

Standards of Practice for Life Care Planners

4th Edition



**International Academy of Life Care Planners,
The Life Care Planning Section of The International Association
of Rehabilitation Professionals**

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The Life Care Planning Section of The International Association of
Rehabilitation Professionals

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FOREWORD

Karen Preston PHN, MS, CRRN, FIALCP, FARN
Standards of Practice Committee Chairperson

The process of updating the standards of practice is a daunting task. The committee goal was to follow an objective, thorough process that was inclusive of as many practitioners of life care planning as was feasible. By their nature, life care planners must know how to form and express opinions. That skill is very evident through the updating process, and many opinions were sought and were offered. Indeed, over 400 opinions were sent to the committee, and each was thoughtfully reviewed. To ensure that the 4th edition reflected the practitioners, not just the committee members, principles were identified for how work would be conducted.

- The committee articulates existing and evolving standards and does not create or determine standards.
- Standards must be general statements that guide practitioners while allowing for individual judgment and continued evolution of the specialty practice.
- Standards need compelling agreement amongst practitioners, recognizing that 100% agreement is not realistic. If significant agreement cannot be reached, then a standard is not ready to be created or changed.
- Standards should be based on a sound foundation.

This edition of the Standards of Practice for Life Care Planners marks an important milestone in multiple ways. One of the strengths of life care planners and life care planning is the diversity of professional backgrounds and expertise. That strength can also be a challenge, in that different professionals think and act differently, partly because of their professional training. Yet we have all embraced the concept that life care planning needs to meet standards that ensure credibility, usability, validity, and reliability. We have sought common terminology and processes to achieve this. Here are some of the ways the 4th edition advances this:

- Shows the steps of the life care planning process, using terminology that is conceptually familiar to all professionals. All the professions that develop life care plans have a similar process they use during a case, whether in clinical practice or another setting. Through surveys and other communication, life care planners made clear that they want to maintain the integrity of their own planning processes and apply them to life care planning. This edition uses language that embodies those process concepts for all disciplines.
- Organizes the standards according to the step-by-step process. This makes it easier for life care planners to gauge their own work process and to critique the work of others. Life care planners of all professions should see the meaning of the steps of their planning process clearly in the steps of the life care planning process.

- Strengthens the professional scope of each discipline while reinforcing the need to work collaboratively with other professionals. All the professions can form opinions within their scope of practice. Over the years, there has been some struggle for each profession to know and understand the scope of other professionals, and to recognize their colleagues' independent abilities, as well as their own.
- Promotes greater unity amongst the professions doing life care plans. By having a greater understanding and appreciation for each other, we can draw upon each other's expertise and experience and feel greater respect for each other.

The committee is grateful to the many life care planners who provided guidance and thoughtful comments during this project. This is truly a work of, by, and for the life care planner community.

Standards of Practice for Life Care Planners, 4th Edition

INTRODUCTION

Definition of Life Care Plan

“The life care plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs.” (International Conference on Life Care Planning, 1998)

(International Conference on Life Care Planning and the International Academy of Life Care Planners. (Adopted 1998, April). Definition of Life Care Planning. Presented at the Forensics Section meeting of the NARPPS [now known as the International Association of Rehabilitation Professionals] Annual Conference, Colorado Springs, Colorado.)

Historical and Current Perspective

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

In the 1970s, the specialty practice of life care planning emerged from the disciplines of economics and rehabilitation as a methodology to determine future medical care needs and associated costs. The first textbook publication of this method appeared by 1982 (Deutsch & Raffa, 1982). Over the next two decades, the specialty practice evolved. By 1996, a life care planning professional association, a nationwide training program, and a life care plan certification program were established (Weed & Berens, 2018).

Since 1998, life care planning has been recognized as an international transdisciplinary specialty practice (McCullom, 1998) with involvement in rehabilitation planning, service implementation, management of health care resources, discharge planning, educational and vocational planning, and long-term managed care, among other areas. In May 1998, the first publication to contain proposed life care planning standards of practice language was disseminated (McCullom, 1998). Through a transdisciplinary workgroup process, life care planning standards of practice were first published as a stand-alone document in 2000 (Reavis, 2000), and updated in 2006 (International Academy of Life Care Planners, 2006), 2015 (International Academy of Life Care Planners, 2015; Preston & Reid, 2015), and 2022.

