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# **TO ANCHOR OR NOT TO ANCHOR IN THE NUCLEAR LIFE CARE PLAN WORLD**

**Jud Woodydy, Esq. | Valerie Kellner, Esq.  
William Toles, Esq. | Heath Vickers, Esq.**

# What is a Life Care Plan?

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“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.”

Source: International Association of Rehabilitation Professionals (IARP) & International Academy of Life Care Planners (IALCP); Standards of Practice for Life Care Planners (Third Edition 2015)

# Life Care Planning is **Transdisciplinary**

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**Nursing**



**Medicine**



**Allied Health**



**Mental Health**

The IARP/ IALCP standards of practice indicate that life care planning is a **“transdisciplinary specialty practice”**. It is not a profession. Life care planners come from a variety of health care backgrounds and professions to include but not limited to:

# The Life Care Plan may address multiple areas for the evaluatee which can include, but are not limited to:

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- Medical Evaluations & Care
- Allied Health Evaluations & Care
- Neuropsychiatric and/or Neuropsychological Evaluations
- Diagnostic Studies & Laboratory Testing
- Durable Medical Equipment & Supplies
- Prosthetic & Orthotic Equipment
- Medications
- Surgeries & Procedures
- Transportation Accommodations
- Residential Renovations/Accommodations
- Attendant Care and Other Support Services
- Facility Placement

# Categorical Types Of Evidence

*What types of evidence are used in an Evidence-Based Life Care Plan?*

- Standards of Practice
- Consensus Statements
- Collaboration with health care providers and/or other professionals
- Testimony
- Medical records
- Clinical practice guidelines
- Peer reviewed journal articles
- Use of sources that are reliable and costing that is reproducible

# Published Standards

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## *Standards of Practice for Life Care Planners (Third Edition)*

- Published standards that define the requirements and methodology necessary for development of a life care plan
- Published in combination by the International Association of Rehabilitation Professionals (IARP) and the International Academy of Life Care Planners (IALCP)

Note: Other professional groups have developed their own standards for life care planning to include:

- American Association of Nurse Life Care Planners (AANLCP)
- American Academy of Physician Life Care Planners (AAPLCP)

# Consensus Statements

The published consensus statements as found in the *Journal of Life Care Planning* are applicable to all life care planners regardless of their professional background and education.

# Consensus Statements

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The current edition of consensus statements were published in 2018 following a Delphi study.

- A Delphi study is an empirical research method that establishes consensus among subject matter experts.
- The study included consensus information as derived from 17 years of life care planning summits.
- The primary committee for the Delphi study included a board member from the International Commission of Healthcare Certification (ICHCC). The ICHCC manages the CLCP credential for the life care planning field.
- The secondary committee included practicing life care planners in 16 different states from the following professions: Rehabilitation Counseling, Case Management, Nursing, Medicine (Physicians), Psychology and Social Work.

# Consensus Statements

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After analysis by the secondary committee, the resulting information was provided through survey to the life care planning community at large for review and comment.

Survey participants were recruited from multiple life care planning professional organizations to include the International Association of Rehabilitation Professionals (IARP), the American Academy of Physician Life Care Planners (AAPLC), the American Association of Nurse Life Care Planners (AANLCP) and International Commission on Healthcare Certification (ICHCC)

# Consensus Statements

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For survey purposes, the International Association of Rehabilitation Professionals (IARP) provided contact information for the members of both their Forensic and Life Care Planning (IALCP) sections, the American Academy of Physician Life Care Planners (AAPLCP) provided their most recent annual conference attendee list and the American Association of Nurse Life Care Planners (AANLCP) along with the International Commission on Healthcare Certification (ICHCC) notified their members internally regarding the research project and encouraged their future voluntary participation.

Three different survey protocols for the Delphi study were completed with the participants before arriving at the Consensus and Majority Statements that were published during 2018 within the Journal of Life Care Planning.

