicated that they have not served in the role of a case manager, counselor or therapist on a case, then later developed the Life Care Plan for that client. Likewise, a majority of respondents (67%, N=142) reported that they have not served in the role of a case manager, counselor or therapist on a case after completing a Life Care Plan, nor served in the role of a case manager, counselor or therapist on a case after another person completed a Life Care Plan (59%, N=124).

Thirty-five percent 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. Sixteen percent (N=35) 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. Thirty-seven percent have reviewed or analyzed one to ten plans of an opposing expert to provide an expert opinion in a litigation situation and 52% (N=112) have provided this service on one to ten plans as a non-testifying consultant. Only 7% (N=14) have reviewed and/or analyzed more than 50 Life Care Plans of an opposing expert to provide an opinion (either as a testifying or non-testifying expert).

Twenty percent of the respondents (N=42) are asked to assist in the development of deposition questions for the opposing life care plan expert more than 50% of the time. Twenty-two percent of the respondents (N=45) have not been asked to do so.

Fifty-six percent of the respondents (N=114) have not developed visual aids/exhibits (not including Life Care Plan charts or lists) for testimony. Seventy-nine percent of the respondents (N=163) reported that they do not discount to present value the cost of the items in the Life Care Plan. Fifty-six percent of the respondents (N=113) indicated that they provide information to an economist to clarify lifetime cost projections 76 to 100% of the time.

Seventy-eight percent of the respondents (N=163) indicated that they do not videotape clients, 60% (N=147) have not participated in the production of day-in-the-life videos and 58% (N=122) do not take photographs of clients.

Fifty-four percent of the respondents (N=110) have not contacted clients/families to determine if the Life Care Plan is being followed.

Thirty two percent of the respondents (N=66) reported that they review the Life Care Plan with the client and/or family greater than 50% of the time while 18% (N=38) never do so. Forty-five percent of the respondents (N=90) never provide a copy of the Life Care Plan to the client and/or family; 19% (N=39) do so 76 – 100% of the time. There were no significant differences by field of practice or certification status for these results.

Life Care Planning Protocols

Assessment

Records Request. At the time of referral, greater than 75% of the respondents reported that they routinely (76 – 100% of the time) make a verbal request for the following types of records: Medical, neuropsychology/psychology, physical/occupational/ speech therapy, pharmacy/medication summaries, and medical depositions. More than 75% of the respondents routinely (76 – 100% of the time) make a written request for medical records and neuropsychology/psychology records. Less than 50% of the respondents routinely request (either verbally or in writing) military records, tax returns, style of case/caption, records of liability experts, or answers to interrogatories at the time of referral.

Interview. Eighty-two percent of the respondents (N=173) reported that they request a personal interview with the client verbally and 32% (N=64) make this request in writing. Forty-seven percent of the respondents (N=95) indicated that a written request for client interview varies by case. If a request for a client interview is denied, 73% of the respondents (N=144) provide written documentation 76 – 100% of the time. In cases referred by plaintiff attorneys, 94% of the respondents (N=194) conduct an in-person interview with the client or family 76– 100% of the time. In cases referred by defense attorneys, 41% of the respondents (N=84) conduct an in-person interview with the client and/or family 76 – 100% of the time. When conducting an in-person interview, the most common location cited is the client's home, followed by referral source, private location "my" office, public location, colleague's office, and "other" (e.g., attorney's office, rehab facility, hospital, therapy setting). Seventy-six percent of the respondents (N=161) reported that they obtain informed consent in writing from a client 76 – 100% of the time.

Structured Forms. Seventy-eight percent of the respondents (N=164) indicated that they utilize a structured interview form 76 – 100% of the time. Seventy-four percent of the respondents (N=156) use standardized (either published or customized) questionnaires and/or checklists to document information received from the client, family, physicians, allied health professionals, etc. Sixty-one percent (N=129) use standardized questionnaires or checklists (either published or customized) to manage the life care planning process (e.g., track work completed, information needed, etc).

Records Review. In forming Life Care Plan opinions regarding appropriate medical, therapeutic and diagnostic interventions related to the medical diagnosis, 99% of the respondents (N=209) reported that they conduct a medical records review 76 – 100% of the time. Over 90% of the respondents indicated that they identify and analyze the general course of medical and therapeutic care, hospitalizations, specialized consultations and providers as a component of the medical records review. Over 80% of the respondents identify and analyze a detailed timeline of medical and therapeutic care.

While 58% of the respondents utilize clinical practice or standard of care guidelines over 50% of the time, nurses were proportionally more likely to use practice guidelines or standard of care guidelines at least half the time when forming opinions about appropriate interventions than were rehabilitation counselors (66.3% vs 45.8%; X^2 (1) = 7.14, p<.01). Neither nurses nor rehabilitation counselors differed from other professionals on this variable.

Sixty-three percent of the respondents (N=133) reported that they perform and utilize a literature search over 50% of the time. The most commonly cited sources or texts used are:

- *A Guide to Rehabilitation* (Deutsch & Sawyer, 2002)
- Internet
- *Treating physician/health care providers/medical team*
- *Life Care Planning and Case Management Handbook* (Weed, 1999)
- *University of Florida/Intelicus curriculum materials*

Plan Development

Collaboration with Rehabilitation Team. In forming Life Care Plan opinions, 77% of the respondents indicated that they consult with physicians 76 – 100% of the time. If unable to consult with physicians or other health care providers (either treating or expert) regarding items to be included in the Life Care Plan, respondents reported that they utilize the following sources (in preferred order): evidenced based treatment guidelines; relevant literature; professional experience; materials from educational lectures; and consultation with other life care planners. There was no significant difference by field of practice or certification status in ranking this information.

In the process of completing a Life Care Plan, 40% (N=93) of the respondents indicated that they conduct a telephone interview with physicians over 50% of the time. There was no significant difference by field of practice. Thirty percent (N=63) of the respondents conduct an in-person interview with physicians over 50% of the time. When preparing a Life Care Plan, nurses were proportionally more likely to conduct an in-person interview with the physician at least half the time than were either rehabilitation counselors or other professionals. Percentages in each profession who conducted in-person interviews at least half the time were 39% for nurses versus 24.7% for rehabilitation counselors (X^2 (1) = 3.93, p<.05) and 16.1% for other professionals (X^2 (1) = 5.55, p<.02. Rehabilitation counselors and other professionals did not differ from each other.

If a personal or telephone interview is conducted with physicians, 60% of the respondents (N=122) reported that they follow up with written confirmation 76 – 100% of the time. When contacting allied health/education professionals (e.g., physical therapist, occupational therapist, teacher), 27% of the respondents (N=57) conduct an in-person interview and 34% of the respondents (N=72) conduct a telephone interview greater than 50% of the time. If a personal or telephone interview is conducted with allied health/education professionals, 48% of the respondents (N=108) indicated that they follow up with written confirmation greater than 50% of the time. There were no significant differences in this result by field of practice.

In the process of completing a Life Care Plan, 40% of the respondents (N=84) reported that they request additional medical evaluations 1 – 25% of the time; 26% of the respondents (N=56) make this request greater than 50% of the time. Fifty-seven percent (N=119) request additional non-medical evaluations 1 – 25% of the time, whereas 16% (N=32) of the respondents make this request greater than 50% of the time. There were no significant differences by field of practice. Neuropsychological evaluations were the most frequently requested non-medical evaluations followed by physical therapy, occupational therapy, psychology/counseling and assistive technology.

Vocational Issues. With respect to performing a vocational assessment, rehabilitation counselors differed significantly from both nurses (X^2 (1) = 94.10; p<.01) and other professionals (X^2 (1) = 49.98; p<.01). Nurses and other professionals did not differ significantly from each other. Fifty percent of the rehabilitation counselor respondents reported that they perform a vocational assessment 76 – 100% of the time in forming Life Care Plan opinions whereas a low percent of nurses (3%) and other professionals (9.4%) complete a vocational assessment more than 75% of the time. While 78.9% of the nurses and 71.8% of the respondents in other fields of practice never perform a vocational assessment, only 8.3% of the rehabilitation counselor respondents reported that they never complete a vocational assessment when preparing a Life Care Plan.