Similar to the evolution of the life care planning process, the venues and entities that request life care plans also evolved. Life care plans are currently used by a wide range of professionals in many different sectors. In addition to health care and rehabilitation organizations, life

care plans are also regularly used by the following entities: case managers, wounded warrior support, elder care, third party payors, financial and trust managers, and governmental bodies (Riddick & Weed, 1992, 1996; Weed & Berens, 2018; Weed & Field, 2012). They are also used in administrative proceedings such as workers' compensation, and in regional and national courts in litigation involving medical malpractice, product liability, personal injury, etc., as well as in other situations to help determine treatment/care needs and associated resources.

Transdisciplinary Perspective

Transdisciplinary is defined as “a unified provision of services as two or more professional disciplines work simultaneously in a single integrated plan of care” (Farlex, Inc., 2022). Understanding the concept of transdisciplinary is necessary to understand the dynamics involved in creating a life care plan. Transdisciplinary practice transcends the traditional practices of multidisciplinary and interdisciplinary models.

In multidisciplinary practice, professionals are aware of, and may draw on, knowledge from other disciplines, but they do their work independently, as in silos. In interdisciplinary practice, there is sharing of information, collaborative analysis and synthesis, and coordination of activity (Mauk, 2019). In transdisciplinary practice, professionals “work jointly using a shared conceptual framework that draws together discipline-specific theories, concepts, and approaches to address a common problem” (Fuqua, 2012, p. viii). Transdisciplinary teamwork suggests that clinicians from various disciplines “regularly teach, learn, and provide care across disciplinary boundaries” (Cartmill et al., 2011, p. 8).

Life care planning is a transdisciplinary specialty practice. Each profession brings to the process of life care planning practice standards that must be adhered to by the individual professional, and these standards remain applicable while the life care planner engages in life care planning activities. Each professional works within their own scope of practice, standards of practice, and regulatory requirements that ensure accountability, provide direction, and describe the mandated responsibilities of their field. These standards include, but are not limited to, activities related to quality of care, qualifications, collaboration, law, ethics, advocacy, resource utilization, and research. The life care planner is responsible for following the standards of practice for life care planners.

The life care planner must examine their qualifications, training, and experience as applied to each individual case. Therefore, knowledge of diagnoses, disability, and future care considerations are necessary components of the professional's competency for the development of each life care plan.

PHILOSOPHICAL OVERVIEW

The life care plan is a document that provides accurate and timely information which can be followed by the evaluatee (the person who is the subject of the life care plan) and relevant parties. It is a detailed document that can serve as a lifelong guide to assist in the delivery of health care services. The life care plan reflects a collaborative effort among the various

parties, when possible, and goals that are preventive, habilitative, palliative, and rehabilitative in nature and should optimize outcomes. As a dynamic document, the life care plan may require periodic updating to accommodate changes.

Goals of Life Care Plans

1. To assist the evaluatee in achieving optimal outcomes by developing an appropriate plan of rehabilitation, habilitation, prevention, and reduction of complications. This includes recommendations that contribute to the evaluatee's health, wellness, and quality of life.
2. To provide health education to the evaluatee and relevant parties, when appropriate.
3. To specify services needed by the evaluatee and the associated costs.
4. To evaluate alternatives for care that take into consideration appropriate and least restrictive options for the evaluatee.
5. To communicate the objectives of the life care plan to the evaluatee and relevant parties, as appropriate.

EVOLUTION OF STANDARDS

The evolution of standards of practice for life care planners reflects the growth, change, and maturity of this specialty practice. Early standards were created by consensus of practitioners relying on common knowledge and mutual understanding of the state of practice. Desires for promoting growth, embracing change, enhancing the consistency of the process, and refining the skills of life care planners were evident. Since the late 1990s, standards of practice for life care planners have existed in some form to guide the work of life care planners from various disciplines providing life care planning services locally, regionally, nationally, and internationally.