# Consensus Statements

*Past life care planning summits have been endorsed by the following professional organizations and institutions:*

- American Association of Nurse Life Care Planners (AANLCP)
- American Association of Legal Nurse Consultants (AALNC)
- Care Planner Network
- Commission on Disability Examiner Certification (CDEC)
- Commission on Health Care Certification (CHCC, currently ICHCC)
- Case Management Society of America (CMSA)
- Foundation for Life Care Planning Research (FLCPR)
- Georgia State University
- Intelicus
- International Academy of Life Care Planners (IALCP)
- International Association of Rehabilitation Professionals (IARP)
- International Association of Rehabilitation Professionals, Canada
- University of Florida
- Vocational Rehabilitation Association of Canada (VRA)

# Evidence: Collaboration with Other Health Care Providers or Professionals

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Life Care Planning is a transdisciplinary specialty practice. Life care planners come from a variety of healthcare and professional backgrounds such as Nursing, Medicine, Allied-Health and Mental Health. All of these professionals must remain within their individual professional scope(s) of practice when developing a plan.

As such, it would be extremely rare that a single life care planner will have the necessary comprehensive expertise and scope of practice necessary to independently develop an evidence-based life care plan for an evaluatee without collaboration



**Nursing**



**Medicine**



**Allied Health**



**Mental Health**

# Evidence: Recommendations from Health Care Providers

## Consensus Statement 81:

“Life Care planners seek recommendations from other qualified professionals and/or relevant sources for inclusion of care items/services outside the individual life care planner’s scope(s) of practice.”

Note: Such evidence can be established through documented consultative findings with other treating and/or evaluating healthcare providers and/or from review of their sworn testimony.

# Evidence: Review, Analysis, and Citation of the Evaluatee's Medical Records

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Specific foundation from the medical records can be documented within the life care plan in various ways:

- Comprehensive list of medical records reviewed
- Treatment summaries
- Drawing direct connections between specific medical record findings and the future care recommendations detailed within the life care plan

# Evidence: Costing Data

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- Verifiable data from appropriate resources that define a Usual, Customary and Reasonable (URC) cost range for the item/service as defined by the American Medical Association (AMA).
- The costs identified are geographically specific, non-discounted and should emerge from more than one cost estimate/ resource when appropriate.



# Foundation for Frequency and Duration of Costs

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Appropriate foundation or evidence should be available and documented for each item/service within the life care plan.

Any item that falls outside the life care planner's scope of professional practice must have clear and specific documentation from a qualified provider/expert or other appropriate resource for inclusion into the plan.



# Life Expectancy Data for Costs

Published consensus requires that life care plans be individualized to the evaluatee's specific circumstance. This would include any and all determinations made regarding the future life expectancy of the evaluatee.

Applying general population life expectancy statistics does not meet published life care planning consensus and peer-reviewed literature requirements

# Scope of Practice

Per the consensus statements, the life care planner must remain within their specific professional scope when performing the specialty practice of life care planning and developing a life care plan.

Example: Registered nurses (RNs) completing life care plans cannot independently make recommendations for the life care plan that are outside the parameters of their applicable State Nurse Practice Act.

# Life Care Plan Development

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A life care plan should be individualized, comprehensive, and collaborative in nature.

Should serve as a lifelong guide to assist in obtaining optimal outcomes and preventing/reducing complications for the evaluatee.

It is rare, to non-existent, that a single life care planner will have the necessary comprehensive expertise across all fundamental areas/specialties required to independently develop an evidence-based life care plan without collaboration and consultation

# The Life Care Planner's Role

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The Life Care Planner relies upon the informed recommendations and licensed/credentialed expertise of other healthcare/professional(s) to develop a final evidence-based life care plan for an evaluatee.

Within published literature and treatises, life care planning has been compared in analogous terms to the professional role of a “general contractor”.

Like general contractors, life care planners emerge from a variety of professional backgrounds and must follow codes, guidelines and implement foundational input from other subject matter experts to construct or build their final plans.