Responses to the question of whether a vocational assessment is requested provide a broader perspective on the vocational aspect of Life Care Planning. Again, rehabilitation counselors differed significantly from both nurses (X^2 (1) = 55.72; p=.01) and other professionals (X^2 (1) = 12.60; p=.01), while nurses and other professionals did not differ significantly from each other. In this analysis however, 50% of rehabilitation counselors reported that they never requested a vocational assessment; while relatively small percentages of nurses (6.2%) and other professionals (21.9%) reported this.

Results for the frequency with which respondents consult an employer mirrored those of the other questions that focused on the vocational information contained in a Life Care Plan. Once again, rehabilitation counselors differed significantly from both nurses (X^2 (1) = 11.74; p=.02) and other professionals (X^2 (1) = 15.04; p=.05), while nurses and other professionals did not differ significantly from each other. It appears that the source of the significant differences lay in the relatively low proportion of rehabilitation counselors who reported that they never consult with employers (13.7%) compared to nurses (30.6%) and other professionals (46.9%). Forty-five percent of the respondents who conduct a personal or telephone interview with an employer do not follow up with written confirmation while 32% do so over 50% of the time.

Cost Research. Respondents indicated that the most preferred resources for obtaining costs for items and services recommended in the Life Care Plan are current vendors followed by local vendors or providers, catalogues/internet, case management file, national databases and manufacturers. The primary factor that affects decision making in determining which resources to use to secure cost information is geographic location followed by the life care planner's experience with the item or service, experience with the vendor or provider, client or family preferences, physician preferences, time frames for completion of the Life Care Plan and referral source request. Twenty-one percent of the respondents (N=44) reported that they utilize databases that provide the average costs of various services according to the geographic area or city. Fifty-three percent (N=109) of the respondents indicated that this practice varies by case.

Seventy-eight percent of the respondents (N=164) indicated that they group smaller/less costly items (rather than listing individually) 50% or less of the time. Eighty-eight percent of the respondents (N=183) specify the quantities of items and services when cost per units/year is listed.

When listing costs for items or services using information obtained prior to the initiation of research for a particular Life Care Plan (e.g., during the course of providing case management services), 42% of the respondents (N=172) reported that they will not use information older than one year. There were no significant differences by field of practice.

Twenty-one percent of the respondents (N=44) consider it appropriate to use cost information from one Life Care Plan in another Life Care Plan if the information is less than 3

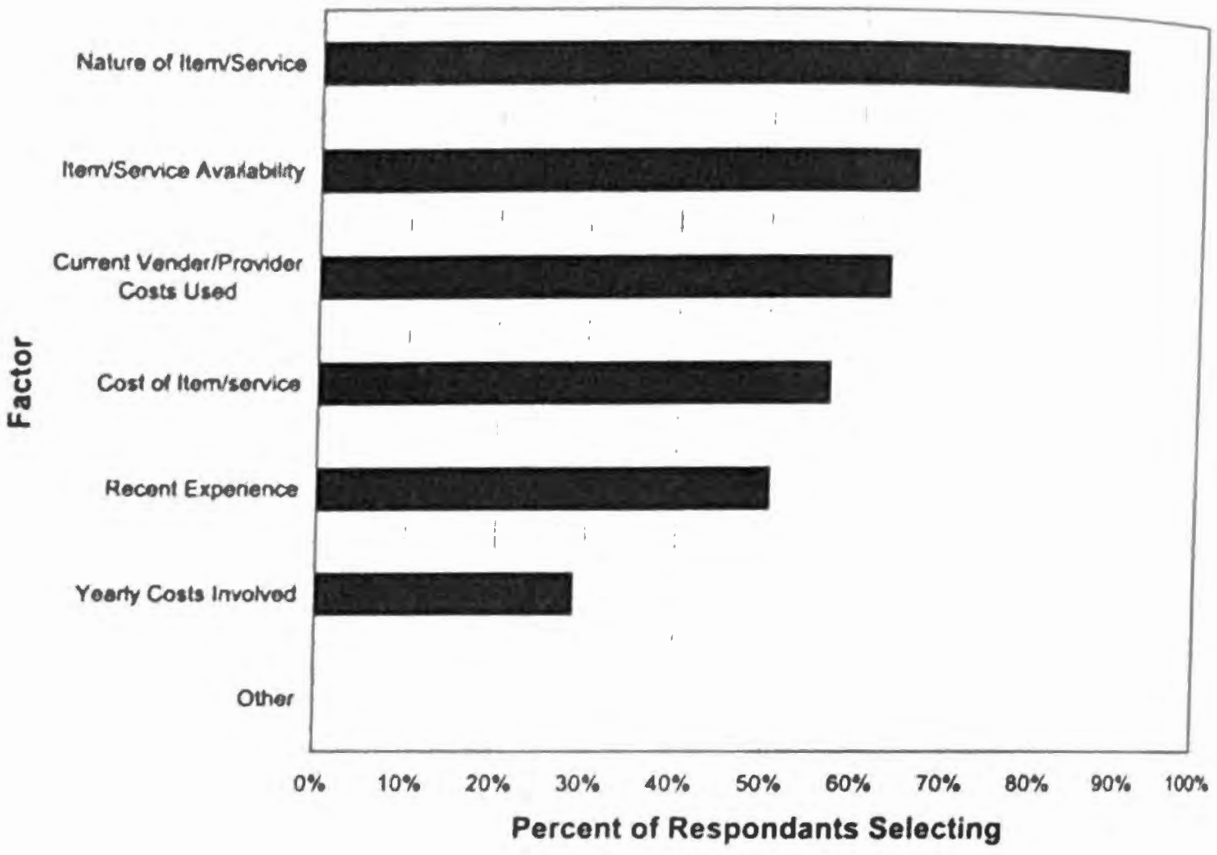

Figure 2. Factors Affecting Cost Quotes

months old; 34% (N=69) if the information is 4 – 6 months old and 24% (N=50) if the information is 7 – 12 months old. Nineteen percent of the respondents (N=39) never use cost research data from another Life Care Plan.

When nursing, rehabilitation counseling and other professionals were compared on using cost information from one Life Care Plan in another Life Care Plan, there were significant differences (X^2 (8) = 16.86, $p < .05$). To examine the source of the overall difference, nurses, rehabilitation counselors, and other professionals were compared in a pairwise fashion. Nurses and other professionals did not differ significantly from each other (X^2 (4) = 7.51, $p > .10$). However, nurses and rehabilitation counselors were found to differ significantly (C2 (4) = 9.94, $p < .05$), as were rehabilitation counselors and other professionals (X^2 (3) = 8.41, $p < .05$). Among nurses, 44.7% indicated that they re-use cost estimates that are no older than six months. However, 62.2% of the rehabilitation counselor respondents re-used estimates that are no older than six months. While 28.2% of nurse respondents indicated that it is appropriate to use estimates that are over one year old, only 8% of the rehabilitation counselors indicated this was appropriate.

The pattern was similar in the pairwise comparison of rehabilitation counselors and the other professionals category: While 75.1% of other professionals re-used cost estimates that were 12 months old or less, 91.4% of rehabilitation counselors re-used estimates in this range. A quarter (25%) of other professionals found it acceptable to re-use cost estimates that were five years old, while only 8% of rehabilitation counselors indicated this was appropriate.

In summary, the source of the statistical difference between rehabilitation counselors and both nurses and other professionals is that rehabilitation counselors are less willing to use cost

information that is more than one year old or re-use cost estimates that exceed 12 months in age.

A majority of respondents (53%, N=110) vary the number of cost quotes for each item identified in the Life Care Plan. The primary factor that affects decision-making regarding the number of cost quotes obtained is the nature of the item or service followed by the item/service availability, use of current vendor or provider costs, cost of the item/service, and recent experience with the item or service costs.

Fifty-eight percent of the respondents (N=118) reported that they typically obtain more than one cost quote (if available or accessible) while 31% (N=63) always obtain more than one cost quote. Whereas annual cost did not seem to be a factor in determining the number of cost quotes obtained, circumstances such as an unusual item or service, or a cost that appears to be higher than usual, were primary considerations. In researching costs for recommended items or services, 81% (N=170) of the respondents reported that they request private pay and/or retail cost quotes 76 – 100% of the time. Sixty-two percent of the respondents (N=128) never request negotiated rate cost quotes and 30% (N=120) never identify costs according to a workers' compensation fee schedule.

Home Modification. In forming opinions with regard to home modifications, 59% of the respondents (N=166) indicated that they utilize contractor estimates greater than 50% of the time. Fifty-seven percent of the respondents utilize written quotes less than 50% of the time and 54% (N=97) utilize literature (fact/figures) 50% or less of the time.