As part of the process of developing a certification program, the Commission on Disability Examiner Certification (CDEC, now International Commission on Health Care Certification [ICHCC]) required that life care planners have expertise in research, development, coordination, integration, interpretation, and management of life care plans for catastrophic disabilities. To ensure this, standards were developed in 1996 for training programs that mandated coverage of specified topics and specified hours of training (May & Lubinskas, 2004). The Commission on Disability Examiner Certification "surmised that life care plan development involves data collection, resource development, and planning strategies in an interdisciplinary rehabilitation environment." (May, 1999, p. 448). These standards were delineated as expectations for training and eligibility to seek certification in life care planning. These began the process of actual standards of practice development by practitioners (McCollom, 1998).

In 1996, the American Academy of Nurse Life Care Planners, the first professional association for life care planners, was created. By the following year it became apparent that a

nurse-only association did not meet the needs of the entire life care planning community. The name was changed to the International Academy of Life Care Planners (IALCP) and was open to life care planners from all disciplines (Preston, 2017). In 1998, IALCP President Patricia McCollom noted that the Commission on Disability Examiner Certification began the process of actual standards development, by specifying parameters of skill and expertise to be covered in training programs. Roger Weed was tasked with development of the first set of proposed standards after discussion with over 200 participants at the 1997 Annual Life Care Planning Conference. Those standards covered credentialing, certification, experience, qualifications, and formal education (McCollom, 1998). IALCP convened a committee to build upon Weed's work. The International Academy of Life Care Planners developed and published the first edition of standards of practice in 2000. Subsequent editions were published in 2009 and 2015. These standards are considered applicable to all life care planners.

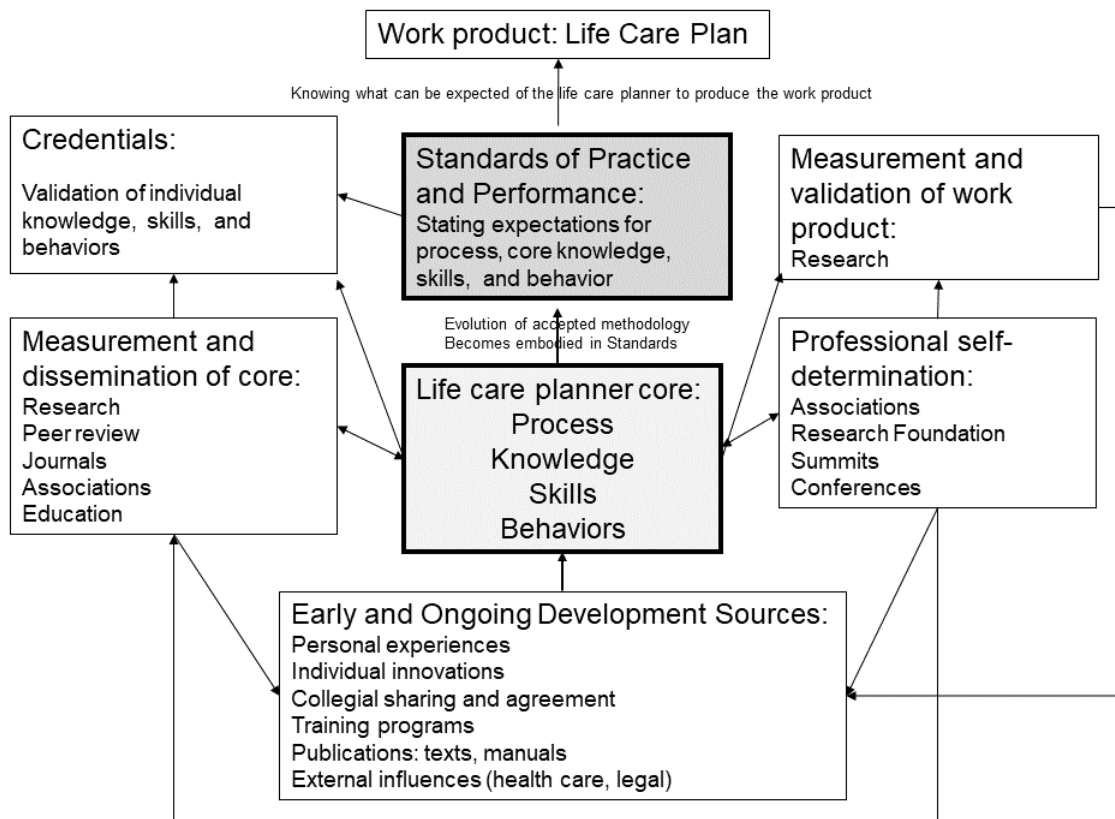
In 1997, the American Association of Nurse Life Care Planners (AANLCP®) was established. In 1998, AANLCP® adopted and revised the Scope and Standards and Code of Ethics, based on the level of competence demonstrated by using the nursing process of assessment, diagnosis, outcome identification, planning, implementation, and evaluation (American Association of Nurse Life Care Planners, 1998). The standards of practice with interpretive statements were adopted in 2008 (American Association of Nurse Life Care Planners, 2011).

