

Standards of Practice for Life Care Planners

Third Edition



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

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of Practice
for
Life Care
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INTERNATIONAL ASSOCIATION OF
REHABILITATION PROFESSIONALS

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Acknowledgement

Practitioners of life care planning are indebted to the pioneers who have worked tirelessly to promote professional life care planning practice and create a specialty that is recognized and respected. From the publishing of the first Standards of Practice in 2000 to today, life care planning has achieved many milestones of professional practice and is well positioned to continue this development into the future. This Third edition of the Standards of Practice for Life Care Planners is dedicated to those who have given generously of their time and effort, and especially to the memory of Patricia McCollom, MS, RN, CRRN, CDMS, CCM, CLCP, FIALCP, who founded the International Academy of Life Care Planners in 1996. Patricia's vision of ensuring a strong life care planning community for all practitioners led to IALCP becoming part of the International Association of Rehabilitation Professionals in 2006. This edition of the Standards exemplifies her legacy: alive, well, and thriving.

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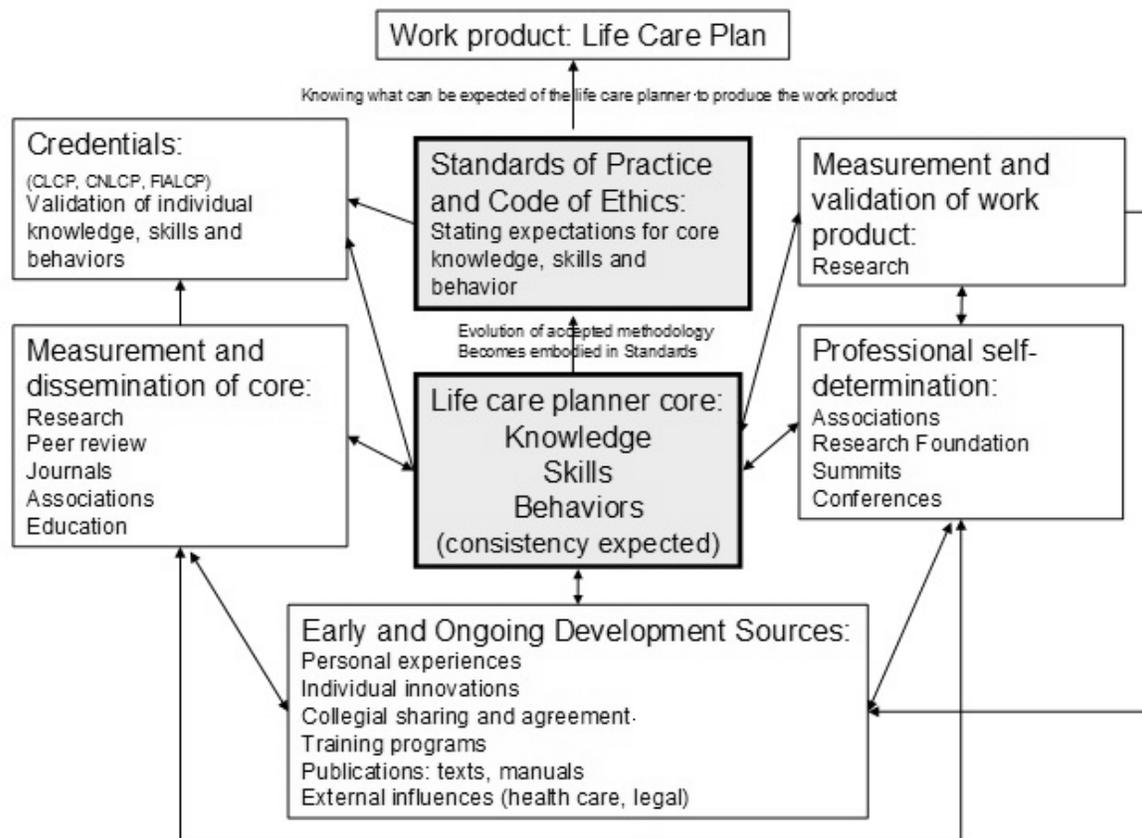
Standards of Practice for Life Care Planners, Third Edition

Foreword

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

Creating the third edition of the Standards of Practice for Life Care Planners was a project that reflected the growth, change, and maturity of this field of 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 and change in the consistency and skills of life care planners were evident. Now, 14 years after the first edition was drafted, our Standards reflect that progress and show that our practice is becoming more objective and research-based.

Standards of Practice are intended to define the core knowledge, skills, and behaviors that life care planners should use in the course of work. Because these change over time, changes to the Standards of Practice are natural and necessary. The depiction below of life care planning practice shows the complexity and



interaction of all aspects of this field, creating symbiotic relationships to promote growth and development. At the core are knowledge, skills, and behaviors, which are continually influenced by internal and external factors, creating a continuous process of change.