In forming opinions regarding the level of care related to the development of home care and/or family care recommendations respondents indicated that the most preferred source is physicians, followed by health care/rehabilitation professionals, "my" expertise/education/training, published standards of care and client/family perspective or opinion. Sixty-one percent of the respondents (N=126) utilize more than one home care/facility care option 76 – 100% of the time.

Life Expectancy. Fifty-nine percent of the respondents (N=120) reported that they include discussion or reference to life expectancy in the Life Care Plan 76 - 100% of the time. For life expectancy opinions, 73% of the respondents (N=153) defer to a physician, whereas 66% (N=136) use life expectancy tables published by the government, and 25% (N=52) use statutory life expectancy tables. Eight percent of the respondents (N=17) give their professional opinion. A significantly larger proportion of nurses than rehabilitation counselors reported that they include discussion of life expectancy in at least half of their Life Care Plans (75.8% vs 51.4%; X^2 (1) = 12.51, p<.02). Similarly, other professionals included this discussion at least half the time proportionally more than rehabilitation counselors (74.2% vs 51.4%; X^2 (1) = 4.58, p<.05). Nurses and other professionals did not differ from each other.

Related to this was the finding that professions differed in their use of government life expectancy tables when preparing a Life Care Plan. Nurses (68.3%) and other professionals (75%) were both proportionally more likely to use government life expectancy tables than were rehabilitation counselors (52.1%). Both the nurse versus rehabilitation counselor difference and the other professionals versus rehabilitation counselor difference were statistically significant (X^2 (1) = 10.58, p<.01 and X^2 (1) = 4.79 p<.05, respectively). Nurses and other professionals did not differ from each other and none of the groups differed from each other in the frequency with which they used statutory life expectancy tables, physician opinions, or their own opinions regarding life expectancy.

Complications. Seventy-two percent of the respondents (N=151) reported that they include a list of possible complications in the Life Care Plan 76 – 100% of the time. If the costs of possible complications are included in the Life Care Plan, 34% of the respondents

(N=137) indicated that these are shown but never included in annual and/or total costs, 7% (N=27) indicated that these costs are shown and always included in annual and/or total costs. Sixty percent of the respondents (N=125) include a list of probable (more likely than not) complications in the Life Care Plan 76 – 100% of the time. If the costs of probable complications are included in the Life Care Plan, 22% of the respondents (N=88) indicated that these are shown, but never included in annual and/or total costs, 18% (N=73) indicated that these costs are shown and always included in annual and/or total costs. Two percent of the respondents (N=6) do not know how costs of possible or probable complications are handled. The primary resource typically utilized to identify both possible and probable complications is the treating physician, followed by the consulting physician. Past medical history, literature and clinical practice guidelines followed and are all similarly ranked as a third choice.

Report Organization

Documentation. As a testifying expert, over 85% of the respondents indicated that they include the following items in the Life Care Plan report 76 – 100% of the time:

- Referral source (92%, N=186)
- Reason for referral (93%, N=189)
- Records received (90%, N=180)
- Date of first contact (87%, N=175)
- List of records reviewed (91%, N=184)
- Providers contacted (87%, N=175)

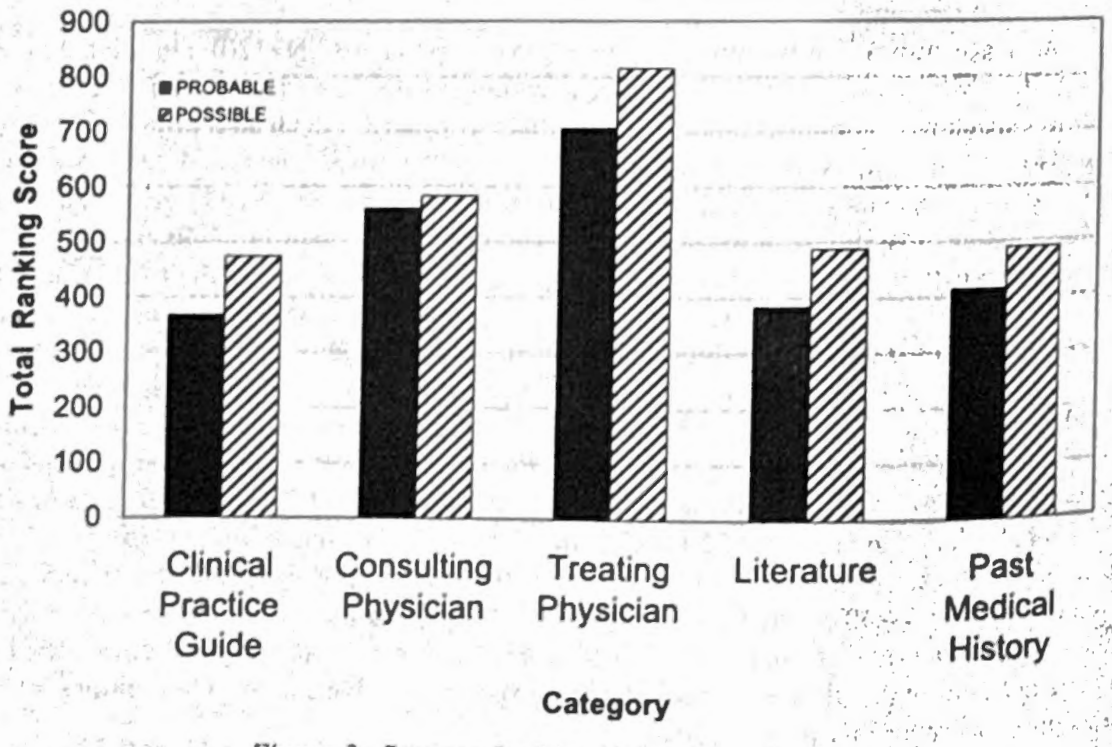

Figure 3. Sources for Identifying Complications

- Location of interview (93%, N=189)
- Date of Life Care Plan (99%, N=199)
- Beginning/ending dates for services (95%, N=192)
- Frequency/duration of replacement schedules (99%, N=199)
- Narrative report (92%, N=187)

Gaps in service delivery, collateral Sources, bibliography, and research articles are documented/included in a Life Care Plan less than 50% of the time.

Areas covered in a Life Care Plan. Over 80% of the respondents reported that they list recommendations in each Life Care Plan using standardized categories such as:

- Projected Evaluations (92%, N=189)
- Projected Therapeutic Modalities (94%, N=191)
- Diagnostic/Educational Testing (81%, N=167)
- Wheelchairs/Mobility (83%, N=169)
- Wheelchair Accessories/Maintenances (83%, N=167)
- Orthotics/Prosthetics (81%, N=166)
- Orthopedic Equipment (80%, N=162)
- Durable Medical Items (89%, N=183)
- Aids for Independent Function (91%, N=187)
- Supplies (94%, N=192)
- Medications (96%, N=195)
- Home Furnishings and Accessories (80%, N=163)
- Home Care (88%, N=180)
- Facility Care (82%, N=166)
- Future Medical Care Routine (92%, N=188)
- Future Medical Care-Non-Routine (80%, N=162)
- Transportation (87%, N=180)

The most frequently cited "other" categories are Recreation, Case Management, Vocational Assistance, and Housing Modifications.

Thirty-three percent of the respondents (N=65) indicated that they document consideration of the above categories even if recommendations are not relevant to a case; 37% of the respondents indicated that this practice varies by case.

Seventy percent of the respondents (N=145) reported that they include a discussion/rationale of/for recommendations in the Life Care Plan 76 – 100% of the time.

Eighty-three percent of the respondents (N=174) indicated that they document pre-existing conditions whereas 49% (N=101) never include the costs associated with pre-existing conditions. Fifteen percent of the respondents (N=31) include such costs in the Life Care Plan 76 - 100% of the time.

Physician Review. Fifty-three percent of the respondents (N=112) reported that they request physician review 50% or less of the time after completing a Life Care Plan. Sixty-two percent of the respondents (N=128) request physician "sign off" on the Life Care Plan 50% or less of the time. Eighty-seven percent of the respondents (N=181) routinely sign their own Life Care Plan (76-100% of the time).

Plan Update(s). Prior to testimony, 29% of the respondents (N=56) indicated that they update the plan if it is 7 to 12 months old and 29% update the plan if is it older than one year old. Seventeen percent of the respondents (N=33) update the Life Care Plan only when requested by the referral source.