There is an American Academy of Physician Life Care Planners which provides guidelines and professional standards for physician life care planners (American Academy of Physician Life Care Planners, 2014).

Standards are separated into standards of performance and standards of practice. Standards of performance reflect characteristics of the life care planner that mark professional practice. Standards of practice define the process that life care planners follow. Together, they encompass core knowledge, skills, and behaviors that life care planners should use in the course of their work. Because these evolve over time, changes to the published standards are natural and necessary. The depiction below of life care planning practice shows the complexity and interaction of all aspects of this specialty practice, creating symbiotic relationships to promote growth and development.

The diagram shows how standards are derived (Early and ongoing development sources box). From these sources statements of expected process, knowledge, skills, and behavior are developed. The standards are then used in professional self-determination; measurement and dissemination through research, journals, education, peer review; and credentials. Each of these contribute back to ongoing development sources, creating a dynamic cycle of growth and development.

The published standards outline expectations of those practicing life care planning and provide a means for the evaluation of the quality of the work practices and product. From the breadth and complexity of the many factors and entities that create, arise from, and are changed by many sources of influence, it is apparent that defining standards requires a coordinated and cooperative effort by experts working together to accurately define these



standards. Many sources are considered when defining current standards. These include, among others:

- Summit consensus statements
- Role and function studies
- Life care plan practice surveys
- Standards of practice from the major professional disciplines of life care planners and their related roles
- Research in health care, rehabilitation, treatment guidelines, life care planning
- Environmental influences, such as case rulings, worldwide efforts to standardize terminology, and available resources and tools for gathering data
- The opportunity for life care planners from all disciplines and countries to contribute ideas, make suggestions for changes, and offer feedback

As life care planning continues to evolve, these standards will continue to be periodically reviewed and revised. This reflects a vibrant, active specialty practice that can adapt to changing knowledge, skills, and needs. These standards allow all professionals engaged in

this specialty practice to have the strong support that the standards of practice provide. Failure to adhere to standards of practice can adversely affect the utility and admissibility of the life care plan.

SCOPE OF PRACTICE

Life care planning is a specialty practice in which a rehabilitation or health care professional may engage.

To achieve the goals of creating transdisciplinary life care plans, the life care planner comprehensively identifies future care needs with associated costs. While life care planners may independently make recommendations for care items/services that are within their scope of practice, the depth and breadth of that independence depends on their professional scope of practice, their basic professional training, specialized education, practice experiences, other professional roles performed, and the populations served.

A life care plan encompasses biopsychosocial needs, the ability to participate in activity, and quality of life. The recommendations may include, but not be limited to:

- Preventive and restorative health, wellness, and medical care (e.g., professional health care providers, diagnostic testing, surgery, other medical interventions, specialty treatment programs, medications, disposable supplies, health maintenance).
- Equipment and adaptive aids for function (e.g., mobility devices, orthotics, prosthetics, assistive technology, tools to improve functional independence).
- Community support and accessibility services (e.g., home attendant care or facility care, household services, transportation, accessibility modifications and furnishings, adaptive or therapeutic recreation, education, vocation, avocation, financial counseling, fiduciary, conservator services).