Understanding the process for revising the Standards of Practice for Life Care Planners is important for ensuring confidence in their accuracy and applicability. Life care planning practitioners and people who use life care plans want to know that the work produced is of high quality and can be relied upon to accurately reflect future care needs. These Standards provide a guide by which the practitioner can evaluate his or her own work practices, and the people who use life care plans can determine the quality of workmanship.

Work commenced in January 2013 with the review of many documents that have impact on Standards, such as:

- Summit consensus statements from 2006, 2008, 2010, and 2012
- Role and Function Study
- Life Care Plan Practice Survey
- Standards of Practice from IARP and other associations representing the major professional disciplines who are life care planners

These documents were reviewed to determine whether existing Standards needed to be revised or expanded based on objective information. Additionally, a survey was open to all life care planners and people who use life care plans. Life care planners submitted ideas and comments for changes to the Standards. All submissions were weighed carefully to determine whether there was a rational, logical, and defensible basis for a change.

Once all the potential changes were evaluated and incorporated into the draft of the new edition, the Standards of Practice for Life Care Planners, third edition was released for field review. Again, everyone was able to review and comment on the new document. Now, in 2015, the third edition is ready for publication and release. As in previous editions, 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 represent the actions that life care planners use in creating the life care plan.

A significant change to the third edition is that the format more clearly identifies each standard and measurement criteria. This makes it easier to quickly determine the required knowledge, skills, and behaviors. Clearly identified measurement criteria make it easier to determine compliance with the standard.

Another important change is that the section on ethics has been removed. Instead, a new Code of Ethics will be written as a separate, stand-alone document. This is also consistent with many other fields that have separate Standards of Practice and Code of Ethics. Until a new Code of Ethics is created, it is recommended that life care planners continue to use the Ethics section of the second edition of the

Standards of Practice, and this has been included in the Appendix to the third edition. Once the new Code of Ethics is published, the Appendix will be removed.

This third edition required the work of a team of dedicated people who have volunteered many hours to this task. IARP/International Academy of Life Care Planners members formed the committee responsible for determining the process for the project, researching multiple data sources, reviewing suggested changes and drafting new language. Committee members represented the major disciplines that create life care plans and practitioners throughout North America. Other IARP/International Academy of Life Care Planners members and non-members volunteered to serve as a sub-committee to review and analyze potential changes and test information. Adding all the life care planners and people who use life care plans who participated in the survey and submitted comments and suggestions makes this work truly reflect the efforts of the total field.

As life care planning continues to evolve, these Standards will continue to be periodically reviewed and revised. This reflects a vibrant, active field that is able to 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.

Standards of Practice for Life Care Planners

I. INTRODUCTION

A. 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 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.)

B. Historical Perspective

The development of an individualized plan of care has always been considered an integral part of the medical and rehabilitation process. This type of plan has historically been used by multiple disciplines. Rehabilitation professionals have created a rehabilitation plan. Nurses developed a nursing care plan. Physicians defined a medical treatment plan, and other professions developed plans specific to their practice. An integrated plan that includes all disciplines and specific costs of care has become an increasingly important aspect of the health care process due to rapid growth in medical technology and an increased emphasis on the cost of care. This process of developing an integrated plan and delineating costs has evolved over an extensive period of time and is now utilized by case managers, counselors, and other professionals in many sectors. These plans are also a valuable tool for rehabilitation planning, service implementation, management of health care resources, discharge planning, educational and vocational planning, and long-term managed care, among other areas.

C. Transdisciplinary Perspective

Life care planning is a transdisciplinary specialty practice. Each profession brings to the process of life care planning practice standards which must be adhered to by the individual professional, and these standards remain applicable while the practitioner engages in life care planning activities. Each professional works within specific standards of practice and regulatory requirements for his or her discipline to ensure accountability, provide direction, and mandate responsibility for the standards for which he or she is accountable. These standards include, but are not limited to, activities related to quality of care, qualifications, collaboration, law, ethics, advocacy, resource utilization, and research. In addition, each individual practitioner is responsible for following the Standards of Practice for Life Care Planners.

In addition, the individual practitioner must examine his or her qualifications, training, and experience as applied to each individual case. Therefore, knowledge of the medical diagnosis, disability, and future care considerations are necessary components of the practitioner's competency for each individual case.

II. PHILOSOPHICAL OVERVIEW / GOALS OF LIFE CARE PLANNING

The life care plan is a document that provides accurate and timely information which can be followed by the evaluatee 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 is a collaborative effort among the various parties, when possible, and reflects goals that are preventive and rehabilitative in nature. As a dynamic document, the life care plan may require periodic updating to accommodate changes and should have quality outcomes as its goal.

Goals of Life Care Plans:

In life care planning, the evaluatee is defined as the person who is the subject of the life care plan.

- A. To assist the evaluatee in achieving optimal outcomes by developing an appropriate plan of rehabilitation, prevention, and/or reduction of complications. This may include recommendations for evaluations or treatment that may contribute to the evaluatee's level of wellness or provide information regarding treatment requirements.
- B. To provide health education to the evaluatee and relevant parties, when appropriate.
- C. To specify services and the charges for those services needed by the evaluatee.
- D. To develop likely alternatives for care that take into consideration developmentally appropriate and least restrictive options for the evaluatee.
- E. To communicate the life care plan and objectives to the evaluatee and relevant parties, when appropriate.

III. STANDARDS OF PERFORMANCE

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

MEASUREMENT CRITERIA:

- a. Possesses the appropriate educational requirements in a rehabilitation or health care field as defined by his or her professional discipline.
- b. Maintains current professional licensure, provincial registration, or national board certification that is required to practice a 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. The education and training allows 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 his or her 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 shall practice in an ethical manner and follow the Code of Ethics of his or her respective professions, roles, certifications and credentials.

MEASUREMENT CRITERIA:

- a. Follows the Code of Ethics for his or her profession.
 - b. Follows the Code of Ethics for his or her professional roles, certifications, and credentials.
3. STANDARD: The life care planner uses the scientific principles of medicine and health care as a basis for life care planning.

MEASUREMENT CRITERIA:

- a. Utilizes, and when possible, participates, in research relevant to life care planning practice.
 - b. Evaluates literature for application to life care planning.
 - c. Uses appropriate research findings in the development of life care plans.
4. STANDARD: The life care planner considers cultural and linguistic factors that may influence the assessment, development, and implementation of the plan.

MEASUREMENT CRITERIA:

- a. Recommends care that is culturally sensitive.
- b. Considers multiple evaluatee-centered factors including ethnic, religious, sexual identity, and geographic.
- c. Uses qualified interpreters.

IV. STANDARDS OF PRACTICE

1. **STANDARD:** The life care planner practices within his or her professional scope of practice.

MEASUREMENT CRITERIA:

- a. Remains within the scope of practice for his or her profession as determined by state, provincial, or national credentialing bodies. The functions associated with performing life care planning are within the scope of practice for rehabilitation and health care professionals.
- b. Independently makes recommendations for care items/services that are within the scope of practice of his or her own professional discipline.

2. **STANDARD:** The life care planner must have skill and knowledge in understanding the health care needs addressed in a life care plan.

MEASUREMENT CRITERIA:

- a. Consults with others and obtains education when the life care planner must address health care needs that are new or unfamiliar.
- b. Able to locate appropriate resources when necessary.
- c. Provides a consistent, objective, and thorough methodology for constructing the life care plan, relying on appropriate medical and other health related information, resources, and professional expertise for developing the content of the life care plan.
- d. Relies on state-of-the-art knowledge and resources to develop a life care plan.
- e. Uses specialized skills including, but not limited to, 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 for gathering information, and work autonomously.

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

MEASUREMENT CRITERIA:

- a. Collects data in a systematic, comprehensive, and accurate manner.
- b. Collects data about medical, health, biopsychosocial, financial, educational, and vocational status and needs.
- c. Obtains information from medical records, evaluatee/family (when available or appropriate), relevant treating or consulting health care professionals and others. If access to any source of information is not possible (e.g., denied permission to interview the evaluatee), this should be so noted in the report.

4. STANDARD: The life care planner uses a consistent, valid and reliable approach to research, data collection, analysis, and planning.

MEASUREMENT CRITERIA:

- a. Identifies 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.
- b. Researches appropriate options and charges for recommendations, using sources that are reasonably available to the evaluatee.
- c. Considers appropriate criteria for care options such as admission criteria, treatment indications or contraindications, program goals and outcomes, whether recommended care is consistent with standards of care, duration of care, replacement frequency, ability of the evaluatee to appropriately use services and products, and whether care is reasonably available.
- d. Uses a consistent method to determine available choices and charges.
- e. Uses classification systems (e.g., International Classification of Diseases, Common Procedural Terminology) to correlate care recommendations and charges when these systems are available or helpful in providing clarity.
- f. Uses and relies upon relevant research that should be readily available for review and reflected within the life care plan.

5. STANDARD: The life care planner analyzes data.

MEASUREMENT CRITERIA:

- a. Analyzes data to determine evaluatee needs and consistency of care recommendations with standards of care.
- b. Assesses need for further evaluations or expert opinions.