Future Growth and Development

Goals

The primary business goal identified by respondents is to increase Life Care Plan referrals (49%, N=87) followed by increased efficiency (18%, N=31). Forty-six percent of the respondents (N=80) indicated that the primary area of Life Care Plan practice that creates confusion regarding ethics or best behavior is the differing opinions of treatment providers followed by dealing with opinions of the referring attorney that differ from the life care planner opinions (43%, N=75) and an awareness of questionable behavior on the part of another life care planner (41%, N=71).

Future Training

The most common areas in which respondents wanted additional training were environmental exposure (57%, N=94), birth trauma (46%, N=76), ethical issues and transplantation (both 42%, N=70), acquired brain injury (37%, N=62), pain (36%, N=59), spinal cord injury (34%, N=57), amputation (33%, N=54) and burns, multiple trauma/orthopaedic injuries (both 32%, N=53). The most preferred training option is a conference with multiple speakers/topics, followed by dedicated topic seminars. Correspondence courses were the least preferred training option. Respondents most frequently requested more information on researching costs and complications.

Rewards and Frustrations

Helping clients/families was listed as the leading source of satisfaction in life care planning followed by actually seeing a plan implemented. Getting information from professionals was the most frequently cited problem. Time issues were also a significant source of frustration, in terms of the short amount of lead time given by a referral source (usually attorneys) and the amount of time it takes to complete a Life Care Plan.

Discussion

As with all research, caution is recommended in extrapolating these findings to the universe of life care planners due to several limitations of the study.

While the authors sought to identify all practicing life care planners, it proved to be a formidable task and thus, a major limitation of this survey. Life care planners come from a variety of health and rehabilitation disciplines with this specialty often incorporated into the primary practice field. Certification is not a requirement for practice.

In an attempt to reach the greatest number of practicing life care planners, names and email addresses were obtained from organizations commonly associated with professionals involved in health and rehabilitation services. AALNC, IALCP, IARP, MDEX Online, Inc. and the University of Florida/Intelicus provided the authors with a one-time only access to their mailing lists. A list of Certified Life Care Planners was requested from CDEC (now CHCC), the primary certifying body for life care planners. The request was declined in accordance with CHCC policy. Therefore, these authors were unable to determine if the demographics of this sample of life care planners are comparable with the demographics of life care planners certified by CHCC. The American Association of Nurse Life Care Planners (AANLCP) was contacted but did not respond or share their list of life care planners.

Web based technology is relatively new and, although rapidly expanding, information on principles for constructing web surveys and empirical data supporting adequate rates of return are scant. While the overall rate of returned surveys in this study was over 30%, the data are based on the responses of approximately 209 life care planners.

Issues such as a respondent-friendly design, specific instructions, questions presented in a conventional format, and other web design techniques (color, visual layout) were considered, however the authors encountered many challenges with this online survey. It is not surprising that the most frequently cited technical issues were computer literacy, processing power (CPU speed), screen configurations, and connection speeds (Dillman, Tortora, & Bowker, 1998). This resulted in numerous undelivered email invitations, an inability to access or complete the survey, and computers that crashed or timed out. Individuals who were not computer literate or frequently online may not have had a chance to respond. Technical issues likely restricted the number of responses and thus, one must ask if this sample accurately reflects the population of life care planners. A mixed-mode survey (with an option for "snail" mail responses) should be considered in the future.

Question design and survey length is another potential limitation. This survey consisted of 144 questions. The authors estimated the survey required between 30 minutes and one hour to complete but, based on feedback from the respondents, the survey required "too much" time. A monetary or CEU incentive may be necessary to attain a higher response rate. Further, the questions themselves were detailed, an outgrowth of the complexity of life care planning. Some measurement error is likely due to questions which allowed for a "check all that apply" or open ended response as well as questions which were poorly worded. The newness of taking an online survey and/or participants' behavior in responding must also be considered (Dillman & Bowker, 2001).

Another survey limitation is the accuracy of respondents' self report. It is possible that recollection or estimates of practice activity are not accurate. Literature on self-report methods indicates that accuracy increases when respondents clearly understand what information is being requested, think the questions merit a serious and thoughtful response, are provided a frame of reference, have access to the information and are willing to respond (Armstrong, Jensen, McCaffrey & Reynolds, 1976). Information can be as good or better than other evaluation techniques. Validity studies which document actual practices of life care planners are needed.

Despite these limitations, the results are thought provoking and the findings of this survey highlight the need for ongoing research and training addressing the consistency of the process of life care planning being utilized by life care planners. While results reveal a number of areas where practice methodologies and business practices are consistent across different disciplines involved in life care planning, there are many areas where further discussion, evaluation and research is warranted.

First and foremost, is the need to be able to accurately identify the population of practicing life care planners. Life care planners have affiliations with various professional groups and organizations. While several professional organizations promote the standardized practice of life care planning, membership lists are maintained separately, duplicative and frequently out of date. In the future, researchers will benefit from an up to date registry or listing of practicing life care planners.

The roles and functions a life care planner as empirically clarified by Turner, Taylor, Rubin and May (2000) include three primary factors: assessing client's medical and independent living service needs, vocational assessment and consultant services to the legal system. The findings of this survey strongly support the importance of the assessment and

consultant roles of a life care planner. Not surprisingly, this study identifies a major difference between the practice of nurse and rehabilitation counselor life care planners in performing or requesting a vocational assessment. As predicted, nurses and other professionals who are not practitioners in vocational assessment do not perform this task or provide an opinion whereas vocational counselors are typically professionally trained/experienced in this area and include a vocational assessment in their Life Care Plans a higher percentage of the time.

What is not clear from the survey data are the reasons why nurses and other professionals address vocational issues less frequently than rehabilitation counselors. There are several possible explanations. Nurses and other professionals may not address vocational issues due to a client's age, severity of medical condition or in cases where a rehabilitation counselor has already provided a vocational opinion. Nurses and other professionals may assess the need for more vocational information and refer to a vocational expert or contact the referral source regarding the need to coordinate a vocational assessment. Further research to clarify the formats Life Care Planners follow in discussing vocational issues in their narrative reports and Life Care Plans is suggested.

In the first published literature on life care planning (1981), a separate page for vocational planning was not included as part of the initial model. However, including items relevant to vocational planning (i.e., cost of vocational testing, job coaching, vocational rehabilitation counseling, selective placement, rehabilitation technology/adapted work stations, tuition/fees and/or specialized educational/training programs) is now a routine part of a Life Care Plan. Even though the professional involved in developing the Life Care Plan may not be responsible for providing a vocational opinion, the life care planner is encouraged to be sensitive to issues surrounding potential needs for vocational planning and, when appropriate, request input from a qualified vocational rehabilitation professional (Weed & Riddick, 1992).

As some referral sources may not realize the importance of independent evaluations as an imperative part of plan foundation/research, further discussion regarding the areas of a plan that require outside evaluation/documentation is needed as well as the inclusion of the necessary language to address such gaps in a plan. In addition, discussion and training regarding other roles of a life care planner (e.g., in regard to development of visual aids and videotaping) as well as the importance of educating referral sources on the resources, amount of time it takes to complete a plan and ethical issues (e.g., opinions of the referring attorney that differ from the life care planner, questionable behaviors by other life care planners) is suggested. Further, the use of and need for Professional Disclosure forms was not investigated in this survey and may be a ripe area for study.

In the context of life care planning, the majority of the survey respondents have not served in the role of a case manager, either before or after a Life Care Plan was completed, nor followed up on the efficacy of the plan. Further, less than half of this sample of life care planners provide a copy of the plan to the client. More than half do not contact the client/family to determine if the plan is being followed. The accuracy of Life Care Plans over time has been retrospectively addressed by McCollom & Crane (2001) with findings that demonstrate a high degree of consistency between projected and actual needs. Implementation and follow-up of Life Care Plan opinions is a recommended method to measure the reliability/validity of the Life Care Plan process.

Although most life care planners are experienced in providing testimony, few have been subjected to a Daubert challenge or assisted an attorney with preparation for a Daubert hearing. The need for life care planners to be prepared to answer Daubert challenges appears to be a major area for development in the future. Further training, education, networking, and research to address issues raised by Daubert is imperative for the field.