To address the future care needs, the life care planner collaborates with other professionals in order to develop a transdisciplinary life care plan inclusive of recommendations outside of the individual life care planner's professional scope of practice. No single rehabilitation or health care professional is trained to have comprehensive expertise in all areas where recommendations may be needed. Even within a profession, there are specialty and sub-specialty divisions, which may limit the life care planner's ability to independently make all needed recommendations. To determine which care recommendations can be made independently, life care planners may ask themselves the following questions:

- Does my professional training give me enough knowledge to provide an opinion?
- Does my mandated professional license, registration, or other credential give me the authority to opine?
- Do I have additional training and/or voluntary credentials that provide the ability to opine?
- What roles have I performed that give me foundational experience?

- Could I and would I order and implement the recommendation if I were the treater?
- Do I have practice experience with this recommendation?
- Have I worked with a client population that supports my ability to make this recommendation?

Life care planners may include information about their education, specialty training and experience, licenses, certificates, credentials, experience in roles, populations, and settings in their curriculum vitae or resume to demonstrate their scope of practice.

STANDARDS OF PERFORMANCE

Standards of performance are intended to describe a competent level of skills and behaviors that may be expected of a life care planner. The professional discipline (e.g., counselor, physician, registered nurse, therapist) of a life care planner determines whether a life care planner is permitted to practice in that profession. However, professional disciplines do not typically exercise authority over specialty practice roles. Life care planning represents such a specialty practice. Life care planners are expected to be aware of, and follow, standards of performance that have been determined by the community of life care planners.

The practice competencies provide ways that the life care planner demonstrates compliance with the standards. The competencies listed may not be exhaustive and may change as the specialty practice and the needs of those who use life care plans evolves.

1. **STANDARD:** The life care planner has an educational background and professional preparation suitable for life care planning.

PRACTICE COMPETENCIES:

- a. Possesses the appropriate educational requirements in a rehabilitation or health care field as defined by their professional discipline.
- b. Maintains the current professional licensure, provincial registration, or national board certification that is required to practice their professional rehabilitation or health care discipline.
- c. Demonstrates that the professional discipline provides sufficient education and training to assure that the life care planner has an understanding of human anatomy and physiology, pathophysiology, psychosocial and family dynamics, the health care delivery system, the role and function of various health care professionals, and clinical practice guidelines and standards of care. Within their profession's scope of practice, the education and training allow practitioners in the discipline to independently perform assessments, analyze and interpret data, make judgments and decisions on goals and interventions, and evaluate responses and outcomes.
- d. Participates in specific continuing education as required to maintain the individual practitioner's licensure, registration, or certification within their profession.
- e. Obtains continuing education and/or training to remain current in the knowledge and skills relevant to life care planning.

2. **STANDARD:** The life care planner practices within their professional scope of practice.
PRACTICE COMPETENCIES:
 - a. Remains within the scope of practice for their profession as determined by state, provincial, or national credentialing bodies.
 - b. Independently makes recommendations for care items/services that are within the scope of practice of their own professional discipline.

3. **STANDARD:** The life care planner must have skill and knowledge to understand the health care needs addressed in a life care plan.
PRACTICE COMPETENCIES:
 - a. Consults with others and obtains education when the life care planner must address health care needs that are new or unfamiliar.
 - b. Locates appropriate resources when necessary.
 - c. Uses a consistent, objective, and thorough methodology to construct the life care plan.
 - d. Relies on appropriate medical and other health related information, resources, and professional expertise for developing the content of the life care plan.
 - e. Uses specialized skills such as the ability to research, critically analyze data, manage and interpret large volumes of information, attend to details, demonstrate clear and thorough written and verbal communication skills, develop positive relationships, create and use networks to gather information, and work autonomously.

4. **STANDARD:** The life care planner shall practice in an ethical manner and follow the Code of Ethics of their respective professions, roles, certifications, and credentials.
PRACTICE COMPETENCIES:
 - a. Follows the Code of Ethics for their profession.
 - b. Follows the Code of Ethics for their professional roles, certifications, and credentials.