6. STANDARD: The life care planner uses a planning process.

MEASUREMENT CRITERIA:

- a. Follows a consistent method for organizing data, creating a narrative life care plan report, and projecting costs.
- b. Develops and uses written documentation tools for reports and cost projections.
- c. Develops recommendations for content of the life care plan cost projections for each evaluatee and a method for validating inclusion or exclusion of content.
- d. Makes recommendations that are within the life care planner's own professional scope of practice; seeks recommendations from other qualified professionals and/or relevant sources for inclusion of care items and services outside the life care planner's scope of practice.
- e. Considers recommendations that are age-appropriate, using knowledge of human growth and development, including the impact of aging on disability and function.

7. STANDARD: The life care planner seeks collaboration when possible.
MEASUREMENT CRITERIA:
 - a. Fosters positive relationships with all parties.
 - b. Seeks expert opinions, as needed.
 - c. Shares relevant information to aid in formulating recommendations and opinions.

8. STANDARD: The life care planner facilitates understanding of the life care planning process.
MEASUREMENT CRITERIA:
 - a. Maintains objectivity and assists others in resolving disagreements about appropriate content for the life care plan.
 - b. Provides information about the life care planning process to involved parties to elicit cooperative participation.

9. STANDARD: The life care planner evaluates.
MEASUREMENT CRITERIA:
 - a. Reviews and revises the life care plan for internal consistency and completeness.
 - b. Reviews the life care plan for consistency with standards of care and seeks resolution of inconsistencies.
 - c. Provides follow-up consultation as appropriate and permitted to ensure that the life care plan is understood and properly interpreted.

10. STANDARD: The life care planner may engage in forensic applications.
MEASUREMENT CRITERIA: If the life care planner engages in practice that includes participation in legal matters, the life care planner:
 - a. Acts as a consultant to legal proceedings related to determining care needs and costs in the role of an impartial advisor to the court.
 - b. May provide expert sworn testimony regarding development and content of the life care plan.
 - c. Maintains records of research and supporting documentation for content of the life care plan for a period of time consistent with requirements of applicable authoritative jurisdictions.

APPENDIX

The Ethics section of the second edition of the Standards of Practice for life care planners is provided for reference and use until a separate Code of Ethics is available. This Appendix is to be removed at such time. Language in the Ethics section has not been changed from the second edition, except to use the term evaluatee.

Ethics

Ethics refers to a set of principles of “right” conduct, a theory or a system of moral values, or the rules or standards governing the conduct of a person or members of a profession. The primary goal of ethics is to protect evaluatees, provide guidelines to practicing professionals, and enhance the profession as a whole. Within the life care planning specialty, all practitioners are members of one or more professional disciplines and/or are licensed or certified. It is expected that life care planners follow appropriate, relevant, ethical guidelines within their areas of professional practice and expertise.

Life care planners are expected to maintain appropriate confidentiality, avoid ethically conflicting dual or multiple relationships, and adequately advise evaluatees of the role of the life care planner, and maintain competency in the profession.

1. Confidentiality: Appropriate confidentiality is a sensitive and important concept. Some professionals will have communications protected by “privilege” which is statutorily based in each state or province. For example, although no “life care planners” are currently covered by privilege, many may be professional counselors, licensed psychologists or others who have the additional statutory protection. Litigation has the additional component of attorney work product that may have an effect on what information may be disclosed. The life care planner must be thoroughly informed on this topic.
2. Dual or multiple relationships: A personal relationship with an evaluatee is not appropriate during the course of service. Developing life care plans for friends, co-workers, professional colleagues, or anyone where the objectivity and professionalism of the care plan is questioned should be avoided. Serving in dual or multiple professional roles, such as case manager or treater, is permitted as long as the simultaneous roles are not used for the purpose of providing benefit to the professional (e.g., recommending continued use of the professional without justification).
3. Evaluatee advisement of role: Each evaluatee should be fully informed about the role of the life care planner. For example, the evaluatee should be fully informed about who is requesting the life care plan as well as the confidentiality of communications. Also, life care planners who have dual role responsibilities should clarify that the life care planning role is separate and should clarify what the limits of their participation might be.

4. Competency: The life care planner is expected to accurately represent any information received for a particular case. Recommendations are to have medical, rehabilitation, psychological, and case management foundations with appropriate medical specialist and treatment team collaboration when possible, with support from medical recommendations, clinical practice guidelines, research, and other current literature.

Each case is unique and the life care plan must demonstrate professional judgment in bringing together data, supporting documentation, and the individual characteristics of the person addressed within the plan.

The life care planner should possess knowledge of professional legal requirements including the legal principles of consent and confidentiality.

5. Life care planners are professionals, from varying educational backgrounds, who maintain professional conduct when addressing opposing life care plan consultants. Life care plan consultants should focus upon methodology of plan development, supporting documentation for recommendations and plan content.



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