Most life care planners use published or customized structured interview forms, questionnaires and checklists for client interviews, research documentation, plan development and management of the life care planning process. Continued refinement, publication, and education regarding a systematic process for data collection, analysis of the data, research, and formulation of the Life Care Plan is recommended to provide consistency to the process of life care planning. As the field continues to grow, information pertaining to the use of standardized methodologies and tools as a part of the Life Care Plan process will be useful in evaluating the work of other life care planners and critiquing those individuals who do not follow accepted standards and methodologies or use widely accepted tools.

In forming Life Care Plan opinions, the majority of the sample completed a medical records review, identified and analyzed the general course of medical care, and completed a detailed timeline of care. Interestingly, there was a significant difference between nurses and rehabilitation counselors in the use of clinical practice or standards of care guidelines as well as in-person interviews with physicians. It may be that nurses, in general, are more familiar with standards of care and clinical practice or that nurses are more comfortable discussing specific medical issues directly with physicians. Further investigation and education in this area is needed to determine how standards of care and/or clinical practice guidelines are used as a basis for recommendations in addition to consultations and clinical experience.

The majority of respondents consult with physicians to formulate Life Care Plan opinions. When they are unable to consult, they utilize evidence based treatment guidelines, relevant literature, professional experience, educational lectures and consultation with other life care planners. Survey results also indicate that 40% of the respondents request additional medical evaluations and 57% request non-medical evaluations. Clearly, life care planners are critically evaluating their cases and making judgments whether there is adequate information and foundation to be able to formulate a plan. However, further research is needed to delineate the most appropriate sources for the various components of a plan.

There appears to be strong uniformity in documentation of referral source, reason for referral, list of records received, date of first contact, providers contacted, location of interview, date of plan, beginning and ending of dates for service, frequency and duration of replacement schedules, and narrative report. Most respondents use standardized categories originally suggested by Deutsch and Sawyer (1985) to list recommendations. However, gaps in service delivery, collateral sources, bibliography and research articles are documented less than 50% of the time. Further discussion regarding the type and detail needed for documentation is necessary as plans are placed under more scrutiny.

While the most preferred source for costs are current vendors, other sources such as local providers, catalogs, Internet, national databases and manufacturers are routinely utilized. Further, the majority of respondents vary the number of cost quotes for each item identified in the plan, with the primary factors affecting the decision being the item, item cost, client choice of current provider, and geographic location. The most costly recommendations usually relate to home/facility care. Most respondents obtain recommendations from physicians, followed by heath care/rehabilitation professionals. More than 60% utilize more than one home/facility care option which may indicate flexibility and full disclosure of available options. Because cost is a major facet of the Life Care Plan, this is a critical area for more discussion and research in the field. Research is needed to establish the reliability and validity of telephonic surveys and published databases.

It appears that the respondents are individualizing their research to meet the needs of the client rather than following a "cookbook" method. While no single guideline can address the complexity and range of issues present in the variety of cases that a life care planner is

involved, further analysis of the critical thinking, decision-making models, theoretical processes and methodologies utilized by life care planners is needed.

Conclusion

The Life Care Plan Survey 2001 represents the most comprehensive survey to date on the practices of life care planners. It provides a baseline for future surveys documenting the evolution of life care planning over time and information regarding current practice and issues. The information from this survey identifies practices generally used by responding life care planners. This survey could be used to identify new areas of development, to examine the need to validate common methodology across practice settings and to identify future research needs.

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Randall Thomas, PhD, CRC is President of the National Center for Life Care Planning. Dr. Thomas is active in the area of rehabilitation and life care planning. He is a licensed Psychologist, a Certified Rehabilitation Counselor, and a National Certified Counselor. Dr. Thomas serves on the MDEX Online, Inc and Taliant advisory boards providing guidance in the area of life care planning. He provides consultation and education to life care planners and law firms regarding the impact of Daubert on expert testimony of life care planners. He is active in several national associations and has presented educational programs and seminars at national and state conferences. He has spoken on subjects such as life care planning, case management, ethics and technology. Dr. Thomas served as Chair of the Forensic Section of the International Association of Rehabilitation Professionals. He serves on the editorial board of the Journal Of Life Care Planning and the editorial board of the Journal of American Board Of Vocational Experts.

Bill Goodrich, CLCP, CRC, CCM, D-ABVE, NCC, F-AAPM is a co-owner and manager of Life Care Services and VP of Operations for National Life Care Institute. As a masters level rehabilitation counselor he performs life care planning and personal injury rehabilitation nation wide. He has worked professionally in the field of rehabilitation for more than thirty years with all disability populations. He has been adjunct faculty member for the life care planning certificate program offered through the University of Florida and Intelicus since 1997 and a listed expert with MDEX Online, Inc.

Appendix A

Life Care Planning Survey

1 I am a practicing Life Care Planner. (If your response is no, please scroll to the end of survey and click the submit button to end the survey).

- ❑ Yes
- ❑ No

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

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

Client The client is the individual for whom the life care plan is being written. He/She is either catastrophically injured or chronically ill.

Life Care Plan A Life Care Plan a dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or who have chronic health care needs. Source: Combined definition of the University of Florida and Intelicus annual life care planning conference and the American Academy of Nurse Life Care Planners (now know as the International Academy of Life Care Planners) presented at the Forensic Section meeting, NARPPS (now IARP) annual conference, Colorado Springs, CO and agreed upon 4/3/98.

2. Gender:

- ❑ Male
- ❑ Female

3. I live in the state of:

_____

4. My Country of residence is:

_____

5. My primary field of practice is:

- ❑ Counseling
- ❑ Medicine
- ❑ Nursing
- ❑ Occupational Therapy
- ❑ Physical Therapy
- ❑ Psychology
- ❑ Rehabilitation Counseling
- ❑ Social Work
- ❑ Speech Therapy

Other: _____

6. Check the highest degree earned:

- ❑ Associate Degree, Nursing
- ❑ Diploma Nurse
- ❑ BS or BA
- ❑ BSN
- ❑ MSN
- ❑ MA
- ❑ MEd
- ❑ EdD
- ❑ PhD
- ❑ MD

Other:

7. I am licensed or certified at the State level in the following fields of practice: (check all that apply)

- ❑ Counseling
- ❑ Medicine
- ❑ Nursing
- ❑ Occupational Therapy
- ❑ Physical Therapy
- ❑ Psychology
- ❑ Rehabilitation Counseling
- ❑ Social Work
- ❑ Speech Therapy

Other:

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

- ❑ ABPP
- ❑ ABVE
- ❑ ACSW
- ❑ CCC-SLP
- ❑ CCM
- ❑ CDMS
- ❑ CLCP
- ❑ CNLCP
- ❑ CRC
- ❑ CRRN
- ❑ CVE
- ❑ LNCC
- ❑ NCC

Other:

9. On average, I complete _____ continuing education hours on topics specific to Life Care Planning each year:

- ❑ Less than 10
- ❑ 11 - 20
- ❑ 21 - 30
- ❑ 31 – 40
- ❑ 41 - greater

Other:

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

- ❑ AALNC
- ❑ AANLCP
- ❑ ABVE
- ❑ AREA
- ❑ ARN
- ❑ CMSA
- ❑ IALCP
- ❑ IARP
- ❑ NAFE
- ❑ NASPPR
- ❑ NRA/NRCA

Other:

11. I am an active member of a professional Listserv

- ❑ Yes
- ❑ No

12. I have been practicing in the field of rehabilitation for:

- ❑ 1 - 5
- ❑ 6 - 10 years
- ❑ 11 - 20 years
- ❑ 21 - 30 years
- ❑ Greater than 31 years
- ❑ Not applicable

13. My current practice setting is:

- ❑ Sole Proprietor (no employees)
- ❑ Owner/Independent practice (with employees)
- ❑ Private rehabilitation company (employee)
- ❑ Insurance company

- ❑ Attorney's office
- ❑ Hospital/Rehabilitation Facility

Other

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

- ❑ Medical records analysis
- ❑ Literature review/research
- ❑ Client Interview
- ❑ Vocational Assessment
- ❑ Resource identification
- ❑ Cost information

Other:

15. Life Care Planning has been a part of my practice for:

- ❑ Less than 1 year
- ❑ 1 – 5 years
- ❑ 6 – 10 years
- ❑ 11 - 20 years
- ❑ 21 - 30 years
- ❑ More than 30 Years

16. I have completed _____ Life Care Plans:

- ❑ 0
- ❑ Less than 10
- ❑ 11 – 25
- ❑ 26 – 50
- ❑ 51 – 100
- ❑ More than 100

17. Of the Life Care Plans I have completed, _____ are on Adults (Age 22-Life).

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

18. Of the Life Care Plans I have completed, _____are on Children (Age 0 – 21).

- ❑ None
- ❑ 1 - 25%
- ❑ 26 - 50%
- ❑ 51 - 75%

- ❑ 76 - 00%

19. I mentor other Life Care Planners (formally or informally) _____ each year: (Does not include supervision of employees or staff)

- ❑ None
- ❑ 1 - 5 times
- ❑ 6 –10 times
- ❑ More than 10 times

20. Life Care Planning activities constitute approximately _____ of my work activities:

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

21. My current practice of Life Care Planning is comprised of referrals from the following sources (check all that apply):

- ❑ Workers' Compensation
- ❑ Medicare
- ❑ Group Health Insurance
- ❑ Medicaid
- ❑ Private Trust
- ❑ Lawyers
- ❑ Self Insured
- ❑ Client and/or family
- ❑ Rehabilitation Facility
- ❑ Insurance Companies

Other.