5. **STANDARD:** The life care planner uses the scientific principles of medicine, rehabilitation, and health care as a basis for life care planning.
PRACTICE COMPETENCIES:
 - a. Uses and, when possible, participates, in research relevant to life care planning practice.
 - b. Evaluates literature for application to life care planning.
 - c. Uses appropriate clinical practice guidelines and research findings in the development of life care plans.

6. **STANDARD:** The life care planner considers cultural and linguistic factors that may influence the assessment, development, and implementation of the plan.

PRACTICE COMPETENCIES:

- a. Recommends care that is culturally appropriate.
- b. Considers multiple evaluatee-centered factors such as age, sex, race, ethnicity, religion, gender identity, sexual orientation, disability, and geographic location.
- c. Uses qualified interpreters.

STANDARDS OF PRACTICE

Standards of practice describe the authoritative process that is followed in life care planning. All the disciplines that engage in life care planning follow a planning process. Standards of practice are organized by the steps that life care planners are expected to follow to perform competently. Steps may be followed sequentially, however, this is a fluid process. During the complete process, the life care planner may find it beneficial to return to earlier steps or perform some steps simultaneously. Some standards and practice competencies may be applicable to more than one step. It is incumbent upon all life care planners to adhere to the standards of practice, regardless of their primary professional background, professional affiliation, referral source, and/or nature of the case.

The practice competencies provide ways that the life care planner demonstrates compliance with the standards. The competencies listed may not be exhaustive and may change as the specialty practice and the needs of those who use life care plans evolves.

Case initiation

This step refers to the activities performed in the process of responding to requests for life care planning services and determining the appropriateness and parameters for accepting cases.

7. **STANDARD:** The life care planner facilitates understanding of the life care planning process.

PRACTICE COMPETENCIES:

- a. Provides information about the life care planning process.
- b. Requests the information necessary to start the life care planning process.

8. **STANDARD:** The life care planner establishes working expectations with the referring party.

PRACTICE COMPETENCIES:

- a. Seeks mutual acknowledgment of the scope of services requested.
- b. Seeks clarity regarding jurisdictional requirements that may affect work product.
- c. Identifies conflicts or potential conflicts of interest.

Assessment and evaluation of an evaluatee

This step refers to the activities performed in gathering the information necessary for preparation of a life care plan.

9. **STANDARD:** The life care planner performs comprehensive assessment through the process of data collection involving multiple elements and sources.

PRACTICE COMPETENCIES:

- a. Uses a consistent, valid, and reliable approach to data collection.
- b. Collects data in a systematic, comprehensive, and accurate manner.
- c. Collects data about health, biopsychosocial, medical, financial, educational, and vocational history and current needs.
- d. Obtains information from records, evaluatee/family (when available or appropriate), and relevant treating or consulting health care professionals and others.
- e. If access to any source of information is not possible (e.g., denied permission to interview the evaluatee), this should be noted.
- f. Assesses need for further evaluations or expert opinions.

Analysis and synthesis to identify functioning, disability, and health

This step refers to organizing collected data into an empirically derived and conceptually coherent format that incorporates case-salient factors.

10. **STANDARD:** The life care planner analyzes data using a consistent, valid, and reliable process.

PRACTICE COMPETENCIES:

- a. Analyzes data to determine evaluatee needs.
- b. Follows a consistent method for organizing and interpreting data.
- c. Synthesizes data to identify current functioning, disability, and health, and to provide structure for care recommendations.
- d. Identifies current standards of care, clinical practice guidelines, services, and products from reliable sources to evaluate potential functioning, disability, and health
- e. Uses knowledge of human growth and development, including the impact of aging on disability and function.
- f. Considers factors such as age, sex, race, ethnicity, religion, gender identity, sexual orientation, disability, and geographic location.

Delineating future care recommendations

This step involves the identification of services and products that will be needed with appropriate foundation or rationale.

11. **STANDARD:** The life care planner uses a consistent, valid, and reliable approach to determining evaluatee's needs.