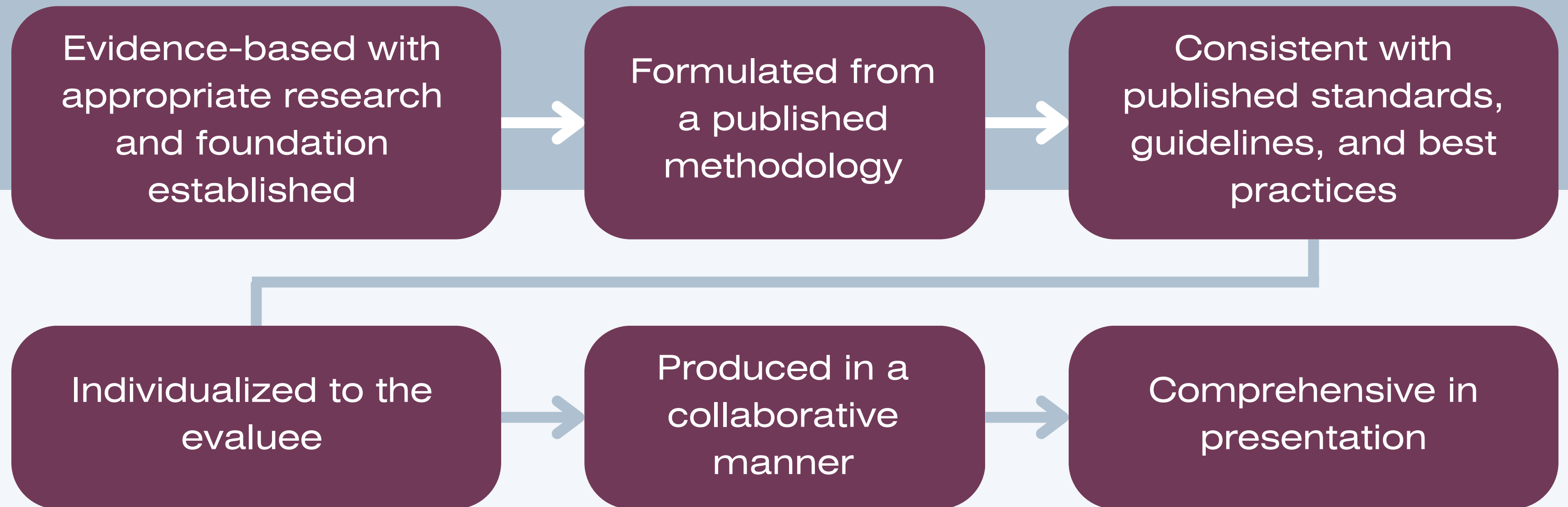
# The International Academy of Life Care Planners (IALCP) Position Statement (2019)

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A 2019 position statement released by the IALCP included the following reminders to the life care planning community:

*“This paper is a reminder to the community, from the community, that the best life care plans depend on input from a variety of professionals. The life care planner analyzes information from multiple sources to create a consistent, comprehensive document using in-depth knowledge, experience, and clinical skills. It reflects the collaborative coordination of several professionals. There is no single profession that can claim to be the most qualified to do this.”*

# The International Academy of Life Care Planners (IALCP) Position Statement (2019)



# Standards & Guidelines

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The necessity for following established professional guidelines and standards was emphasized to the forensic rehabilitation community by Dr. Timothy Field and Mr. Kent Jayne through their publication titled *Expert Disclosure: Federal Rules of Civil Procedure 26, 34, & 37*. This publication arose after presentation to the International Association of Rehabilitation Professionals (IARP/2012) and noted the following:

*“The necessary qualifications for the FRC (forensic rehabilitation consultant) have been well established and documented and any forensic rehabilitation consultant should be familiar and comply with the usual and customary guidelines set fourth by professional associations for the profession. Association standards, such as statements on scope of practice, professional ethics, and a standard of practice are all important documents and provide significant information on both the necessary credentials and the guidelines for practice.”*

# Foundational Considerations

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Life Care Plan development should always consider the following fundamental foundational aspects:

- Medical Care
- Rehabilitative Care
- Psychological Care
- Case Management Services
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Such foundational considerations were noted by the founder of the life care planning process, Dr. Paul Deutsch, who explained in a life care planning student training presentation the following:

“It is necessary in the development of every life care plan that you consider how important it is not just to express your personal opinions but that you carefully consider how to establish the medical foundation, the case management foundation, the rehabilitation foundation, and the psychological foundation necessary to support each of the recommendations that you’re going to make to meet the needs made necessary by the onset of a disability...”

# How is Foundation Established for the Life Care Plan?

1

Consult / Collaborate with healthcare provider(s) (evaluating and/or treating) with appropriate documentation of the recommendations established.

2

Review, analyze and cite information from the evaluatee's medical records from healthcare provider(s)

3

Review, analyze and cite information from published clinical/medical practice guidelines relative to the evaluatee's diagnoses and sequelae

4

Review, analyze and cite published research findings and conclusions relative to the evaluatee's diagnoses and sequelae

5

Cite testimony from health care provider(s) (evaluating and/or treating) in the life care plan

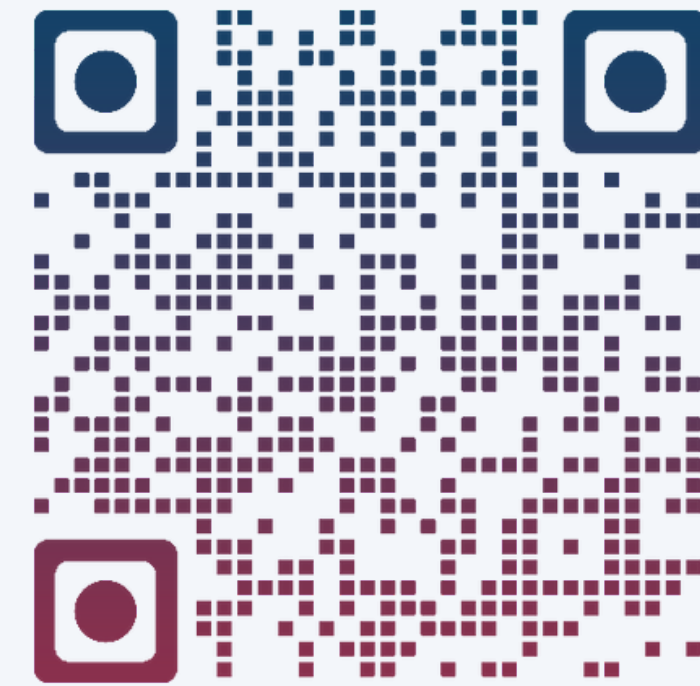


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# Resources

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- International Association of Rehabilitation Professional & International Academy of Life Care Planners (2015), Third Edition. Standards of Practice for Life Care Planners.
- Johnson, C; Pomeranz, J. & Stetten, N. 2018. Life Care Planning Consensus and Majority Statements 2000-2008: Are They Still Relevant and Reliable? A Delphi Study. *Journal of Life Care Planning*, 16 (4), 5-13.
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# Resources

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- Weed, R. 2002. The Life Care Planner: Secretary, Know-it-All, or General Contractor? *Journal of Life Care Planning* 1 (2), 173-178.
- International Association of Rehabilitation Professionals & International Academy of Life Care Planners, 05/07/2019 Position Statement.
- Field, T. & Jayne, K. 2012. *Expert Disclosure: Federal Rules of Civil Procedure 26, 34, 27*. Athens, Georgia: Elliott & Fitzpatrick, Inc.
- Deutsch, P., *The Life Care Planning Process: Meeting Current Standards*, Institute of Rehabilitation Education and Training (IRET) Presentation.

# Jud Woody, Esq.

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Jud Woody, Esq. is the General Counsel of InQuis Global, LLC which he started over 8 years ago with several of his colleagues. InQuis is a forensic expert witness and litigation consulting firm specializing in life care planning and vocational/wage loss analysis. Our experts practice nationally in both Federal and State courts with an emphasis on catastrophic personal injury cases within the scopes of automobile and trucking accidents, medical malpractice, products liability, premises liability, toxic torts, pharmaceutical torts and workers compensation. Mr. Woody is licensed to practice law in South Carolina, Hawaii and the District of Columbia and is a Member of the South Carolina Bar, Hawaii Bar and District of Columbia Bar. Mr. Woody is further a Member of the United States Court of Appeals for the Fourth Circuit and the Federal Circuit, and the United States District Court for South Carolina and Hawaii. Mr. Woody received his BA from the University of North Carolina at Chapel Hill in 1992 and his JD from the University of South Carolina School of Law. Previously, Mr. Woody was in private practice in Charleston, SC for 13 years primarily on the Defense and Corporate side before becoming General Counsel and later Division President of an international manufacturing company where he served for 7 years. Most recently, Mr. Woody served as the Managing Partner of a West Coast based firm's Honolulu, HI office. Mr. Woody is an avid competitive golfer and pilot.



# Valerie Kellner, Esq.

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Valerie Kellner is an experienced litigator who focuses on defense litigation in the areas of product liability, premises liability and construction litigation including catastrophic injury and death claims. Valerie maintains a diverse civil litigation practice representing manufacturers and suppliers, restaurant and retail chains, general contractors, subcontractors and food producers. She has represented clients in state and federal courts in New Jersey and Pennsylvania. Clients turn to Valerie to protect and advance their interests in all phases of litigation. Her ability to anticipate and understand clients' needs, expectations and business interests have made her a valued and trusted resource.

Prior to joining Wilson Elser, Valerie was a partner at a mid-Atlantic regional firm for 10 years. Upon graduating law school, she served as a law clerk with the Honorable Rosemary K. Reavey and the Honorable George Nicola in Superior Court of New Jersey in Middlesex County, Civil Division.

Valerie is an active member and sits on the Board of Directors of the Federation of Defense & Corporate Counsel (FDCC). Valerie is the chair of the Membership Recruitment Committee and past chair of the Communications Committee. She is a vice-chair of the Bylaws & Resolution Committee, the Finance & Budget Committee, and the FedLife Committee. She received the Joseph R. Olshan Award (2024), which is presented to the committee chair whose work has made the most outstanding contribution.



# William Toles, Esq.

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As a seasoned and highly regarded trial attorney, William has successfully tried more than 70 civil jury trials to verdict. In addition, his trial experience throughout Texas includes tort litigation, ranging from negligence and transportation matters to more complex premises liability, Deceptive Trade Practices Act (DTPA), commercial and contractual dispute litigation. He has been selected by D Magazine as one of the “Best Lawyers in Dallas” since 2016.

On top of his legal practice, William is a past president of the American Board of Trial Advocates (ABOTA) Dallas Chapter. He is also a member of the International Society of Barristers (ISOB) and the American College of Trial Lawyers (ACTL). Memberships for ABOTA, ISOB and ACTL are by invitation only, and involve a rigorous screening process that takes into consideration each lawyer’s ability, experience, accomplishments and ethical standards as assessed by trial lawyers and judges. Additionally, he has been listed in Texas Super Lawyers continuously since 2012 and Best Lawyers in America for Commercial Litigation, Personal Injury Litigation and Product Liability Litigation.

Having earned both his J.D. and B.A. from Washington & Lee University, William remains active with his alma mater. Currently, he serves as a member of the Washington & Lee University Board of Trustees and a class agent for his law school class. He is a former member of the Washington & Lee Alumni Board, former President of the Law Council and former Chair of the Washington & Lee Law Annual Fund.



# Heath Vickers, Esq.

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Heath L. Vickers is a shareholder in Carr Allison's Jacksonville (FL) and Brunswick (GA) offices. His primary areas of practice include defending matters involving trucking and transportation liability, governmental liability and retail and premises liability. He has tried cases before a jury ranging from commercial litigation to commercial motor vehicle liability.

An AV Preeminent<sup>®</sup> rated attorney through Martindale-Hubbell<sup>®</sup>, Heath is admitted to practice in Georgia, Florida, the US District Court for the Southern District of Georgia and before the US District Courts for the Northern and Middle Districts of Florida. He is a member of the Florida Bar, the Georgia Bar, the Bar Association of Jacksonville, the Federation of Defense and Corporate Counsel, Georgia Defense Lawyers Association and the Florida Defense Lawyers Association.

Heath graduated magna cum laude from Georgia Southern University earning his Bachelor of Business Administration degree in accounting. He earned his Juris Doctor, cum laude, from Florida Coastal School of Law.

Prior to joining Carr Allison, Heath practiced with a civil defense firm in Jacksonville (FL). He also interned with the U.S. Attorney's Office, Middle District of Florida, Jacksonville Division. After graduating from Georgia Southern, Heath worked for the Georgia Department of Audits and Accounts in the Special Investigations Unit auditing governmental agencies and performing fraud investigations.