22. I provide Life Care Plan services on a _____ basis. (Check all that apply)

- ❑ Local (e g., statewide)
- ❑ Regional (e g , 3 – 5 state radius)
- ❑ National

23. I (or my company) am listed with an Expert Witness Service:

- ❑ Yes
- ❑ No
- ❑ Unknown

24. Of the referrals received from attorneys representing defendants or plaintiffs, the percentage of referrals I receive from plaintiff Attorneys is:

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

25. Of the referrals received from attorneys representing defendants or plaintiffs, the percentage of referrals I receive from defense Attorneys is:

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

26. I have reviewed and analyzed _____ Life Care Plans of an opposing expert to provide a testifying expert opinion in a litigation situation:

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

27. I have reviewed and/or analyzed _____ Life Care Plans of an opposing expert **to provide non-testifying** consulting opinion in a litigation situation:

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

28. I have served in the role of a case manager, counselor or therapist on a case, then later developed the Life Care Plan.

- ❑ Yes
- ❑ No

29. I have served in the role of a case manager, counselor or therapist on a case, after I completed a Life Care Plan.

- ❑ Yes
- ❑ No

30. I have served in the role of a case manager, counselor or therapist on a case after another person completed a Life Care Plan.

- ❑ Yes
- ❑ No

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

- ❑ Yes
- ❑ No
- ❑ Varies

32. Copies of all written correspondence are a part of my file _____ of the time:

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

33. Copies of all email correspondence are a part of my file _____ of the time:

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

34. Copies of all time sheets (contact/activity) are a part of my file _____ of the time:

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

35. I (or my company) require a retainer before initiating work on a case:

- ❑ Yes
- ❑ No
- ❑ Varies

36. If yes to # 35, the requested retainer is:

- ❑ less than $500
- ❑ $ 501 - $1000
- ❑ $1001 - $1500

- ❑ $1501 - $2000
- ❑ More than $2000
- ❑ Varies

37 In my Life Care Plan practice, I (or my company) bill:

- ❑ by the hour
- ❑ by the plan

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

- ❑ 1 to 10
- ❑ 11 to 20
- ❑ 21 to 30
- ❑ 31 to 40
- ❑ 41 to 50
- ❑ 51 to 60
- ❑ 61 to 70
- ❑ Greater than 70

39. My (or my company's) current rate per hour for Life Care Plan services is:

- ❑ $ 50.00 to $ 75.00
- ❑ $ 76.00 to $ 100.00
- ❑ $ 101.00 to $ 125.00
- ❑ $ 126.00 to $ 150.00
- ❑ $ 151.00 to $ 175.00
- ❑ $ 176.00 to $ 200.00
- ❑ $ 201.00 to $ 225.00
- ❑ Greater than $225.00

40. I (or my company) charge a different rate for court/deposition appearance:

- ❑ Yes
- ❑ No

41. If yes to # 40, please indicate the difference:

- ❑ More
- ❑ Less

Other:

42. I (or my company) charge a different rate for travel:

- ❑ Yes
- ❑ No

43. If yes to #42, please indicate the difference:

- ❑ More
- ❑ Less

Other:

44. I (or my company) charge a different rate for professional services in the area of Life Care Planning when acting as a non-testifying consultant (versus as an expert witness).

- ❑ Yes
- ❑ No

45. If yes to #44, please indicate the difference:

- ❑ More
- ❑ Less

Other:

46. The avenues I (or my company) use to resolve non-payment of bills is:
(Please number in the order typically followed with 1 being the first choice.)

	1	2	3	4	5	6	7
Never a problem	❑	❑	❑	❑	❑	❑	❑
Bar Association complaint	❑	❑	❑	❑	❑	❑	❑
Collection service	❑	❑	❑	❑	❑	❑	❑
Contact referral source	❑	❑	❑	❑	❑	❑	❑
Retain private legal representative	❑	❑	❑	❑	❑	❑	❑
Small claims court	❑	❑	❑	❑	❑	❑	❑
Write it off	❑	❑	❑	❑	❑	❑	❑

47. I have testified as an expert witness in a deposition regarding a Life Care Plan _____ times

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

48. I have testified as an expert witness in Federal Court regarding a Life Care Plan _____ times:

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

49. I have testified as an expert witness in State Court regarding a Life Care Plan _____ times:

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

50 I have testified as an expert witness in a Workers' Compensation Hearing regarding a Life Care Plan _ times:

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

51. I have been subjected to a Daubert challenge:

- ❑ Yes
- ❑ No

52. If yes to #51, how many times?

53. If yes to #51, please rank order the 4 most prevalent outcomes with 1 being the most prevalent and 5, the least prevalent)

	1	2	3	4
Permitted to testify	❑	❑	❑	❑
Not permitted to testify	❑	❑	❑	❑
Permitted to testify with limitations	❑	❑	❑	❑
Case settled	❑	❑	❑	❑

54. I have assisted an attorney in preparation for a Daubert hearing regarding another expert witness: (provide questions, completed research etc..)

- ❑ Yes
- ❑ No

55. I (or my company) maintain the case file (e.g., case notes, work product) for _____ after the case is closed:

- ❑ 1 year
- ❑ 2 years
- ❑ 3 years
- ❑ 4 years
- ❑ 5 years
- ❑ 6 years
- ❑ 7 years
- ❑ Do not maintain records
- ❑ Do not destroy records

II. Please provide information on your current practice and/or the techniques/protocol you have typically used over the past five years.

56. At the time of referral, I routinely request the following records verbally (check all that apply):

- ❑ Medical Records
- ❑ Neuropsychology/Psychology
- ❑ PT/PT/Speech Therapy Records
- ❑ Pharmacy/Medication Summary(ies)
- ❑ School Records
- ❑ Military Records
- ❑ Employment Records
- ❑ Tax Returns
- ❑ Records of Liability Experts
- ❑ Medical Depositions
- ❑ Family Depositions
- ❑ Day-in-the-life videos
- ❑ Style of Case/Caption/Complaint
- ❑ Signed Consent Form
- ❑ Answers to Interrogatories

Other:

57. At the time of referral, I routinely request the following records in writing (check all that apply):

- ❑ Medical Records
- ❑ Neuropsychology/Psychology
- ❑ PT/PT/Speech Therapy Records
- ❑ Pharmacy/Medication Summary(ies)
- ❑ School Records
- ❑ Military Records
- ❑ Employment Records
- ❑ Tax Returns
- ❑ Records of Liability Experts
- ❑ Medical Depositions
- ❑ Family Depositions
- ❑ Day-in-the-life videos
- ❑ Style of Case/Caption/Complaint
- ❑ Signed Consent Form
- ❑ Answers to Interrogatories

Other:

58 I request a personal interview with the Client verbally

- ❑ Yes
- ❑ No
- ❑ Varies

59 I request a personal interview with the Client in writing

- ❑ Yes
- ❑ No
- ❑ Varies

60 If a request for Client interview is denied, I provide written documentation _____ of the time.

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

61 In cases referred by plaintiff Attorneys, I conduct an in-person interview with the Client and/or family _____ of the time

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

62 In cases referred by defense Attorneys, I conduct an in-person interview with the Client and/or family - of the time.

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

63 In non-legal cases, I conduct an in-person interview with the Client and/or family _____ of the time

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

64 When conducting an in-person interview, I typically utilize the following locations:

- ❑ My office
- ❑ Colleague's office
- ❑ Client's Home
- ❑ Referral source
- ❑ Public Location (e.g., restaurant, library, airport)
- ❑ Private Location (e.g., physician's office)
- ❑ Other:

65 If you answered "Other" to the question above, please list other typical locations.

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

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

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

- ❑ Yes
- ❑ No

68. I use standardized (either published or customized) questionnaires and/or checklists to manage the Life Care Planning process (track work completed, information needed, etc).