PRACTICE COMPETENCIES:

- a. Ensures appropriate foundation or rationale for each recommendation.
 - b. Uses, relies upon, and identifies relevant research and references in the development of the life care plan.
 - c. Uses current standards of care, clinical practice guidelines, services and products from reliable sources, such as current literature or other published sources, collaboration with other professionals, education programs, and personal clinical practice to make recommendations.
 - d. Determines consistency of care recommendations with standards of care.
 - e. Considers person-centered care criteria such as settings, admission criteria, treatment indications or contraindications, program goals and outcomes, consistency of services relative to standards of care, duration and frequency of services, ability of the evaluatee to effectively benefit from services and products, responsiveness of services to changing evaluatee needs, whether care is the least restrictive relative to the needs of the individual, and availability.
 - f. Considers factors such as age, sex, race, ethnicity, religion, gender identity, sexual orientation, disability, and geographic location.
 - g. Considers recommendations that are age-appropriate, using knowledge of human growth and development, including the impact of aging on disability and function.
 - h. Considers the rationale/reason for inclusion or exclusion of recommendations.
 - i. Considers factors such as pre-existing conditions and causally related needs in forensic cases.
 - j. Considers the likely benefit of recommendations and how a recommendation may affect other recommendations (i.e., multidimensional influences throughout the life care plan).
 - k. Considers the probability versus possibility of need.
 - l. Researches appropriate options for recommendations, using sources that are reasonably available to the evaluatee.
 - m. Uses a consistent method to determine available choices.
12. **STANDARD:** The life care planner seeks collaboration.
- PRACTICE COMPETENCIES:**
- a. Seeks recommendations from other qualified professionals and/or relevant sources for inclusion of items and services outside the life care planner's scope of practice.

- b. Shares relevant information to aid in formulating recommendations and opinions.
13. STANDARD: The life care planner facilitates understanding of the life care planning process.
- PRACTICE COMPETENCIES:
- a. Provides information about the life care planning process to involved parties to elicit participation.
 - b. Maintains objectivity while collaborating with others in determining appropriate content for the life care plan.

Delineating costs

This step includes methodology for determining the costs of future care recommendations.

14. STANDARD: The life care planner uses a consistent, valid, and reliable approach to costs.
- PRACTICE COMPETENCIES:
- a. Uses a consistent method to determine costs for various categories of available/needed services.
 - b. Uses geographically relevant and representative costs.
 - c. Identifies services and products from reliable sources.
 - d. Follows a consistent method for organizing and interpreting data for projecting costs.
 - e. Explains the life care planning process to involved parties to obtain needed information.
 - f. Cites verifiable cost data.

Work product creation

This step addresses communication about future care recommendations and costs.

15. STANDARD: The life care planner communicates their opinions.
- PRACTICE COMPETENCIES:
- a. Follows a consistent method for creating the narrative component of the life care plan report.
 - b. Develops and uses documentation tools for reports and cost projections.
 - c. Considers classification systems (e.g., International Classification of Diseases [ICD], Current Procedural Terminology [CPT], Healthcare Common Procedure Coding System [HCPCS], International Classification of Functioning, Disability, and Health [ICF]) to provide clarity regarding care recommendations and costs.
 - d. Records lack of access to pertinent information.

Evaluation for consistency within the life care plan and adherence to standards of practice

This step describes the use of the published standards of practice for the evaluation of the quality of the work practices and work product.

16. **STANDARD:** The life care planner ensures that opinions and work product are congruent, consistent, and follow accepted methodological practices.

PRACTICE COMPETENCIES:

- a. Reviews and revises the life care plan to seek internal consistency and completeness.
- b. Reviews the life care plan for consistency with standards of care and standards of practice and seeks resolution of inconsistencies.

Education of consumers/users of life care plans

This step identifies activities to ensure that the life care plan, and the process by which it is created, is understood.

17. **STANDARD:** The life care planner, as an educator, facilitates understanding of the life care planning process, the life care plan, and work product.

PRACTICE COMPETENCIES:

- a. Maintains objectivity and assists others in understanding the content of the life care plan.
- b. Provides information about the life care planning process to involved parties.
- c. Provides follow-up consultation as appropriate and permitted to facilitate understanding and interpretation of the life care plan.

Forensic application

This step provides guidance for life care planners who are involved in life care planning for litigation purposes.

18. **STANDARD:** The life care planner may engage in forensic applications.

PRACTICE COMPETENCIES: If the life care planner engages in practice that includes participation in legal matters, the life care planner:

- a. May act as a consultant to legal proceedings related to determining care needs and costs.
- b. May provide expert sworn testimony regarding work process and product.
- c. Maintains records generated for the development of the life care plan for a period of time consistent with applicable requirements.
- d. Seeks clarity regarding jurisdictional requirements that may affect work product.

References

- American Academy of Physician Life Care Planners. (2014). *Standards of practice*. <http://www.aaplcp.org>
- American Association of Nurse Life Care Planners. (1998). Standards of practice and the nurse life care planner. *Journal of Nurse Life Care Planning*, 1(1).
- American Association of Nurse Life Care Planners. (2011). *Standards of practice with interpretive statements*. Salt Lake City, UT.
- Cartmill, C., Soklaridis, S., & David Cassidy, J. (2011). Transdisciplinary teamwork: The experience of clinicians at a functional restoration program. *Journal of Occupational Rehabilitation*, 21(1), 8. <https://doi.org/10.1007/s10926-010-9247-3>
- Deutsch, P., & Raffa, F. (1982). *Damages in tort action* (Vol. 8& 9). Matthew Bender.
- Farlex, Inc. (2022). *Transdisciplinary*. <https://medical-dictionary.thefreedictionary.com/transdisciplinary>
- Fuqua, J. (2012). Toward a better understanding of the definition of transdisciplinary scientific collaboration. *Californian Journal of Health Promotion*, 10(1), viii. <https://doi.org/10.32398/cjhp.v10i1.1491>
- International Academy of Life Care Planners. (2006). *Standards of practice for life care planners* (2nd ed.). International Association of Rehabilitation Professionals.
- International Academy of Life Care Planners. (2015). *Standards of practice for life care planners* (3rd ed.). <http://www.rehabpro.org/sections/ialcp/life-care-planning/standards>
- International Conference on Life Care Planning. (1998). Definition of life care planning at annual meeting of the International Association of Rehabilitation Professionals Forensic Section. Colorado Springs, CO.
- Mauk, K. L. (2019). Revisiting the concept of transdisciplinary life care planning. *Journal of Life Care Planning*, 17(1), 5–6.
- May, V. R. (1999). The certification movement in rehabilitation and life care planning. In *Life care planning and case management handbook* (p. 448). CRC Press.
- May, V. R., & Lubinskias, P. (2004). The commission on health care certification (chcc): Credentialing in life care planning service delivery. In *Life care planning and case management handbook* (2nd ed., pp. 761–789). CRC Press.
- McCullom, P. (1998). Dialog for tomorrow. *International Academy of Life Care Planners Academy Letter*, 1(1).
- Preston, K. (2017). Life care planners and iarp. In *A history of private sector rehabilitation* (pp. 133–138). Elliott & Fitzpatrick.
- Preston, K., & Reid, C. (2015). Revision process for the standards of practice for life care planners. *Journal of Life Care Planning*, 13(3).
- Reavis, S. (2000). Standards of practice. *International Academy of Life Care Planners Standards Committee*.
- Riddick, S., & Weed, R. O. (1992). Life care plans as a case management tool. *The Individual Case Manager Journal*, 3(1), 26–35.
- Riddick, S., & Weed, R. O. (1996). The life care planning process for managing catastrophically impaired patients. In S. Bancett & D. Flarey (Eds.). *Case studies in nursing case management*. Aspen Publishers.

Weed, R. O., & Berens, D. (2018). *Life care planning and case management handbook* (4th ed.).
Routledge Press.

Weed, R. O., & Field, T. (2012). *The rehabilitation consultant's handbook* (4th ed.). Elliott &
Fitzpatrick.



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