- ❑ Yes
- ❑ No

69. I obtain **informed** consent in writing from a Client _____ of the time.

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

70 I videotape **Clients** (not including day-in-the-life videos) _____ of the time.

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

71 I have participated in the production of day-in-the life videos

- ❑ Yes
- ❑ No

72 If yes to # 71, my role involves (check all that apply):

- ❑ Videotaping
- ❑ Editing
- ❑ Directing
- ❑ Advising
- ❑ Narrating
- ❑ Coordinating
- ❑ None of the above

Other:

73. I take photographs of Clients _____ of the time.

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

74. In forming Life Care Plan opinions regarding appropriate medical, therapeutic and diagnostic interventions related to the medical diagnosis, I conduct a medical records review _____ of the time.

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

75. In completing the medical records review, I identify and analyze the following: (Check all that apply):

- ❑ General course of medical and therapeutic care
- ❑ Detailed timeline of medical and therapeutic care
- ❑ Hospitalizations
- ❑ Specialized Consultations
- ❑ Providers

Other:

76. In forming Life Care Plan opinions regarding appropriate medical, therapeutic and diagnostic interventions secondary to the medical diagnosis, I utilize Clinical Practice or Standard of Care Guidelines (e.g., SCI Consortium) _____ of the time.

- ❑ None

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

77. I typically utilize information from the following sources or texts:

78. In forming Life Care Plan opinions regarding appropriate medical, therapeutic and diagnostic, interventions secondary to the medical diagnosis, I perform and utilize a literature search _____ of the time.

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

79. In forming Life Care Plan opinions, I consult with Physicians _____ of the time.

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

80. If I am unable to consult with Physicians or other health care providers (either treating or experts) regarding items to be included in the Life Care Plan, I utilize the following as the basis for my opinions (Please rank order the five most prevalent bases with 1 being the most preferred and 5, the least preferred):

	1	2	3	4	5
Professional experience	❑	❑	❑	❑	❑
Evidence based treatment guidelines	❑	❑	❑	❑	❑
Consultation with other Life Care Planners	❑	❑	❑	❑	❑
Relevant Literature	❑	❑	❑	❑	❑
Materials provided during Life Care Plan educational lectures	❑	❑	❑	❑	❑

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

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

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

- ❑ None

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

83 If I conduct a personal or a telephone interview with Physicians, I follow- up with written confirmation ___ ___ of the time.

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

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

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

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

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

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

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

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

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

88 In the process of completing a Life Care Plan, I request additional non-medical evaluations _ _ of the time.

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

89. Please rank order the 13 most requested types of non-medical evaluations in your practice: (With 1 being the most prevalent and 13, the least prevalent):

	1	2	3	4	5	6	7	8	9	10	11	12	13
Don't request non-medical evaluations	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Physical Therapy	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Occupational Therapy/ADL assessment	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Speech Therapy	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Audiology	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Neuropsychology	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Psychology/Counseling	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Assistive Technology	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Seating Evaluation	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Driver Evaluation	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Nutrition	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Recreation	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Music Therapy	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

90. In forming Life Care Plan opinions, I perform a vocational assessment _____ of the time.

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

91. In forming Life Care Plan opinions, I request a vocational assessment _____ of the time.

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

92 In forming Life Care Plan opinions, I consult with the employer _____ of the time.

- ❑ None
- ❑ 1 - 25%

- ❑ 26 - 50%
- ❑ 51 - 75%
- ❑ 76 - 100%

93 If I conduct a personal or a telephone interview with the employer, I follow-up with written confirmation _ __ of the time.

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

94. As a testifying expert, I document/include the following items in a Life Care Plan _____ of the time.

	None	1-25%	26-50%	51-75%	76-100%
Date of Referral	❑	❑	❑	❑	❑
Referral Source	❑	❑	❑	❑	❑
Reason for referral	❑	❑	❑	❑	❑
Records Received	❑	❑	❑	❑	❑
Date of First Contact	❑	❑	❑	❑	❑
List of Records Reviewed	❑	❑	❑	❑	❑
Records Reviewed by Date	❑	❑	❑	❑	❑
Other Records Requested	❑	❑	❑	❑	❑
Vendors Contacted	❑	❑	❑	❑	❑
Providers Contacted	❑	❑	❑	❑	❑
Evaluations Requested	❑	❑	❑	❑	❑
Location of Interview	❑	❑	❑	❑	❑
Gaps in Service Delivery	❑	❑	❑	❑	❑
Date of LCP	❑	❑	❑	❑	❑
Beginning/Ending Dates for Items/services	❑	❑	❑	❑	❑
Frequency/Duration of Replacement Schedules	❑	❑	❑	❑	❑
Narrative Report	❑	❑	❑	❑	❑
Summary of Total Costs (annual or lifetime)	❑	❑	❑	❑	❑
Collateral Sources	❑	❑	❑	❑	❑
CV or Resume	❑	❑	❑	❑	❑
Bibliography	❑	❑	❑	❑	❑
Research Articles	❑	❑	❑	❑	❑

95 I list recommendations in each Life Care Plan using standardized categories such as those listed below.

	Yes	No	Varies
Projected Evaluations	❑	❑	❑
Projected Therapeutic Modalities	❑	❑	❑
Diagnostic/Educational Testing	❑	❑	❑
Wheelchair(s)/Mobility	❑	❑	❑
Wheelchair Accessories/Maintenance	❑	❑	❑
Orthotics/Prosthetics	❑	❑	❑
Orthopedic Equipment	❑	❑	❑
Durable Medical Items	❑	❑	❑
Aids for Independent Function	❑	❑	❑
Supplies	❑	❑	❑
Medication(s)	❑	❑	❑
Home Furnishings/Accessories	❑	❑	❑
Home Care	❑	❑	❑
Facility Care	❑	❑	❑
Future Medical Care Routine	❑	❑	❑
Future Medical Care-Non-Routine	❑	❑	❑
Transportation	❑	❑	❑
Architectural Renovation(s)	❑	❑	❑
Health and Strength Maintenance	❑	❑	❑
Acute Medical Intervention/ Aggressive Treatment	❑	❑	❑
Surgical Intervention	❑	❑	❑
Vocational/Educational Plan	❑	❑	❑
Complications	❑	❑	❑

96. I list recommendations using other categories such as:

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

- ❑ Yes
- ❑ No
- ❑ Varies

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

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

99 I document pre existing conditions

- ❑ Yes
- ❑ No
- ❑ Varies

100 I include the costs associated with pre-existing conditions in the Life Care Plan _____ of the time.

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

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

	1	2	3	4	5	6	7	8
Current vendors or providers	❑	❑	❑	❑	❑	❑	❑	❑
Local vendors or providers	❑	❑	❑	❑	❑	❑	❑	❑
Manufacturers	❑	❑	❑	❑	❑	❑	❑	❑
Catalogs	❑	❑	❑	❑	❑	❑	❑	❑
Internet	❑	❑	❑	❑	❑	❑	❑	❑
My cost file or database (previously researched LCP costs)	❑	❑	❑	❑	❑	❑	❑	❑
My case management file information	❑	❑	❑	❑	❑	❑	❑	❑
National databases	❑	❑	❑	❑	❑	❑	❑	❑

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

- ❑ Geographic location
- ❑ My experience with the item or service
- ❑ My experience with the vendor or provider
- ❑ Time frames for completion of Life Care Plan
- ❑ Client and/or family preferences
- ❑ Treating Physician preferences
- ❑ Referral Source Request

Other (please specify):

103. I group smaller/less costly items (rather than listing individually) _____ of the time.

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

104 When cost per units/year is listed, I specify the quantities of items and services

- ❑ Yes
- ❑ No
- ❑ Varies

105 When listing costs for items or services using information obtained prior to the initiation research for a particular Life Care Plan (e.g., during the course of providing case management services), I will not use information older than _____.

- ❑ 3 months
- ❑ 6 months
- ❑ 1 year
- ❑ 2 years
- ❑ 5 years
- ❑ Not Applicable

106 I consider it appropriate to use cost information from one Life Care Plan in another Plan if the information is:

- ❑ less than 3 months old
- ❑ 4 - 6 months old
- ❑ 7 - 12 months old
- ❑ older than one year
- ❑ never use cost research data from another Life Care Plan

107. In my practice, I obtain a "predetermined" number of cost quotes for each item identified in the Life Care Plan

- ❑ Yes
- ❑ No
- ❑ Varies

108 If your answer to #107 is No or Varies, what factors affect decision making regarding the number of cost quotes obtained?

- ❑ The nature of the item or service itself
- ❑ The cost of the item or service
- ❑ Current vendor or provider costs are utilized
- ❑ Item or service availability
- ❑ Yearly costs involved
- ❑ Recent experience with the item or service costs

Other:

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

- ❑ Never obtain more than one cost quote
- ❑ Item or service is unusual
- ❑ Item or service cost appears to be higher than usually found

- ❑ Item or service annual cost is $0-$99
- ❑ Item or service annual cost is $100-$500
- ❑ Item or service annual cost is $501-$999
- ❑ Item or service annual cost is higher than $1000
- ❑ Item or service annual cost is higher than $5000
- ❑ Item or service annual cost is higher than $10000
- ❑ Typically obtain more than one cost quote (if available or accessible)
- ❑ Always obtain more than one cost quote

110. I obtain _____ cost quotes when the projections for annual costs of items for services are in the range of _____.

	(0 -$99)	($100 -$500)	($501 -$999)	($1,000 -$5000)	($5001 -$10,000)	>$10,000
1	❑	❑	❑	❑	❑	❑
2	❑	❑	❑	❑	❑	❑
3	❑	❑	❑	❑	❑	❑
4 or more	❑	❑	❑	❑	❑	❑

111. In researching costs for recommended items or services, I request private pay and/or retail cost quotes _____ of the time.

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

112. In researching costs for recommended items or services, I request negotiated rate cost quotes _____ of the time.

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

113. In researching costs for recommended items or services, I identify costs according to the Workers' compensation fee schedule _____ of the time.

- ❑ None
- ❑ 1 - 25%
- ❑ 26 - 50%
- ❑ 51 - 75%
- ❑ 76 - 100%
- ❑ Not Applicable

114 In forming opinions with regard to home modifications, I utilize_____of the time.

	None	1-25%	26-50%	51-75%	76-100%
Literature (Facts/Figures)	❑	❑	❑	❑	❑
Contractor Estimates	❑	❑	❑	❑	❑
Written Quotes	❑	❑	❑	❑	❑

115. In forming opinions regarding the level of care related to development of home care and/or family care recommendations, I use the following sources (Please rank order the 5 most prevalent sources of recommendations with 1 being the most prevalent and 5, least prevalent):

	1	2	3	4	5
Physician(s)	❑	❑	❑	❑	❑
Health Care/Rehabilitation Professionals	❑	❑	❑	❑	❑
Published standards of care	❑	❑	❑	❑	❑
My Expertise/education/training	❑	❑	❑	❑	❑
Client/Family perspective or opinion	❑	❑	❑	❑	❑

116 In researching costs, I utilize databases that provide the average costs of various services according to the geographic area or city (e.g., American Hospital Directory or Medical Fees in the United States?)

- ❑ Yes
- ❑ No
- ❑ Depends on the item/service being researched

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

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

118. I include discussion or reference to life expectancy in the Life Care Plan _____ of the time.

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

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

- ❑ Give my professional opinion
- ❑ Defer to a Physician
- ❑ Use Life Expectancy Tables published by the Government
- ❑ Use Statutory Life Expectancy Tables
- ❑ Not Applicable

120. I include a list of possible complications in the Life Care Plan _____ of the time.

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

121. If the costs of possible complications are included in the Life Care Plan, these are typically:

- ❑ Shown, but never included in annual and/or total costs
- ❑ Shown and always included in annual and/or total costs
- ❑ Don't know
- ❑ Not Applicable

122. If possible complications are included in the Life Care Plan, I utilize the following sources to identify them (Please rank the order in the 5 most prevalent sources with 1 being the primary resource typically utilized):

	1	2	3	4	5
Clinical Practice Guidelines	❑	❑	❑	❑	❑
Treating Physician	❑	❑	❑	❑	❑
Consulting Physician	❑	❑	❑	❑	❑
Literature	❑	❑	❑	❑	❑
Past Medical History	❑	❑	❑	❑	❑

123. I include a list of probable (more likely than not) complications in the Life Care Plan _____ of the time.

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

124. If the costs of probable complications are included in the Life Care Plan, these are typically:

- ❑ Shown, but never included in annual/or total costs
- ❑ Shown and always included in annual and/or total costs
- ❑ Don't know
- ❑ Not Applicable

125. If probable complications are included in the Life Care Plan, I utilize the following sources to identify them (Please rank the order the 5 most prevalent resources with 1 being the primary resource typically utilized):

	1	2	3	4	5
Clinical Practice Guidelines	❑	❑	❑	❑	❑
Treating Physician	❑	❑	❑	❑	❑
Consulting Physician	❑	❑	❑	❑	❑
Literature	❑	❑	❑	❑	❑
Past Medical History	❑	❑	❑	❑	❑

126. After completing a Life Care Plan, I request Physician review _____ of the time.

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

127. I request the Physician "sign off" on the Life Care Plan _____ of the time.

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

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

- ❑ less than 3 months old
- ❑ 4- 6 months old
- ❑ 7-12 months old
- ❑ Older than one year
- ❑ Older than two years
- ❑ Only when requested by the referral source

129. I review the Life Care Plan with the Client and/or family _____ of the time.

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

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

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

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

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

132. I provide information to an Economist to clarify lifetime cost projections _____ of the time

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

133. I am asked to help find other Expert Witnesses _____ of the time.

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

134. I sign the Life Care Plan _____ of the time.

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

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

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

136. I develop other visual aids/exhibits (not including Life Care Plan charts or lists) for testimony _____ **of the time.**

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

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

- ❑ **0**
- ❑ **1 to 5**
- ❑ **6 to 10**
- ❑ **11 to 20**
- ❑ **> 21**

THE FOLLOWING ARE OPTIONAL QUESTIONS TO ASSESS NEEDS FOR FUTURE GROWTH AND DEVELOPMENT:

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

139. My business goals include:

- ❑ Increase Life Care Plan referrals
- ❑ Decrease Life Care Plan referrals
- ❑ Increase Case Management referrals
- ❑ Decrease Case Management referrals
- ❑ Change my mix of referral sources
- ❑ Raise rates
- ❑ Hire more employees
- ❑ Increase efficiency
- ❑ Provide more consultation
- ❑ Retirement planning

Other:

140. Areas of my Life Care Plan practice that create some confusion regarding ethics or best behavior include (check all that apply):

- ❑ Marketing Practices
- ❑ Client informed consent
- ❑ Recommending further evaluation
- ❑ Recommendation of specific expert
- ❑ Setting/establishing fees
- ❑ Collection of fees
- ❑ Differing opinions of treatment providers
- ❑ Obtaining price information
- ❑ Using cost information obtained for other cases
- ❑ Preparing files for deposition
- ❑ Discussing the plan with the attorney while in development
- ❑ Dealing with opinions of referring attorney that differ from yours
- ❑ Awareness of questionable behavior of another LCPer
- ❑ Dual relationships
- ❑ Confidentiality
- ❑ None of the above

Other:

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

- ❑ Acquired brain injury

- ❑ AIDS
- ❑ Amputation
- ❑ Back Injury
- ❑ Birth Trauma (e.g., CP, Erb's Palsy, MR)
- ❑ Burns
- ❑ Cancer
- ❑ Environmental Exposure (e.g. lead, asbestos, chemical sensitivity)
- ❑ Ethical Issues
- ❑ Heart Disease
- ❑ Hepatitis
- ❑ Multiple Trauma - Orthopaedic Injuries
- ❑ Pain
- ❑ Spinal Cord Injury
- ❑ Transplantation

Other:

142. I prefer the following types of training options: (Rank order your top 5 preferences with 1 being the most preferred and 5, the least preferred)

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

143. The most rewarding part of Life Care Planning is:

144. The most frustrating part of Life Care Planning is: