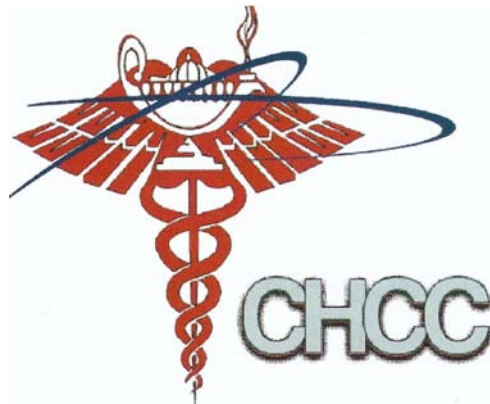


**THE COMMISSION ON  
HEALTH CARE  
CERTIFICATION**



**STANDARDS AND EXAMINATION  
GUIDELINES**

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## **THE COMMISSION ON HEALTH CARE CERTIFICATION**

### **STANDARDS AND EXAMINATION GUIDELINES**

The **Commission on Health Care Certification (CHCC)** was established originally as the **Commission on Disability Examiner Certification (CDEC)** in 1994 in response to the health care industry's need for certified clinical examiners in impairment and disability rating practices. The **CDEC** expanded rapidly over its first 8 years such that its name was updated in the Spring of 2002 to that of the **CHCC**. The name-change was necessary since the **CDEC** was offering certifications into other specialty areas of rehabilitation by 2001, and a more generic reference was required under which each of its 3 certification credentials as well as future credentials could be classified. Credentialing in the specialty area of impairment rating and disability examination evolved as a result of meetings with allied health care providers around the country in the early 1990's. Issues were discussed that focused primarily on clinical examiner credentials, validity and reliability of rating protocol, and the establishment of a testing board to oversee the impairment rating and disability examining credentialing process. The resulting credential is the **Certified Disability Examiner (CDE)** with three levels that allow for the inclusion of all professionals who are involved in measuring functional performance of persons reporting impairment or disability. The **Commission on Health Care Certification** awards the **Certified Disability Examiner I, II, and/or III (CDE I, II, III)** credential to persons who have satisfied the educational program requirements and training standards established by the **National Association of Disability Evaluating Professionals (NADEP)**, with all classroom instruction currently offered at regional locations around the country.

The Commission has broadened its influence in the medical and rehabilitation marketplace through its research and development of a certification program in life care planning and related catastrophic case management. Currently, comprehensive training programs in life care planning have evolved to respond to this need for life care planning services as applied to catastrophic cases. Vocational/medical rehabilitation case managers and rehabilitation nurses have established themselves as consultants and case managers in these catastrophic cases and often detail the medical and rehabilitation needs of catastrophically disabled persons. Thus, the Commission developed the **Certified Life Care Planner (CLCP)** credential in response to the rapid growth and influence of case management in catastrophic disabilities and managed care in today's health care insurance industry. Validity and reliability research of the **CLCP** credential has been completed through Southern Illinois University, and is based specifically on the roles and function of case managers and rehabilitation nurses who provide this service as part of their case management structure. There is little literature in the professional journals that addresses life care planning, and the Commission's research goals of identifying and establishing the background, education, and experience criteria required to competently develop life care plans have been achieved.



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The third credential developed by the CHCC is the **Medicare Set Aside Consultant - Certified (MSCC)**. This credential evolved out of the need for proper assignment of medical benefits when a private insurance benefit program and Medicare are involved. A **Medicare set-aside trust (MSA)** sets aside a portion of a settlement to privately pay for medical bills that Medicare would otherwise be required to pay. These funds serve as the primary payer, making Medicare the secondary payer. When the trust is exhausted, the claimant is eligible for Medicare benefits. Setting up such a trust is complex and involves discovery of any conditional payments by Medicare, identification of affected claims, assessment of appropriate set-aside arrangements, preparation and submission of a detailed proposal to the **Centers for Medicare and Medicaid Services (CMS)**, and all necessary follow-up to gain **CMS** approval and plan for administration of the trust. An MSA Allocation is simply an accurate projection of the lifetime future medical costs covered by Medicare, and is usually applied to persons who have sustained severe incapacitating injuries resulting in significant disability. Given the growth of settlement needs involving Medicare, life care planners, case managers, insurance claims managers, and attorneys have adopted **MSA** service delivery as part of their repertoire of business services. As a result there has been a strong influx of professionals requesting certification and some regulation in this specialty service area, and the **CHCC** has responded with the MSCC credential.

Current projects include credentials for geriatric case management and risk management. The **CHCC** is working with the Department of Continuing Education, University of Florida – Gainesville, regarding a certification in geriatric case management, the Certified Elder Care Manager (CECM), and risk management, the Certified Healthcare Risk Manager (CHRM). These credentials are scheduled for release in February of 2008.

### **Mission Statement**

The mission of the CHCC is to oversee the examination of clinical practitioners for certification in impairment rating and functional capacity evaluation, life care plan developers in developing life care plans, and Medicare set aside trust analysts, thus requiring the **CHCC** to provide ongoing test item development, test reliability and validity research, and test administration/scoring for all certification groups.

### **Goals and Objectives**

The **Commission on Health Care Certification (CHCC)** is dedicated to the development and administration of well researched, standardized tests designed to measure the clinical examiner's working knowledge and demonstration of the NADEP Work Disability Evaluation model, and the working knowledge of life care plan development of consultants and case managers, and in developing Medicare Set-aside trusts. To achieve its mission, the **CHCC** has established the following goals:

- Develop a national test which measures the clinical practitioner's working knowledge of disability and impairment rating practices as applied to the NADEP evaluation model.



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- Develop a national test which measures the life care planner's working knowledge of medical systems, associated disabilities, and treatment/maintenance protocol required to sustain life within an acceptable comfort level.
  - Develop a national test which measures the Medicare Set-aside trust analysts' working knowledge of the Medicare benefit system and the specific provisions allowed in trust development mandated by the Medicare Secondary Payer (MSP) statute of 1980, the Center for Medicare and Medicaid Services (CMS) July 2001 Policy Memorandum, and ongoing policy development by the CMS for Medicaid set-aside trusts development and application.
  - Conduct ongoing research in terms of test-item validity and reliability. Such research will ensure that both tests measure what they purport to measure and that the items are a fair representation of the knowledge required to measure impairment and disability and to develop life care plans.
  - Administer the examination within 6 weeks of (a) a clinical examiner completing the NADEP educational/training requirements necessary to sit for the CDE examination, (b) life care planner completing the required and approved training necessary prior to sitting for the CLCP examination, and (c) the Medicaid set-aside trust analyst completing the necessary training to sit for the MSCC examination. This will ensure that minimal delays will incur for a qualified candidate to achieve certification status upon completion of required courses.
  - Procure qualified Commissioners to sit on the Board of Examiners to represent all **CDE, CLCP, and MSCC** candidates and certified professionals.
  - Disseminate test scores within a six week period after receiving the test from the respective **Certified Disability Examiner (CDE), Certified Life Care Planner (CLCP), and Medicaid Set-aside Consultant – Certified (MSCC)** candidates.
  - Establish and monitor recertification policies to measure continued competence and/or to enhance the continued competence of the **Certified Disability Examiner, Certified Life Care Planner, and the Medicaid Set-aside Consultant – Certified (MSCC)**

The CHCC recognizes that certain objectives must be met in order to achieve the above goals. The objectives are detailed as follows:

- To appoint qualified health care practitioners as Commissioners to sit on the Board of Examiners regarding **CDE, CLCP and MSCC** test review and development. The represented specialty areas include **Kinesiology and Exercise Physiology, Orthopaedic,**



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**Chiropractic, Physical Medicine and Rehabilitation, Physical Therapy, Occupational Therapy, Pain Medicine, Rehabilitation Nursing, University Studies, Vocational Evaluation, Case Management, Psychology, Research Design and Statistics, Rehabilitation Nursing, and Life Care Planning.**

- To disseminate the examinations to all Commissioners for periodic review and comments.
- To solicit the assistance of other Commissioners in researching the validity and reliability of the examinations, incorporating appropriate research design and statistics.
- The Commissioner term of service is for a 5-year period.

The **Commission on Health Care Certification** requires that persons appointed as Commissioners meet the following criteria.

- Completed a minimum of 48 hours of post-graduate training in functional capacity evaluation, impairment rating, and/or independent medical examination, and 30 hours in Medicaid set-aside trusts.
- Hold a current license in their respective field.
- If licensure is not required within the specialty field, then the individual must hold certification common to the respective field of specialty or meet all state legal mandates to practice service delivery for the field of specialty in which the clinician is trained.
- Clinicians who have been asked to serve as commissioners for the CDE credential must complete the mandatory courses offered by **NADEP** and pass the CHCC certification exam, and those clinicians asked to serve as Commissioners for the **CLCP** and **MSCC** credentials must have taken and passed the **CLCP** and **MSCC** examinations respectively.

The CHCC is required to have in place a clinical practitioner designated as the Executive Director, appointed by the CEO and whose responsibilities include the following:

- Accept and process communications from the certified professionals who may have issues or concerns regarding certification policy
- Assemble review committees from respective Commissioners to address communications received from the field.
- Represent the CHCC at conferences and participate in discussion panels regarding certification issues
- Communicate directly with certified individuals regarding their stated issues, concerns, or inquiries



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- Advise CEO of status of certified community in terms of topical issues and resolution strategies
  - Advise CEO of Commissioner appointments

The CHCC's field communications regarding issues and concerns are managed by the Commissioners who are under the auspices of the Executive Director, who appoints Commissioner Boards to address the issues depending on the area of certification. The Executive Director appoints Commissioners based on input and review from the current Commissioners as stated in the By-Laws. The service term of each commissioner is not to exceed a 5-year period, and any Commissioner may be removed from office at any time by a majority vote of the Board of Directors, or at a meeting called expressly for that purpose by a majority vote of the other Commissioners. Any Commissioner may be removed by a majority vote of the other Commissioners.

### **Organizational Chart**

The CHCC relies on the participation of its appointed commissioners to address concerns and issues propagated by the certified health care professionals of the respective certification specialty area. The process in which issues and concerns are addressed involves the following protocol:

1. Issue or concern is received by the main office, or by the Executive Director.
2. Executive Director is notified of communication with certified professional, if the Executive Director had not received such communication initially.
3. Executive Director assembles Commissioners from respective area of certification specialty to discuss the communication.
4. Executive Director chairs the committee meeting that addresses the communication, and is charged with writing the final opinion.
5. The Executive Director communicates the opinion verbally to the person who communicated with the office initially, and forwards the written opinion to the individual on CHCC letterhead as well.

The Chief Executive Officer (CEO) does not have any input into the decision making process of the commissioners regarding their discussions on individual issues and concerns. The role of the CEO is primarily business related in terms overseeing the daily operations of the CHCC, which may include but not limited to presiding at all meetings of the Board of Directors and the Board of Commissioners as a whole and not regarding practice issues or concerns,



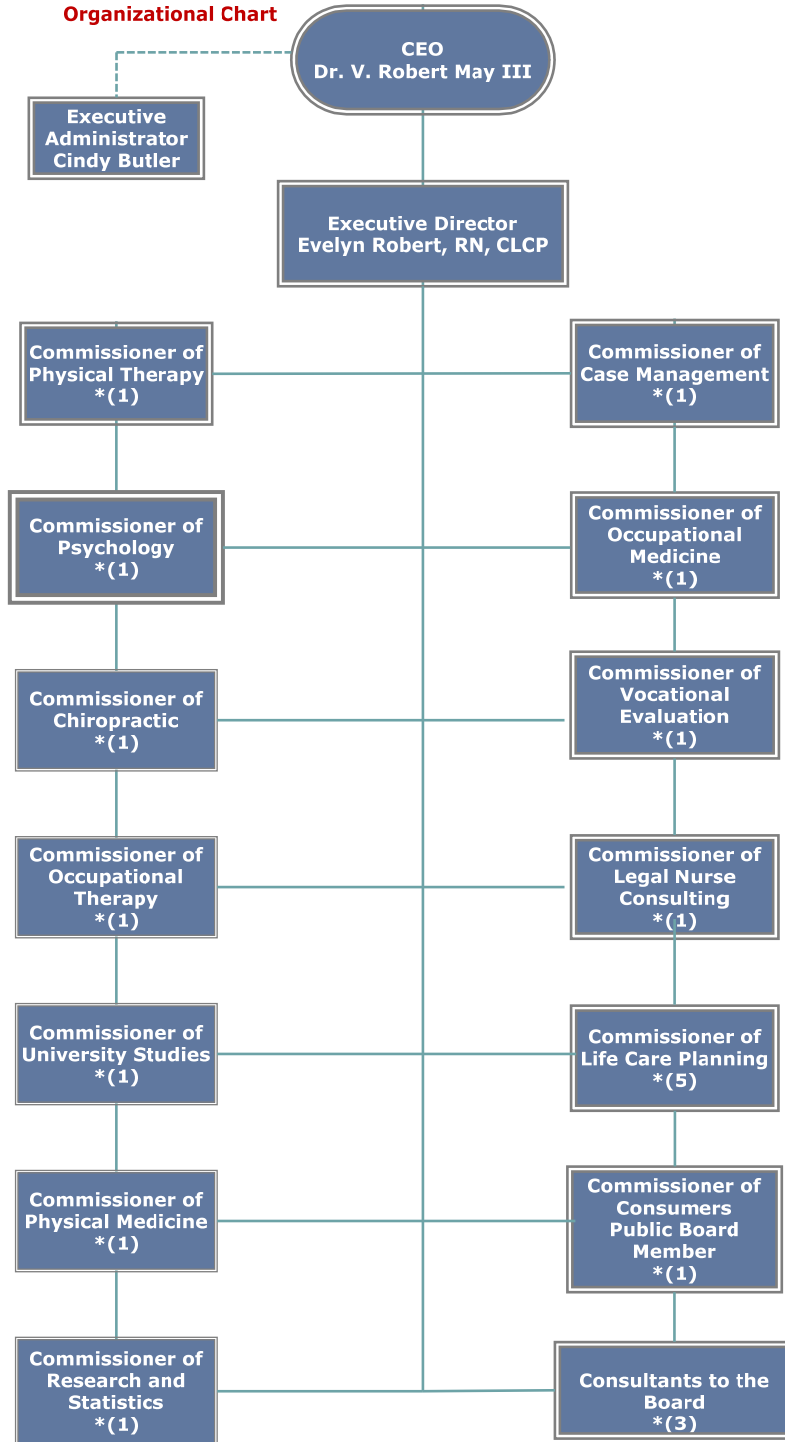


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responsible for the general and creative management of the Corporation, ensuring that all orders and resolutions of the Board of Directors and Board of Commissioners are carried into effect, and acting as Administrator. Furthermore, the CEO executes on behalf of the Corporation all legal documents and affixes or causes the seal to be affixed to all instruments requiring such execution, except to the extent of the signing and executing thereof shall be expressly delegated by the Board of Directors or some other officer or agent of the Corporation. Finally, the CEO does not have any input regarding test-item development among the commissioners, which is a major role that each commissioner assumes for their specialty area. The Executive Director is responsible for ensuring that opinions from committees overseeing such communications from the field are without bias and or concerns of business management.



**Commission on Health Care  
Certification  
Organizational Chart**



**\* ( ) Number of Persons Serving in Respective Commissioner's Position**



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## **Test Structure and Development Guidelines**

### **Certified Disability Examiner Test (CDE)**

The CHCC understands the multitude of disciplines involved in measuring impairment and disability. Therefore, it designed the test for all allied health care providers, grouping specialties by categories. This grouping is based on educational/training focus and does not represent a ranking based on ability or status. The categories are listed below.

- **Category I** - All physicians designated as primary care providers, sub-specialists, or specialists in the administering of medical, dental, and/or chiropractic related services. Specific physician groups include medical doctors (M.D.), osteopathic physicians (D.O.), dental surgeons (D.D.S.), and chiropractors (D.C.).
- **Category II** - All persons who provide assistance to physicians in the treatment of injured persons, and/or whose practice is involved with providing symptom relief and function restoration through modality and therapeutic applications. These specialties include physical therapists, occupational therapists, speech pathologists, kinesiologist, physiologists, psychologists, and doctoral level vocational evaluators.
- **Category III** - All persons who are influential in the outcome of the injured person's disability litigation, and include vocational evaluators, vocational case managers, rehabilitation nurses, and rehabilitation counselors. These individuals may assume various roles in the disability litigation process, such as performing functional capacity evaluations, labor market analyses, assisting in the placement of the injured worker back into the labor market, psychometric testing, and managing the medical care/costs associated with the respective disability case.

The examination is structured such that the examinee is required to demonstrate a working knowledge of research and resource utilization, as well as to demonstrate one's examination skills applied to the NADEP model. The written examination consists of two case studies which are presented with varying orthopaedic and psychological problems. The examinee is required to respond to a series of inquiries about different aspects of the cases, and a review of the literature is required for each inquiry response. Each of the categories identified above will have its own set of inquiries, with some crossover between categories since the material is directly related to the classroom content of the core courses. Thus, examinees are required to review the literature to respond to the inquiries, and apply their responses to fit the NADEP clinical examination protocol. All inquiries are developed by the Commissioners, and the Commissioners have the final approval of the examination content and list of inquiries before dissemination to the qualified certification candidates. Topics in which one's knowledge and expertise are measured on the written examination include:

- Medical Diagnoses/Correlates to Disability
- Psychological Disorders and Correlates to Disability



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- Examination Tools, Instruments, and Work Sample Selection and Utilization
  - Legislation Impacting Evaluation Protocol
  - Report Writing and Results/Performance Interpretation.
  - Practice Theory and Concepts

The CHCC identified specific competency areas in functional capacity evaluation and impairment rating service delivery through research it sponsored at Southern Illinois University. Washington, Taylor, May and Rubin (1996) documented three primary competencies with related sub-competencies that now comprise the standards the CHCC has adopted for the specialized service area of functional capacity evaluation and impairment rating. The standards (competency areas) of which certification candidates as well as **Certified Disability Examiners** are expected to meet include the following:

**I. Assessment of Physical and Cognitive Tolerance**

- a. Support evaluation-based conclusions with necessary research documentation in the professional literature.
- b. Determine the functional abilities of the examinee.
- c. Gain the examinee's commitment to give maximum effort.
- d. Interpret results of the functional capacity evaluations
- e. Evaluate the injured worker's tolerance for repetitive work tasks.
- f. Identify evaluation instruments and techniques according to appropriateness for a particular diagnosis/condition of the examinee.
- g. Measure examinee's manual dexterity.
- h. Assess lifting capacity of the examinee and evaluate stooping, kneeling, crawling, carrying, and push/pull.
- i. Evaluate sitting/standing posture tolerances of the examinee.
- j. Assess examinee's physical capacity on simulated work tasks.
- k. Evaluate upper extremity coordination of examinee.
- l. Assess lifting stamina of the examinee.
- m. Evaluate walking tolerance of the examinee.
- n. Measure examinee's finger dexterity.
- o. Evaluate manual materials handling capability.
- p. Assess examinee's cognitive capacity on simulated work tasks.
- q. Evaluate balancing ability of the examinee.
- r. Evaluate posture tolerances of the examinee.
- s. Use simulated work tasks to determine current work tolerance.
- t. Conduct reach testing of the examinee.
- u. Conduct job analysis if necessary.
- v. Confront examinee regarding test results if necessary.



- w. Administer ADL checklist to examinee.
- x. Explain results of functional capacity evaluation to examinee and other parties invested in the claimant's case.

## **II. Intake Information Collection and Processing**

- a. Develop concise written report to referring party in a manner understandable to all possible readers.
- b. Carefully document all facts and results in objective, operational, specific terms.
- c. Identify problems with consistency of effort.
- d. Review and interpret examinee's medical records.
- e. Examine fit between physical capacity of examinee and physical demands of the job.
- f. Identify job modifications necessary for examinee to return to work.
- g. Provide a comparison of examinee's pre-injury and post-injury job options.
- h. Develop a rapport with the examinee.
- i. Solicit examinee's perception of current health status.
- j. Assess demands of the specific job in specific environment to establish information regarding body mechanics, temperature, and other environmental factors.
- k. Document examinee's primary health concerns in his/her own words.
- l. Obtain detailed work history form the examinee and match with Department of Labor data.
- m. Identify available job options that are compatible with the examinee's skills.
- n. Evaluate the general employability behaviors of the examinee.
- o. Identify work behavioral problems.
- p. Identify vocational needs.
- q. Rank order examinee's health problems in order of significance for capacity to work.
- r. Assess psychosocial adjustment of examinee.
- s. Consult with all health care providers and vested parties in the claimant's case.
- t. Obtain examinee's social, family, and educational histories for the examinee.

## **III. Neurological and Orthopaedic Evaluation**

- a. Determine if examinee is magnifying symptoms.
- b. Conduct general evaluation of musculoskeletal system pathology of examinee.
- c. Conduct neurological examination of examinee's coordination, strength, and reflexes.
- d. Measure extremity joint range of motion (ROM).
- e. Evaluate active movement of examinee's trunk and shoulders.
- f. Evaluate joint ROM of the examinee.
- g. Conduct a musculoskeletal evaluation of the examinee's strength.



- h. Evaluate pathology (injury/disease process) of the injured worker.
- i. Conduct sensory and motor neurological evaluation of the examinee.
- j. Provide expert witness testimony if necessary.
- k. Conduct orthopaedic examination of examinee including inclinometer and goniometer ROM testing.
- l. Measure spine ROM.
- m. Determine neurological causes of examinee's strength deficits.
- n. Evaluate muscle strength.
- o. Conduct neurological evaluation of examinee's spinal and peripheral tracts.
- p. Assign rating to physical impairment of examinee.
- q. Measure flexibility of the examinee.
- r. Conduct gait analysis of the examinee.
- s. Document chief complaints of examinee with commercial pain indexes.
- t. Conduct static-isometric consistency tests with examinee.
- u. Collect and monitor vital data of examinee during functional tests, to include heart rate and blood pressure.

The practicum component of the examination requires the examinee to evaluate two patients normally seen in his or her daily practice. The subsequent evaluation report is submitted to the Commission for review and scoring. The report content is reviewed to determine how well the report follows the protocol of the NADEP model, and to determine that the examinee understands the principles of this examination model. The CHCC requires that two patients be evaluated and two reports submitted for review. The higher score of the two reports is applied to the total examination score. If any test scores are challenged or questioned by the examinee, the examination is submitted to the Commissioner who has similar degree status and background training for a full review of the scoring process.

### **Certified Life Care Planner Test (CLCP)**

The CHCC understands the required consistency of training among case managers and consultants who provide life care planning services. Therefore, the CHCC offers a generic certification without reference to specialty areas of training or a candidate's achieved degree level. The CHCC requires the following criteria to be met by all candidates in order to qualify to sit for the examination:

- Each candidate must have a minimum of 120 hours of post-graduate or post-specialty degree training in life care planning or in areas that can be applied to the development of a life care plan or pertain to the service delivery applied to life care planning. There must be 16 hours of training specific to a basic orientation, methodology, and standards of practice in life care planning within the required 120 hours. The 120 hours may be obtained through online training/educational programs as well as onsite presentations and conferences.



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Additionally, the following educational components by a CHCC approved CLCP program are required:

1. Life Care Planning Methodology (16 credit hours)
  2. A course (module) in Catastrophic Case Management (of choice)
  3. Vocational Rehabilitation Module.
  4. Legal component in life care planning with an onsite testimony/trial experience.
  5. Competency - preparation of a life care plan to be reviewed by an approved CLCP program or the CHCC.
- Applicants should have a minimum of 3 years' field experience within the 5 years preceding application for certification. Final approval of any applications with ambiguity regarding experience will be left to the discretion of the Commissioners following a thorough review of the respective applications. The opinion of the Commissioners is final.
  - Training hours acquired over a time frame of 5 years from the date of application are counted as valid for consideration. Documentation of such coursework and participation verification is required in the form of attendance verification forms and/or curriculum documentation from the training agency. Each candidate must meet the minimum academic requirements for their designated health care related profession, and be certified, licensed, or meet the legal mandates of the candidate's respective state that allow him or her to practice service delivery within the definition of his or her designated healthcare related profession. However, final approval of any applications with ambiguity regarding training and/or experience will be left to the discretion of the Commissioners following a thorough review of the respective applications. The opinion of the Commissioners is final.
  - Each candidate must satisfy an experience component in **one** of the following options:
    - ✓ Submit one (1) life care plan with candidate's name displayed as author or coauthor.
    - ✓ Supervision of one (1) year with a Certified Life Care Planner. Supervision is to be registered for approval and submission of quarterly supervision summaries are required detailing dates of meetings and a summary of discussions.
    - ✓ Graduation from an accredited training program which includes practicum or internship, or which requires the development of an independent life care plan for review and critique by a faculty member who is a Certified Life Care Planner (CLCP).



- Each candidate must hold the entry level academic degree or certificate/diploma for their profession. Currently, research is being conducted to determine the efficacy of requiring a minimum academic degree of a B.A. or B.S. in a related field, with results expected by early 2004.

### **Qualified Health Care Professional**

**The CHCC does not discriminate against any applicant for CLCP certification because of race, color, religion, creed, age, gender, national origin or ancestry. However, the CHCC reserves the right to reject an application based on one's documented professional misconduct, a history of licensure or certification revocation, or convictions related to criminal misdemeanors or felony charges.**

The designation of a health care professional must be specific to the care, treatment, and/or rehabilitation of individuals with significant disabilities and does not include such professions as attorney, generic educators, administrators, etc., but does include such professions as counseling and special education with appropriate qualifications.

This designation of qualified healthcare professional is based on a background of education, training, and practice qualifications. A background of only experience and/or designated job title are not accepted as a qualified health care professional for this credential. Completion of training in life care planning, experience developing life care plans, or being qualified in the court system would not provide credential qualification without meeting the criteria for a qualified health care professional.

Due to their unregulated status or professional status that varies among states, the following is offered as clarification for qualified status regarding the following professionals:

- ✓ Rehabilitation Counselor - CRC
- ✓ Case Manager - CCM
- ✓ Counselor - NCC, CRC, or State License or State Mandate to Practice
- ✓ Psychologist - State License or State Mandate to Practice
- ✓ Special Education - Undergraduate or Graduate Degree in Special Education
- ✓ Social Worker - MSW or State License in Social Work
- ✓ Nursing with an emphasis in rehabilitation - under graduate or graduate degree in nursing

Regarding graduate students holding a graduate degree, they may be deemed qualified provided they hold a graduate degree from an accredited program with a focus in rehabilitation in one or more of the following areas:





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- ✓ Counseling
  - ✓ Case Management
  - ✓ Psychology
  - ✓ Life Care Planning
  - ✓ Completion sub-criterion "b" of the third "bullet" criteria as stated above

Persons holding licensure designations as "technicians" or "assistants", to include but are not limited to Physical Therapy Assistants (PTA), Occupational Therapy Assistants (OTA), Dental Hygienists, Emergency Medical Technicians (EMT), Nursing Assistants or Certified Nursing Assistants, Massage Therapists, Licensed Practical Nurses (LPN's), are excluded from qualifying to sit for the CLCP or CDE credential. However, any person meeting the above definition of a health care professional, but who also carries a "technician/assistant" title will be eligible to sit for the examination (e.g., a EMT who is a licensed RN).

**Certified Life Care Planner Expertise/Skill Standards:** Standards outlined in this section in life care planning have been adopted by the CHCC from those established by the University of Florida - Gainesville, authored by Dr. Horace Sawyer, Department Chairperson, and Department of Rehabilitation Counseling. Based on its own interpretation of these standards with direct application to the field, the **Commission on Health Care Certification** postulates that life care plan development involves data collection, resource development and planning strategies in an interdisciplinary rehabilitation environment. Such an innovative, interdisciplinary approach allows for valid documentation of the needs of catastrophically injured individuals and projects the costs of needed services, treatment, and equipment over the individual's life-span. To competently develop a life care plan, the CHCC expects those persons who provide this service and who are interested in becoming certified in this specialty area to be skilled with expertise in research, development, coordination, integration, interpretation, and management of life care plans for catastrophic disabilities. Certification candidates are expected to demonstrate completion of a minimum of 120 hours of approved training complying with the following standards.

### **Standards for Training in Life Care Planning**

The CHCC reviews training programs to determine if the training content has any application to life care planning service delivery. It does not accredit nor approve any training or educational programs that may be applied specific to the CLCP examination. Rather, the CHCC charges a review fee to all entities requesting coverage of their CEU's for application to the Certified Life Care Planner credential, whether the entity meets the approval criteria or is rejected.

The Commission on Health Care Certification reviewed the practice content areas of life care planning delineated by Dr. Paul M. Deutsch and Dr. Horace Sawyer, and published in ***The Guide to Rehabilitation***, White Plains, New York: Ahab Press, 1996. The University of



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Florida produced the only literature that addressed training content in life care planning at that particular time in case management literature. Additionally, a review of the University of Florida life care planning training program curriculum was performed and testing content was revised to ensure appropriate application of training materials to field applications. Based on this review, the following standards were adopted by the CHCC:

1. The mission and objectives of the training program shall be made available to program applicants, consumers, public and private agencies, academic institutions, and the interested public.
2. The Title program shall maintain admission policies, procedures, and materials consistent with the mission of the program.
3. The training ratio of students to faculty onsite shall be no greater than 40:1.
4. Training faculty shall be sufficiently and appropriately qualified through preparation and experience in life care planning and related case management.
5. Training facilities and environments are appropriate to maximize training value and accessible for individuals with disabilities.

It was further determined that the curriculum for the training program shall provide the essential skills and areas of expertise to effectively research, develop, coordinate, interpret, and manage life care plans for catastrophic disabilities. This tenet applies to home-based programs that are utilized in the maintenance program prior to certification renewal. On site and online training seminars should include but are not limited to the following minimal areas of knowledge, skills, and expertise:

**1. Orientation of Life Care Planning and Case Management**

- a. Definition and History of Life Care Planning
- b. Overview of Life Care Planning Topics
- c. Role of Medical, Psychological, and Rehabilitation Professionals
- d. Issues of Family Dynamics
- e. Review of Legislation Relating to Life Care Plans
- f. Issues and Opportunities of Case Management

**2. Assessment of Rehabilitation Potential**

- a. Pediatric and Early Assessment
- b. Rehabilitation Evaluation and Special Needs
- c. Interpretation of Medical Evaluations
- d. Personality and Neuropsychological Evaluation
- e. Physical and Functional Assessment
- f. Vocational Assessment and Earnings Capacity Analysis



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### **3. Medical and Rehabilitation Aspects of Disability**

- a. Medical Record Analysis
- b. Early Medical Intervention and Acute Rehabilitation
- c. Medical Aspects: Spinal Cord Injury, Traumatic Brain Injury, Amputations, Burns, Psychiatric Disabilities, Chronic Pain and Back Injuries, Other Catastrophic Disabilities
- d. Behavioral Aspects of Disability
- e. Issues of Neuropharmacology
- f. Long-Term Care Considerations
- g. Issues of Life Expectancy

### **4. Development of Life Care Plans**

- a. Systematic Process of Life Care Planning
- b. Planning Strategies and Resource Development
- c. Interview Procedures and Data Collection
- d. Computer Applications of Life Care Planning
- e. Rehabilitation Technology and Applications
- f. Utilization of Collateral Sources
- g. Areas of Life Care Planning
  - 1) Planning for Evaluation and Treatment
  - 2) Equipment and Aids for Independent Function
  - 3) Orthotics and Prosthetics
  - 4) Drug/Supply Needs
  - 5) Home/Facility Care
  - 6) Medical-Care Routine/Complications
  - 7) Transportation
  - 8) Architectural Renovations
  - 9) Leisure/Recreational

### **5. Consultation in Life Care Planning**

- a. Utilization of Rehabilitation Experts
- b. Analysis of Established Life Care Plans
- c. Medical/Legal Consultation
- d. Development of Reports and Reporting Procedures
- e. Case Preparation for Consultation, Mediation, Settlement, Conference, Testimony

### **6. Professional and Operational Issues**

- a. Process and Issues of Rehabilitation Testimony
- b. Professional Ethics and Malpractice Issues
- c. Operational and Business Practices



- d. Standard of Practice in Life Care Planning
- e. Public Relations, Marketing, and Professional Development
- f. Life Care Planning and Research Issues

More important for considerations are the underlying values related to the standard of practice for qualified professionals in life care planning. The **CHCC** supports and confirms the following value statements for life care plan development:

1. All individuals with catastrophic disabilities have worth and dignity.
2. Life care plans are designed to facilitate and maximize functional capacity and independence for persons with catastrophic disabilities.
3. The systematic process of life care planning and related catastrophic case management is conducted in an objective and fair manner within the context of family, community, and employment systems.
4. Comprehensive and integrated services are the focus of life care planning and based on individual involvement, personal assets, and a sense of equal justice from all involved parties.

The CHCC funded research into the roles and functions of the various professional disciplines that participate in the development and delivery of life care plans for catastrophic injuries. Through its research at Southern Illinois University, the CHCC established a set of professional standards in addition to the training standards cited above. Based on the study conducted by Turner, Taylor, May, & Rubin (2000), the CHCC adopted the following competencies and sub-competencies as requisite skills for certification candidates for the **Certified Life Care Planner** credential and practicing **Certified Life Care Planners** as well. These are detailed as follows:

#### **1. Assessing Client's Medical and Independent Living Service Needs**

- a. Determines costs of needed equipment for the client.
- b. Determines costs of needed medical services in the patient's LCP.
- c. Identifies costs of supplies needed weekly/monthly by the client
- d. Determines needed medical supplies.
- e. Determines the needs of the client for attendant care.
- f. Determines assistive devices needed by the client.
- g. Provides an assessment of the client's potential for self-care.
- h. Identifies the need for physical therapy services
- i. Specifies cost for physical therapy services.
- j. Reviews current catalogs and Internet to determine the costs of assistive devices needed by the client.



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- k. Identifies the need for occupational therapy. 1. Specifies the cost of occupational therapy services.
  - l. Determines adaptive equipment needs for the client.
  - m. Determines the client's need for counseling services.
  - n. Specifies costs for maintaining the exercise equipment of the client.
  - o. Specifies costs for needed home furnishing.
  - p. Determines the client's home furnishing needs.
  - q. Identifies the need for nutritional counseling.
  - r. Identifies the need for audiological services.
  - s. Examines the relationship between the client's needs and existing functional capacities.
  - t. Lists the medication prescribed for the client.
  - u. Analyzes medical records to develop a long-term medical care plan.
  - v. Reviews all medical records.
  - w. Assesses the client's potential for long-term independent functioning.
  - x. Requests all medical records.
  - y. Provides an assessment of the client's mobility based on observations of the client, review of health care records, and information from client, family, and others.
  - z. Projects associated costs for non-medical diagnostic evaluations (i.e recreational, nutritional) of the client.
  - aa. Determines a feasible support system for the client.
  - bb. Gathers information on the client's emotional status and cognitive abilities.
  - cc. Consults with the various treatment team members to identify long-term needs and options of a client.
  - dd. Determines the costs of needed evaluations for the completion of the LCP.
  - cc. Assesses the effects of the catastrophic injury on the client's psychosocial adjustment.
  - ff. Specifies costs for case management services for the client. gg. Assesses the client's recreational equipment needs.
  - hh. Identifies funding sources for meeting the long term care needs of the client.
    - ii. Prepares summary reports describing the client to other parties involved in the implementation of the LCP.
  - jj. Determines comprehensive community services needed by the client.
  - kk. Identifies the need for pharmaceutical counseling.
  - 11. Identifies the need for music therapy.
  - mm. Acquires information on substance abuse prior to the onset of the catastrophic injury.

## **II. Vocational Assessment**

- a. Gathers a work history from the client.
- b. Identifies the need for long-term vocational/educational services.
- c. Assesses the client's need for vocational services.
- d. Determines the client's ability to pursue gainful employment.



- e. Obtains information on past occupational/educational performance for purposes of vocational planning.
- f. Specifies cost for long-term vocational/educational services for the client.

### **III. Consultant Services to the Legal System**

- a. Determines costs of needed social services for the client.
- b. Makes referrals for assessments of the client.
- c. Assists with the development of information for settlement negotiations.
- d. Serves as an expert witness in a court case for an individual sustaining a catastrophic injury.
- e. Consults with a plaintiff attorney to reasonably map out what long term care services will be needed for a client.
- f. Provides information located in the LCP to an official of the court.
- g. Consults an economist for an estimate of the lifetime costs of the LCP.
- h. Recommends other expert witnesses to a client's attorney.
- i. Consults with a defense attorney to reasonably map out what long term care services will be needed for a client.
- j. Advises the client's attorney on the cross examination of opposing counsel's expert witness.

Before gaining the certification credential, the certification candidate should be, at the minimum, exposed to the above competencies, and should have demonstrated an acceptable level of function and skill in most of them. The CHCC expects the **Certified Life Care Planner** to be competent in all of the above competencies and sub-competencies.

**CDE and CLCP Examination Research:** The CHCC recognizes that reliability needs to be established and validity research needs to be conducted to ensure that the test items are a fair representation of common knowledge regarding disability evaluation and life care plan development, and that both tests measure what they purport to measure. The **Commission on Health Care Certification** funded doctoral research at Southern Illinois University, Department of Rehabilitation, Doctoral (Rh.D.) Program to conduct the reliability and validity research for both examinations. This endeavor included a complete role and function study of persons engaged in the practice of determining disability and/or rating impairment and developing life care plans. The significance of these studies is that finally, specific roles and functions of persons in medical and rehabilitation settings engaged in impairment rating, disability evaluation, and life care plan development have been defined. Regarding the CDE examination, the role and function study identified the various categories of expertise, or specialty knowledge areas involved in clinical practice, and more specifically, the **NADEP** examination model. Each of the three testing categories have been operationally defined and structured. The **CLCP** study determined the roles and function of qualified professionals involved in providing life care planning services and related



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catastrophic care management. This study specified the standards of training, and areas of expertise in the development of life care plans. The **CDE** study was published in the *Vocational Evaluation and Work Adjustment Bulletin*, 29(3), 1996, and the **CLCP** study was published in the July, 2000 issue of the *Journal of Legal Nurse Consulting*. The test items for both examinations are taken from the pool of competencies and sub-competencies identified in each study. Test items are structured such that a clear understanding of each competency and sub-competency under each category of expertise is essential in order to choose the correct answer among the 4 distractors of each test-item. Validation for the **CLCP** was completed by Certified Life Care Planners who attended a validation workshop where they rationally sorted all of the items in the **CLCP** item pool into the 3 categories of expertise identified in the research.

### **Test Administration and Scoring Standards**

#### **Certified Disability Examiner Test (CDE)**

The **CDE** test is disseminated to persons who complete the core courses offered or endorsed by the **National Association of Disability Evaluating Professionals (NADEP)**. Within 6 weeks a letter of inquiry is sent to the prospective certification candidate informing him or her that he/she is eligible to sit for the examination. The letter requests that the candidate submit a letter of interest indicating his or her intention to sit for the examination. Once received, the **CHCC** will forward an examination packet. The certification candidate, or examinee, has no more than 8 weeks (56 days) from the time of receipt to return the completed written and practicum examinations to the **CHCC**. The test responses are expected to be typed (double spaced) using the **American Psychological Association (APA)** publication style. Items are scored based on how well the examinee's responses match the acceptable rating criteria defined on the criteria rating sheet, which is redefined for each new set of inquiries developed for subsequent examinations.

#### **Certified Life Care Planner Test (CLCP)**

The **CLCP** test is comprised of multiple choice case scenarios which contain 4 distracters, one of which is considered the correct choice. All test answers are referenced within current professional literature from the medical, insurance, and rehabilitation professions. The certification candidate has three options for test administration:

1. National sites are designated by the **CHCC** for test administration on an annual basis. Dates and locations of the national sites may be obtained from the **CHCC** office.
2. The **CLCP** examination is administered "on-line", thus requiring proctoring at the candidate's local community college, college, university or public library by an independent, non-related educational official.
- 3) The candidate is welcomed to visit the **CHCC** office in Midlothian, Virginia, for on-site test administration by a **CHCC** staff member.



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There were 2 forms of the Certified Life Care Planner examination, 1) Form A, and 2) Form B, prior to the offering of the examination on-line by proctor. These two forms differed in that while Form A was comprised of multiple choice items; Form B was comprised of the identical multiple choice items of Form A, but with the addition of scenario items. With the advent of on-line publication of the examination, items from both tests were combined into one form since the tests items are randomly assigned on each test form by the IGIVETEST – Sight2K software program, so that no two tests are ever the same. Thus, everyone sitting for the examination receives different but same-content tests. There are 10 extra items included on each test for field testing. The first 100 items count in the scoring of the examination while the last 10 items are for field testing purposes only.

The test results for the **CLCP** are scored by the testing software program and are sent directly to the corporate office of the **Commission on Health Care Certification**. The CLCP examination is a norm-referenced test that uses a standard score to determine the candidate's percentile ranking among other candidates who took the examination earlier (Anastasi, 1976; Borg, 1982). The standard score expresses an individual's performance relative to those certification candidates who took the examination earlier. Statistically, standard scores are favored in this testing application due to its ability to express the candidate's distance from the mean of scores in terms of the standard deviation of the distribution (Anastasi, 1976). Thus, the accepted standard score for the CLCP examination is established at one standard deviation below the mean, and is adjusted for each test score. The CHCC does not allow for grandfathering in any of its certification credentials based on its early policy development and on the standards set forth by the National Commission on Certifying Agencies. All tests must meet or exceed the standard score established by the CHCC through prior test administrations in order to acquire a passing status.

Test scores of all certification candidates are held in strict confidence within the CHCC corporate office. Specific test scores are not released to any certification candidate; only their pass or fail status as determined statistically through the standard score protocol is released. Scores are held in confidence by the CHCC as a means to avoid the promotion of competitive embarrassment among life care planners seeking to gain a market-edge over their peers, and to avoid low test score applicants from being penalized through the referral process favoring those who scored higher on the examination. Test scores are not released to the public under any circumstances except through legal subpoena.

**Test Score Appeals Process:** Any candidate who acquires a test score below the cut-off score may appeal the failure status of his or her test score to the Executive Director. The Executive Director requests from the Executive Administrator a re-scoring of the test through a manual procedure, comparing the answers of each question to that of an answer key. The results of the manual scoring are final and are reported directly to the Executive Director. It is the Executive Director's responsibility to inform the certification candidate of the final pass-fail status of the respective exam in question.





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## **Certification Maintenance and Renewal**

The **Commission on Health Care Certification** asserts that certified professionals should maintain a high level of skills and knowledge through development of professional skills and continuing education. Requirements for certification renewal are designed to encourage the continuation of professional development which will aid in the effective delivery of disability/impairment rating and life care planning services. Goals include but are not limited to:

- ✓ Exploration of valid and reliable testing protocols for determining functional capacity.
- ✓ Enhancement of one's skills in rating and calculating impairment.
- ✓ Developing informational resources for areas in life care plans.
- ✓ Enhancement of professional assessment and processing skills.
- ✓ Exploration of new strategies in life care planning.
- ✓ Acquiring knowledge in specific areas of disabilities, vocational applications, case management in life care plans, technology, and legal implications.

### **CEU's Obtainment for CLCP Maintenance**

The maintenance period for the CLCP credential is 5 years, and 80 clock hours of continuing educational units (CEU's) are required over this period. The CLCP professional is required to have 8 of the 80 required recertification hours to be of ethical practice subject matter. The CHCC reviews training programs to determine if the training content has any application to life care planning service delivery. It does not accredit nor approve any training or educational programs that may be applied specific to the CLCP examination. Rather, the CHCC charges a review fee to all entities requesting coverage of their CEU's for application to the Certified Life Care Planner credential, whether the entity meets the approval criteria or is rejected. Criteria for approval or rejection of the reviewed program for CEUs are based on the following:

1. There must be one person on the faculty of a given instructional unit (program) who is a Certified Life Care Planner, if the subject matter does not require the expertise of a physician or lawyer as presenters/educators.
2. Physicians (M.D., D.O., D.C.) and attorneys are exempt from this rule.
3. The training entity is required to submit the program agenda, curricula vitae of the instructors, and a statement as to the application of the program to life care plan development.



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## **Options for Renewal**

The CHCC certification maintenance program extends the status of the CHCC and CLCP at three year intervals. Options for renewal include:

1. Option One: Documentation of 80 clock hours of pre-approved and post-approved education
2. Option Two: Re-examination

The option one renewal requirement is a total of 80 clock hours of approved education/training for each five-year period. Documentation is required to validate that the education or training has been successfully completed in one or more of the focus areas related to functional capacity evaluation, impairment rating, and life care planning (described below).

### **Option One:**

1) Submit documentation of 80 hours of pre-approved education. If a course was pre-approved, the CLCP professional only needs to send the attendance verification and the attached form. The fee is **\$250**.

2) If the CLCP professional attended a program which was not approved for CLCP hours, the required documentation must be submitted and is subject to review. This includes a attendance verification/certificate of completion. The fee is **\$260-300**.

### **Option Two:**

Re-examination. The fee is **\$225** and covers both the examination fee and certification renewal.

If the renewal candidate does not desire to retest, but also lacks the necessary 48 hours of CEU's, then the candidate can apply for an extension. This is available to CLCPs who have *completed and submitted* 30 of the 48 hours required for maintenance. A six (6) month extension may be granted. The fee is **\$50**.

## **Focus Areas**

**Foundations of Industrial Injury and Evaluation:** Includes but not limited to orthopaedic and neurological disorders of injured workers, psychological aspects of industrial injuries, work related injuries and chronic pain response, evaluating function within the chronic pain patient, evaluating the psychological profile of the chronic pain patient, and applications of symptom magnification of the industrially injured worker.



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**Medical Correlates of Disability:** Includes but not limited to orthopaedic and neurological diagnoses and their applied disability periods and limitations, orthopaedic and neurological injuries associated with workplace trauma, personal injury diagnoses and subsequent disability periods of limitations.

**Foundations of Life Care Planning:** Includes but not limited to philosophy in planning; approaches to planning and presentation formats; ethics; future trends; and methodologies.

**Resource Development:** Includes but not limited to legislative developments, equipment and procedure information sources, technological advances, research/outcome studies and professional association specializations.

**Medical/Treatment Issues:** Includes but not limited to catastrophic injury complication management; mobility issues; bowel/bladder care; medication and surgical interventions; therapy issues; and evaluation techniques.

**Case and Medical Management in Catastrophic Disability:** Includes but not limited to facility/modality assessment; environmental adaptations; transportation; family adjustment/dynamics and counseling; psychological/behavioral issues; coordinating special needs; collateral sources; and educational systems.

**Vocational Issues:** Includes but not limited to earning capacity analysis, vocational evaluation; labor market information; return to work issues in disability compensation systems; testing issues; and work life/earnings cycle assessment.

**Medical/Rehabilitation Testimony:** Includes but not limited to roles of medical and rehabilitation experts; working with economists; structured settlements and reserve setting issues; malpractice issues; and scope of practice issues.

### **Procedures for Renewal**

Approximately three months prior to the "**valid through**" date printed on the certificate, CHCC will mail a renewal application. Completion of the application, submission of documentation of 80 clock hours of continuing education, and payment of the **non-refundable** certification renewal fee is required.

*Failure to renew your certification will result in the revocation of your certified status. The applicant acknowledges that the information submitted on a signed application is accurate. CHCC retains the right to revoke or suspend certification if a certification is granted on the basis of false, misleading or inaccurate information if such information becomes evident upon inquiry. Additionally, the CHCC retains the right to suspend or revoke certification if that individual is found to behave in an unprofessional, unsupportive manner towards the CHCC*



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**Please notify CHCC of any change in address.** Reasonable efforts will be made to send the renewal information; however, *it is your responsibility to renew the certification by the expiration date on your certificate.*

**Note: Should you fail to renew your certification, re-application under all current standards and criteria in addition to a passing score on the certification examination will be required.**

### **Sources of Continuing Education**

Education and training for certification maintenance may be obtained from a number of potential sources including in-service training programs, seminars and workshops, college and university courses, national and regional conferences, as well as professional publications and presentations related to the focus areas outlined above. A **CHCC** Request for Approval Form is attached and may be photocopied as needed.

#### **Option One Documentation**

CHCC will approve continuing education activities for individuals on a post-attendance basis. Information required includes each item under the following:

❖ **Inservices, Seminars, Workshops & National/Regional Conferences**

- ✓ Submission of original documentation verifying participation
- ✓ Submission of program agenda
- ✓ Completion of Request for Approval form.

❖ **Relevant College or University Courses**

- ✓ Official transcript and course description
- ✓ Completion of Request for Approval form.

❖ **Professional Presentation: Development & Presentation**

Maximum Credit: 10 clock hours for each original 1 hour presentation

- ✓ Reference Material/Bibliography utilized
- ✓ Copy of printed program listing you as presenter
- ✓ Copy of "Presenter Notes" from Overhead/Slide Presentation Software used in presentation
- ✓ Completion of Request for Approval form



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❖ **Professional Articles in Peer-Reviewed Journals**

Maximum Credit: 25 clock hours for each publication

- ✓ Submission of a copy of the publication , including references
- ✓ Completion of Request for Approval form

❖ **Other Publications serving Rehabilitation Professionals**

Maximum Credit: 15 clock hours for each publication

- ✓ Submission of copy of publication, including references
- ✓ Completion of Request for Approval form.

❖ **Item Writing**

- ✓ Maximum Credit: 10 clock hours for each item accepted and utilized in the CLOP examination
- ✓ Submission of item with APA style references

**Miscellaneous Documentation Requirements/Issues**

A letter or other form of written verification from workshop, seminar, and conference providers will also be acceptable, providing information concerning content, clock hours, and attendance is included.

Academic credit is converted as follows: one quarter hour of academic credit equals 10 clock hours; one semester hour equals 15 clock hours.

Programs should be at least 60 minutes in length. They must be offered in accessible, barrier-free locations and include evaluation components to be completed by participants. The purpose of the program should be clearly defined in terms of objectives & expected outcome and designed to increase the participant's knowledge in the focus areas outlined above.

**Extensions**

Persons who have completed 50 of the 80 hours required for continuing education may request a review for extension. Each request will be reviewed individually, documentation of the 50 hours must be completed, a \$100 administrative fee is required, and sufficient time must be ***allowed before the current certification expires***. An extension may be granted for up to six months.



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## **Appeals**

An appeals process is available for any **CDE** and **CLCP** who feels his or her application for certification renewal was processed in an inaccurate or unfair manner. An appeals procedure would be administered by the Ethics Committee.

## **Fee Information**

Payment for fees for recertification services should be in the form of a check made payable to "CHCC". Fees for these services are subject to change.

- a. Option One: \$250
  - i. This fee is non-refundable and must be submitted in full with your application for renewal of certification. This fee is for pre-approved programs only.
  - ii. Regarding non-pre-approved courses for review, the \$250 base fee plus \$ 10 for each additional program to review is required. The maximum fee is \$250 for non-pre-approved courses.
  
- b. Option Two: \$225
  - i. This fee covers both the application for certification renewal and the charge for the examination.

Extension Fee: \$100 - This administrative fee must be submitted for extensions up to six months.

## **Testing Aides and Prep Courses**

The CHCC offers a review textbook for the life care planning CLCP credential to those persons who are first-time testers, or for those persons who elect to retake the examination for renewal purposes. The textbook is the primary text used in the review course offered by the CHCC specific to the CLCP credential. The CHCC does not charge tuition for the course, but requires a textbook fee of \$60.00 + shipping and handling. The review course is offered through the Capital University Law School, Canadian Institute of Life Care Planning, the University of Florida, and the CHCC. The candidate is advised to contact the CHCC for course tuition rates and scheduled review course times and dates.

The review textbook does not in any way address specific test items. The book is divided into 5 primary disability groups of which general instruction is based. There is a voluminous amount of information contained within the textbook and which is discussed over the 8-hour course period. The certification candidates are advised that while the actual test may address some of the content of the text, the textbook in and of itself by no means addresses any specific test item.



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### **Confidentiality Policy**

The CHCC has implemented policies for addressing confidentiality with regards to personal, professional, and business information concerning the certification candidate, the Certified Life Care Planner, life care planning Commissioners, and the Commission on Health Care Certification (CHCC). Each group requires consideration for the protection of information pertaining to them individually and to the CHCC as a certifying agency. The following description of policy illustrates how information concerning all parties is protected and monitored.

### **Certification Candidate**

The certification candidate offers personal information through the application process. Therefore, the CHCC is committed to protect this information and maintain confidentiality for the applicant through a set policy. The following are procedures that have been implemented to safeguard the applicant's information:

- 1) Application information is contained in a secured, locked file cabinet. The CEO and the Office Manager have access to this information.
- 2) Applicant information is backed-up on a daily schedule and is secured off-site on the web, using a web-based backup software program. The files are encrypted and secured through passwords.
- 3) The test results of the certification candidate are maintained in the file system by the Office Manager, and are not released under any circumstances barring a court-issued subpoena. Test scores are never released outside of the CHCC, even to the certification candidate.
- 4) The certification candidates are notified of a pass or fail status rather than being informed of the exact test score.

### **Certified Life Care Planner**

The Certified Life Care Planner requires greater consideration when inquiries are made regarding their certification status and test scores. A greater amount of information requires protection, and the following are procedures that have been implemented to safeguard the CLCP's information:

1. The same protection regarding the individual's test scores afforded to the certification candidate apply to the CLCP. All information contained within the CLCP's paper file is secured in the locked file cabinet and backed-up on the web.
2. Inquiries regarding a particular CLCP are provided the following information:



- i. If the individual is certified or is not certified as a CLCP.
- ii. If the individual is certified, the certifying date and renewal dates (if any) are provided
- iii. If the individual has been found to be in violation of any professional conduct or ethical violations, and what Principle(s) were violated

### **Life Care Planner Commissioners/CHCC**

There is a need for the Commissioners to hold in confidence any information pertaining to the CHCC, its business plans for current and future growth, financial data, and any information that is related to the life care planning certification process and that which is confidential and proprietary to the CHCC. The Commissioners, as Certified Life Care Planners, share the same protection of personal and business information that is provided the certification candidate and the CLOP professional by the CHCC. The CHCC relays proprietary and business information in discussing certification matters with the Commissioners, and this information requires some guarantee of protection. Therefore, each Commissioner is required to sign the Confidential Disclosure Agreement, which is presented on the next two pages.

### **National Compliance**

The **Commission on Health Care Certification** recognizes the need to adhere to a national policy and standards regarding certification testing. The CHCC submitted its application to the **National Commission for Certifying Agencies (NCCA)** on September 27, 2007, for consideration of review and compliance with this agency's certification standards. The CHCC feels that such an affiliation will ensure that the highest quality of testing standards and development will be maintained for persons desiring CHCC certification. Areas under which the NCCA evaluates and monitors for an agency include:

- Administrative Independence
- Bias
- Continuing Competence
- Discipline
- Education and Certification
- Eligibility for Certification
- Public Members
- Reliability
- Validity

Additionally, the CHCC becomes a member of the **National Organization of Certifying Agencies (NOCA)** upon acceptance and approval of its accreditation application. This prestigious organization for health care certifying agencies works closely with the NCCA to ensure consistency in its standards and guidelines and to assist in the development and regulation of standards among the many health care certifying agencies under its registration.





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## Code of Professional Ethics

### Preamble

*The Commission on Health Care Certification held its first Congress on .Practice Standards and Guidelines<sup>in</sup> February of 2007 at the Capital University Law School. This Congress established the Principles under which the Rules of Professional Conduct are categorized, as well as determined the specific Rules of Professional Conduct for life care planning service delivery. This process was research-based achieved through standard research protocol that was completed after the Congress adjourned. Additional research is in progress at this writing in which all CLCP's have been sent survey instruments designed to have them sort the Rules of Professional Conduct under the respective Principle categories. This survey protocol ensures direct field involvement in the development of the Practice Standards and Ethical Guidelines as applied to life care planning service delivery. Until this research is completed, the CHCC continues to honor its original Practice Standards and Ethical Guidelines documented at the time of its first CLCP test administration in 1996.*

Initially, the **Commission on Health Care Certification** adopted the Code of Professional Ethics with direction and input from documents from the Codes and Standards of and statements from the following professional organizations:

- Commission on Rehabilitation Counselor Certification
- National Association of Rehabilitation Professionals in the Private Sector
- National Rehabilitation Administration Association
- Virginia Board of Professional Counselors
- North Carolina Board of Professional Counselors

For purposes of clarification and consistency, **Certified Disability Examiners**, Categories I, II, and III, (**CDE I, II, III**) are referenced as disability examiners in this section. Similarly, **Certified Life Care Planners (CLCP)** are referenced as life care planners.

Disability examiners and life care planners are committed to making fair and impartial assessments regarding the functional capabilities and needs of the referred individual, whether that individual is considered to be catastrophically injured or adventitiously injured with a manageable orthopaedic or neurological diagnosis. Life care plans are required to be thorough with competent research conducted for each identified category of need, and opinions and conclusions structured without regard for personal reimbursement resources, the referral source, the socio-economic status of the individual, or the degree of limitation imposed upon the individual by the disabling condition. Similarly, the disability examiner is required to provide a detailed and thorough examination with conclusions and recommendations supported by tests or evaluation components that have established reliability and validity. Concluding opinions are based on the performance results over an entire test battery, and are not based on the results of one test within the examination protocol. The disability examiner is committed to render concluding opinions without regard for third-party reimbursement resource attitudes or biases.



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Disability examiners and life care planners are obligated to perform activities within their respective certification areas which have been researched to suggest that these activities are an integral part of their roles and functions. For example, disability examiners are responsible for collecting and processing intake information, assessing physical and cognitive tolerances for work activities, and evaluating primarily neurological and orthopaedic disorders. Life care planners are required at the minimum to assess the client's medical and independent living service needs, assess their vocational feasibility and options, and to provide consulting services to the legal system. But above all, disability examiners and life care planners must demonstrate adherence to ethical standards and must ensure that the standards are enforced. The Code of Professional Ethics is designed to serve as a reference for professionals who carry CHCC certification credentials, thus ensuring that acceptable behavior and conduct are clarified, defined and maintained. The basic objective of the Code of Professional Ethics is to promote the welfare of service recipients by specifying and enforcing ethical behavior expected of disability examiners and life care planners.

The primary obligation of the disability examiner and life care planner is to the disabled person in question. Only when the disability examiner is requested to perform an independent medical examination does the obligation of the disability examiner shift to that of the referring party since there is no physician/patient relationship. Similarly, the Certified Life Care Planner commitment is to the third party funding source when requested to critique a previously written life care plan developed per the request of the disabled individual's legal representative, or when requested to structure a life care plan for the third party benefit provider on a respective claimant. However, the disability examiner and the life care planner are obligated to communicate to the third party referral source any discoveries which may benefit the disabled person in question regarding additional rehabilitative or vocational options.

The Code of Professional Ethics consists of two types of standards; Principles and Rules of Professional Conduct. The Principles are general standards which provide a definition of the category under which specific rules are assigned. While the Principles are general in concept, the rules are exacting standards which provide guidance in specific circumstances.

Disability examiners and life care planners who violate the Professional Code of Ethics are subject to disciplinary action. A Rule violation is interpreted as a violation of the **applicable** Principle and any one of its general applicable principles. The CHCC considers the use of **Certified Disability Examiner, Certified Life Care Planner, and Certified Medicaid Set-aside** a privilege, and reserves unto itself the power to suspend or to revoke the privilege or to approve other penalties for a Rule violation. Disciplinary penalties are imposed as warranted by the severity of the offense and circumstances. All disciplinary actions are undertaken in accordance with published procedures and penalties designed to assure the proper enforcement of the Code of Professional Ethics within the framework of due process and equal protection of the laws.



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When there is reason to question the ethical propriety of specific behaviors, persons are encouraged to refrain from engaging in such behaviors until the matter has been clarified by the CHCC Ethics Committee. **Certified Disability Examiners** and **Certified Life Care Planners** who need assistance in interpreting the Code should request in writing an advisory opinion from the **Commission on Health Care Certification**. This applies to those professionals who are not certified under the CHCC as well, and these practitioners are encouraged to consult with their own individual professional organization regarding an interpretation of the Code and/or individual Rule as disseminated from the CHCC.

## **Principles and Associated Rules**

### **Principle 1 - Moral and Legal Standards**

**Certified Disability Examiners and Certified Life Care Planners shall behave in legal, ethical, and moral manner in the conduct of their profession, maintaining the integrity of the Code of Professional Ethics and avoiding any behavior which would cause harm to others or Entities**

#### **Rules of Professional Conduct**

R1.1 Disability examiners and life care planners will obey the laws and statutes in the legal jurisdiction in which they practice and are subject to disciplinary action for any violation, the extent that such violation suggests the likelihood of professional misconduct.

R1.2 Disability examiners and life care planners will be familiar with, will observe, and will discuss with their clients the legal limitations of their services.

R1.3 Disability examiners and life care planners will be alert to legal parameters relevant to their practices and to disparities between legally mandated ethical and professional standards and the Code of Professional Ethics. Where such disparities exist, disability examiners and life care planners will follow the legal mandates and will formally communicate any disparities to the appropriate committee on professional ethics. In the absence of legal guidelines, the Code of Professional Ethics is binding.

R1.4 Disability examiners and life care planners will not engage in any act or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities. They will not allow the pursuit of financial gain or other personal benefit to interfere with the exercise of sound professional judgment and skills, nor will disability examiners and life care planners abuse their relationships with clients to promote personal or financial gain of their employing agencies.

R1.5 Disability examiners and life care planners will understand and abide by the Principles and Rules of Professional Conduct which are prescribed in the Code of Professional Ethics.



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R1.6 Disability examiners and life care planners will not advocate, sanction, participate in, cause to be accomplished, otherwise carry out through another, or condone any act which disability examiners and life care planners are prohibited from performing by the Code of Professional Ethics.

R1.7 Disability examiners and life care planners will avoid public behavior that clearly is in violation of accepted moral and ethical standards

R1.8 Disability examiners and life care planners will refuse to participate in employment practices which are inconsistent with the moral or legal standards regarding the treatment of employees or the public. Disability examiners and life care planners will not condone practices which result in illegal or otherwise unjustifiable discrimination on any basis in hiring, promotion, or training

## **Principle 2 - Disability Examiners and Life Care Planners/Patient Relationship**

**Disability examiners and life care planners shall respect the integrity and protect the welfare of people and groups with whom they work. The primary obligation of disability examiners and life care planners is to their patients outside of independent medical examinations and independent review of care plans in which no physician/patient relationship exists.**

### **Rules of Professional Conduct**

R2.1 Disability examiners and life care planners will not misrepresent their role or competence to patients. Disability examiners and life care planners will provide information about their credentials, if requested, and will refer patients to other specialists as the needs dictate.

R2.2 Disability examiners and life care planners will avoid establishing dual relationships with patients that could impair one's professional judgment or increase the risk of exploitation. Sexual intimacies with patients are unethical and will not be tolerated by the CHCC.

R2.3 Disability examiners and life care planners are obligated to clarify the nature of their relationship to all involved parties when providing services at the request of a third party. Similarly and as expected, disability examiners and life care planners have an obligation to provide unbiased, objective opinions whether the evaluation or care planning service be requested by the third party or directly from the plaintiff counsel. Disability examiners and life care planners retained by third party referral sources will clearly define through written or oral means, the limits of their relationship, particularly in the areas of informed consent and legally privileged communications, to all involved individuals.

R2.4 Disability examiners and life care planner's primary obligation and responsibility is to the catastrophically or non-catastrophically disabled person for whom assessment, evaluation, medical, and vocational and rehabilitation needs are being determined.



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### **Principle 3 - Advocacy**

**Life care planners shall serve as advocates for fair and balanced life care plans regardless of referral source, with the health, care, and safety of people with disabilities not to be compromised as a result of a submitted respective care plan**

#### **Rule of Professional Conduct**

R3.1 The life care planner will further use his or her specialized knowledge and skills to do no harm to the "disabled" individual with regards to the summary and conclusions of the care plan regardless of the referral source or professional relationship status.

### **Principle 4 - Professional Relationships**

**Disability examiners and life care planners shall act with integrity in their relationships with colleagues, other organizations, agencies, institutions, referral sources, and other professions so as to facilitate the contribution of all specialists toward achieving optimum benefit for patients.**

#### **Rules of Professional Conduct**

R4.1 Disability examiners and life care planners will ensure that there is a mutual understanding of the evaluation report or life care plan by all parties involved in the rehabilitation process of the individual in question.

R4.2 Life care planners will abide by and assist in the implementation of "team" decisions in formulating care plans and procedures.

R4.3 When transferring patients to other colleagues or agencies, life care planners will not commit the recipient of the case to any prescribed courses of action which may be specified in the care plan. Similarly, when disability examiners provide rehabilitation recommendations in their reports, they will not commit the recipient of the transferred case to any specified course of action.

R4.4 Disability examiners and life care planners, as referring professionals, will supply all information necessary for a cooperating agency or professional to begin service delivery, and will provide these records in a prompt manner.

R4.5 Disability examiners and life care planners will secure from other professionals all medical records and evaluation reports when such reports and records are essential for life care plan development or for evaluating function and impairment.

R4.6 Disability examiners and life care planners will not discuss with patients the reputations and/or competency of colleagues in a disparaging manner, nor will they provide judgments to the patients regarding the quality of treatment they may have received from other professionals.



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R4.7 Disability examiners and life care planners will not exploit their professional relationships with supervisors, colleagues, students, residents, or employees sexually or otherwise, and will not engage in any form of sexual harassment, defined as repeated or deliberate comments, gestures, or physical contacts of a sexual nature undesired and unsolicited by recipients.

R4.8 Disability examiners and life care planners who employ or supervise other professionals or residents/students will facilitate professional development of such individuals through the provision of appropriate working conditions, timely evaluations, constructive consultations, and experience opportunities.

R4.9 Disability examiners and life care planners possessing knowledge of any rule violation of this Code of Professional Ethics is obligated to reveal, upon request, such information to the **Commission on Health Care Certification** unless the information is protected by law. Disability examiners and life care planners who have knowledge of ethical infractions by their peers or colleagues will attempt to resolve the issue with the professional in question given that the infraction appears to arise from the professional's lack of sensitivity, knowledge, or experience. However, if the infraction does not seem amenable to an informal solution, then the matter must be brought before the Ethical Committee of the **CHCC**.

R4.10 Disability examiners and life care planners have the right to their freedom of speech and to disagree with their certifying agency, but not the right to use their influence to attempt to interfere with business practices, programs, or the solvency of CHCC.

### **Principle 5 - Public Statements/Fees**

**Disability examiners and life care planners shall adhere to professional standards in establishing fees and promoting their services.**

### **Rules of Professional Conduct**

R5.1 Disability examiners and life care planners will neither give nor receive a commission or rebate or any other form of remuneration for referral of patients for professional services.

R5.2 Disability examiners and life care planners who advertise their services to the general public will fairly and accurately present the material, avoiding misrepresentation through sensationalism, exaggeration, or superficiality. Any reporting of "numbers" such as, average fee charged per patient for services, average length of involvement in the program, shall be derived directly from actual patient records and appropriate descriptive statistics used in report the outcome data in the respective advertisement.



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R5.3 Disability examiners and life care planners are obligated to see all referred patients for the initial assessment and intake interview regardless of their ability to pay. If insurance coverage is non-existent, disability examiners and life care planners are obligated to establish a mutually acceptable payment plan, or refer the individual promptly to a facility which accepts indigent patients.

### **Principle 6 - Confidentiality**

**Disability examiners and life care planners shall respect the confidentiality of information from clients in the course of their work.**

### **Rules of Professional Conduct**

R6.1 Disability examiners and life care planners will inform patients at the onset of the service to be provided of the limits of confidentiality.

R6.2 Disability examiners and life care planners will inform responsible authorities when the conditions or actions of patients indicate that there is clear and imminent danger to patients or others after advising patients that this must be done.

R6.3 Disability examiners and life care planners will not forward to another person or agency any confidential information without the written consent of patients or their legal guardians. This does not apply in the situation in which the third party funding source has requested a record review of independent medical/life care plan evaluation.

R6.4 Disability examiners and life care planners will safeguard the maintenance, storage, and disposal of patient records so that unauthorized persons shall not have access to these records.

R6.5 Disability examiners will include in their insurance sign-in sheets a statement regarding the requirement for biomechanical imaging regarding functional capacity evaluations and impairment ratings, of which the patient will sign indicating their acceptance of such policy. Life care planners will obtain written permission from the patient or patient's guardian for video or audio taping of any interview session and interaction they may have with the patient.

R6.6 Disability examiners and life care planners will persist in claiming the privileged status of confidential information obtained from patients, where communications are privileged by statute for disability examiners and life care planners.



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## **Principle 7 - Assessment**

**Disability examiners and life care planners shall promote the welfare of patients in the selection, utilization, and interpretation of assessment measures.**

### **Rules of Professional Conduct**

R7.1 Disability examiners and life care planners will recognize that different tests demand different levels of competence for administration, scoring, and interpretation, and will recognize the limits of their competence and perform only those functions for which they are trained and licensed to perform by their respective states.

R7.2 Disability examiners and life care planners will investigate and utilize those tests or protocols which have established validity and reliability, and which are safe to administer to the patient given the patient's diagnosis and functional capabilities at the time of testing.

R7.3 Disability examiners and life care planners will comply with the Americans with Disabilities Act of 1990 in terms of normative data applications and usage in interpretation of results, and will abide by testing protocol structures/administration as outlined in this Federal legislation.

R7.4 Disability examiners and life care planners will make known the purpose of testing and the explicit use of the results to clients prior to administration. Test results may be disseminated to the patient provided the referral source approves of the patient having access to such information, whether it be a plaintiff or third party referral.

R7.5 Disability examiners and life care planners will administer tests under the same conditions that were established in their standardization. When tests are modified to assess a domain set of trait factors or to accommodate the patient's biomechanical limitations, such modifications must be documented at the time of interpretation in the report.

R7.6 The interpretation of data will be directly related to the particular goals of the evaluation, or referral questions submitted by the referral source.

R7.7 Disability examiners and life care planners will attempt to ensure, when utilizing computerized assessment services or software, that such services and software are based on appropriate research to establish the validity of the computer programs, software and procedures used in arriving at interpretations.





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## **Principle 8 - Research Activities**

**Disability examiners and life care planners shall assist in efforts to improve upon evaluation and life care plan protocols through participation in research programs or through literature reviews.**

### **Rules of Professional Conduct**

R8.1 Disability examiners and life care planners will ensure that data for research meet rigid standards of validity, honesty, and protection of confidentiality.

R8.2 Disability examiners and life care planners will be aware of and responsive to all pertinent guidelines on research with human subjects. When planning any research activity dealing with human subjects, disability examiners and life care planners will ensure that research problems, design, and execution are in full compliance with such guidelines.

R8.3 Disability examiners and life care planners presenting case studies in class, professional meetings, or publications will confine the content to that which can be disguised to ensure full protection of the identify of patients.

R8.4 Disability examiners and life care planners will assign credit to those who have contributed to publications in proportion to their contribution, or as agreed upon with the senior author if the senior author is other than the CHCC credential professional.

## **Principle 9 - Competence**

**Disability examiners and life care planners shall establish and maintain their professional competencies at such a level that their patients receive the benefit of the highest quality of services the credentialed professional is capable of offering.**

### **Rules of Professional Conduct**

R9.1 Disability examiners and life care planners will function within the limits of their defined role, training, and technical competency and will accept only those positions for which they are professionally qualified.

R9.2 Disability examiners and life care planners will continuously strive through reading, attending professional meetings, and taking course instruction to keep abreast of new developments, concepts, and practices that are essential to providing the highest quality of services to their patients.

R9.3 Disability examiners and life care planners who are educators will perform their duties based on careful preparation so that their instruction is accurate, up-to-date, and scholarly.

R9.3 Disability examiners and life care planners who are educators will ensure that statements in catalogs and course outlines are accurate, particularly in terms of subject matter covered, bases for grading, and nature of classroom experiences.



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R9.4 Disability examiners and life care planners who are educators will maintain high standards of knowledge and skill by presenting disability examiners and life care planners information fully and accurately.

**Principle 10 - CDE, and CLCP Credential**

**Disability examiners and life care planners holding the Certified Disability Examiner and/or Certified Life Care Planner designation(s) shall honor the integrity and respect the limitations placed upon its use.**

**Rules of Professional Conduct**

R10.1 Disability examiners and life care planners will use their certification designations only in accordance with the relevant guidelines promulgated by the **Commission on Health Care Certification**.

R10.2 Disability examiners and life care planners will not attribute to the mere possession of the designation depth or scope of knowledge, skill, and professional capabilities greater than those demonstrated by achievement of the **CLCP** or **CDE** designations.

R10.3 Disability examiners and life care planners will not write, speak, nor act in ways that lead others to believe CLCP's or CDE's are officially representing the **Commission on Health Care Certification**, unless such written permission has been granted by the **CHCC**.

R10A Disability examiners and life care planners will not make claims to unique skills or devices that are not available to others in the profession unless the special efficacy of such unique skills or device has been demonstrated scientifically accepted evidence. R10.5 Disability examiners and life care planners will not initiate or support the candidacy of an individual for certification by the **CHCC** if the individual is known to engage in professional practices which violate the Code of Professional Ethics.



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## **Guidelines and Procedures for Processing Ethical Complaints**

The **Commission on Health Care Certification** provides the following guidelines and procedures for processing alleged violations of the Code of Professional Ethics by disability examiners and life care planners credentialed under the **CHCC**. All allegations are heard by the CHCC Ethics Committee comprised of persons appointed by the Executive Director. Please be aware that the hearing process should not be construed as a legal process designed to resolve legal issues, but rather an informal hearing process in which many legal structures and conventions are not observed.

### **Qualifying Statement:**

**The Commission on Health Care Certification recognizes the many disciplines which comprise its certified professional groups. Therefore, the CHCC reserves the right to refer any allegation of ethical conduct violations to the complainant's own professional organization or credentialing board for a preliminary review and investigation. This is not to say that the complaint cannot or will not be heard by the CHCC.**

### **1.00 Jurisdiction**

**1.A Types of Complaints:** A complaint may be filed by any individual or organization (referred hereinafter as "accused"). The accused need not be credentialed by the CHCC, but the accused must be credentialed under the **CHCC**.

**1.B Anonymous Complaints:** The CHCC will not honor or investigate any complaint which is not signed, or which the accused is not identified.

**1.C Non-credentialed Complaints:** If the complaint does not involve a CHCC credentialed professional, the CHCC Executive Director will inform the accused and may refer the accused to another agency or association with proper jurisdiction.

**1.D CHCC Certification Applicants:** Applicants for certification under the CHCC are required to provide information relative to ethical actions past or pending involving other associations or credentialing/licensing organizations. Falsification of any information in this area will lead to the following disciplinary actions: 1) termination of application and notification of the falsification to relevant licensing boards, certification boards, and applicant references.



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## **2.00 Disciplinary Actions/Options**

The Ethics Committee is entitled to take any one of the following actions upon a confirmation of the alleged infraction(s):

**2.A Revocation:** The Ethics Committee may revoke the credentials which the clinician obtained through the CHCC, with notification of revocation disseminated to his or her professional organizations, certification and licensing boards.

**2.B Probation:** The committee may place the credentialed professional on probation, suspend certification, or may reprimand or censure the individual. The credentialed professional may be requested to cease the challenged conduct, accept supervision, or seek rehabilitative or educational training or counseling.

The Ethics Committee may implement these requests by issuing:

**2.B.1 Cease and Desist Order:** Require the accused to cease and desist the challenged behavior.

**2.B.2 Reprimand:** Reprimand when the Committee has determined that there has been an ethics violation but there has been no damage to another person.

**2.13.3 Censure:** Censure when the Committee has determined that there has been an ethics violation but the damage done to another person is not sufficient to warrant more serious action.

**2.13.4 Supervision Requirement:** Require that the accused receive supervision.

**2.B.5 Rehabilitation, Education, Training, or Counseling:** The accused may be required to undergo rehabilitative counseling/therapy, additional education, training, or personal counseling.

**2.B.6 Probation:** Require that the accused be placed on probation. Probation is defined as the relation that the CHCC has with the accused when the CHCC undertakes actively and systematically to monitor, for a specific length of time, the degree to which the accused complies with the Ethics Committee's requirements.

**2.B.7 Referral:** Referral to a relevant association or state board of examiners for action.



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**2.C Reapplication:** The Ethics Committee may recommend that the CHCC Executive Board deny reapplication.

**2.D Notification of Other Organizations:** In the event that a CHCC credentialed individual who has violated the Code of Professional Ethics is certified by or a member of other recognized professional boards or associations or is authorized by governmental authority to practice in cognate disciplines, CHCC shall, at its discretion, send notice of disciplinary action to each other organization. The notice shall state that the disciplinary action was pursuant to the CHCC Code of Professional Ethics.



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### **3.00 CHCC and CHCC Credentialed Professionals Responsibilities**

**3.A Cooperation:** CHCC credentialed professionals are obligated, in accordance to the CHCC Code of Professional Ethics, to cooperate with proceedings of CHCC for any alleged violation of the Code of Professional Ethics. If the accused voluntarily relinquishes certification or fails to cooperate with an ethical inquiry in any way, the CHCC shall continue its investigation, noting in the final report the circumstances of the accused's failure to cooperate.

**3.B Refusal of Testimony:** If a accused refuses to provide testimony, the complaint may be dismissed at the discretion of the CHCC, upon the application and agreement of the accused.

**3.0 Counter complaints:** The CHCC will not accept counter complaints from an accused CHCC credentialed individual during the course of an investigation of the initial complaint. However, in unusual circumstances, the CHCC may accept a counter complaint during the investigative period of the initial complaint.

### **4.00 Processing of Complaints by CHCC**

**4.A Initial Action by CHCC Executive Director**

4.A.1 Ascertain the certification status of the accused.

4.A.2 Confer with Ethics Committee regarding the legitimacy of the complaint.

4.A.3 Review complaint with legal counsel once Committee has reviewed and affirmed the legitimacy of the complaint.

**4.B Acknowledgment of Complaint:** Within thirty (30) days of receipt of a formal complaint, the CHCC Executive Director shall:

4.B.1 Direct a letter to the accused acknowledging acceptance or rejection of the complaint.

4.B.2 If a decision to accept the complaint is made, assist the Ethics Committee Chairperson to assemble the appropriate committee members.

4.B.3 If the complaint is certified in the Ethics Committee and approved by the CHCC legal counsel, the Executive Director shall send a notice of complaint to the accused. The notice shall be: 1) sent by certified mail; 2) marked "Confidential"; 3) shall state the portion of the Code of Professional Ethics relevant to the allegations of the complaint; 4) shall enclose a copy of the complaint; 5) shall enclose a copy of the CHCC's



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Code of Professional Ethics; 6) shall direct the accused to respond to the allegations in writing, within thirty (30) days and state whether the accused requests a hearing before the Ethics Committee; 7) shall inform the accused that failure to respond in writing within 30 days may result in termination of his or her certification.

4.B.4 The Ethics Review Board decision is published in writing and sent to the CLOP under review via certified mail

4.B.5 Any non-ethical complaint or inquiry regarding the certification status of an individual, or the eligibility status of a certification candidate may be made directly to the Executive Administrator in the CHCC Corporate Office.

### **Appeals Process**

#### 5A. Rights of the Appellant

5A.1 The Appellant has the right to appeal any decision of the Ethics Review Board regarding his or her case in question

5A.2 The Appellant has the right to appeal the Ethical Review Board's decision within a 30 day period from the date of decision publication

#### 5B. Process

5B.1 The appeal is forwarded to the CHCC corporate office where it is reviewed and forward to the Executive Director.

5B.2 The Executive Director reviews the Appeal and certifies its validity.

5B.3 The Executive Director assembles the 3-panel Ethics Review Board comprised of life care planning Commissioners.

5B.4 The Ethics Review Board reviews the appeal and renders a decision regarding the validity of the earlier ruling with the facts presented in the original hearing as well as new information if submitted. 5B.5 The Ethics Review Board may submit questions in writing to the Appellant, and responses from the Appellant must be in writing. Answers are required within a 30-day period from the date of the receipt of the certified mail certificate of the Board's written questions. Failure to respond to the Board within the 30 day period results in affirmation of the original decision. The Appellant does not have the right to ask questions of the Board.



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## Commissioners and Board Consultants

Oregon K. Hunter, M.D., CDE I  
Commissioner of Physical Medicine and  
Rehabilitation  
3305 SW 34th Circle, Suite One  
Ocala, Fl 34474  
(352) 732-3110  
Fax: (352) 732-0028  
E-mail: OregonHunter@earthlink.net Website:  
www.PermanentImpairment.com

Terry Winkler M.D., CLCP  
Commissioner of Medical/Rehab Education  
Ozark Area Rehabilitation Services  
3424 So. Culpepper Court  
Springfield, MO 65804  
417-887-3293

Michael Martelli, Ph.D., CDE II  
Commissioner of Psychology Concussion  
Care Center of Virginia 10 120 W. Broad  
Street, Suite G  
Glen Allen, Va 23060  
(804) 270-5484

Theodore Becker, Ph.D.  
Commissioner of Statistics  
Everett Pacific Industrial Rehabilitation  
11627-H Airport Road, Suite H  
Everett, Washington 98204  
(425) 353-9300  
Fax-425-290-3688  
E-mail: TJB210@aol.com

Darrell Taylor, Ph.D.  
Commissioner of University Studies  
Rehabilitation Institute  
Southern Illinois University  
Carbondale. IL 62901-4609

Randall Brown, M.S., CDE II  
Commissioner of Kinesiology and  
Physiology  
Neuromuscular Orthopaedic  
Institute  
305 Main Street  
Mt. Vernon, IL 62864  
(618) 242-7710

Lynn Carpenter, M.Ed., CRC, CVE, CDE  
II Commissioner of Case Management  
Carpenter Rehab Services  
P.O. Box 2601  
Opelika, Alabama 36801  
(205) 749-6808

Preston B. Fitzgerald, D.C., CDE I  
Commissioner of Chiropractic  
Fitzgerald Neck and Back Center  
601 B. South Mill Street  
Manning, S.C. 29102  
(803) 435-4050

Thomas E. Forte, D.O., CDE I  
Commissioner of Occupational Medicine  
579 Lakeridge Drive  
Cincinnati, Ohio 45231  
(513) 522-1986

Shellye Godfrey, OTR/L, CHT, CDE II  
Commissioner of Occupational Therapy  
The Hand Center  
1011 Grove Avenue, Suite A-  
2Greenville, S.C. 29605  
(803) 232-4597

Cameron S. Parker RN, BSN, CLCP  
Commissioner of Life Care Planning  
P.O. Box 54520  
Cincinnati, Ohio 45254  
Business (513) 233-9300  
E-mail: cparker@cinci.rr.com





Bill Mercer, P.T.  
Commissioner of Physical Therapy  
Professional Therapies of Roanoke  
1421 3rd Street S.W. Roanoke, VA  
24016 540-982-2208  
Fax -540-982-7637  
E-mail: bmercer@ptor.com

R.D. Michaels, M.A., CCRC, CVE,  
CDE III Commissioner of Vocational  
Evaluation Michaels & Associates™  
1 - 5765 Turner Road, Unit  
505 Nanaimo, B.C. V9T 6M4  
(250) 758 - 3565  
FAX- (250) 758 - 3963  
E-mail: rd@michaels-assoc.com  
WEB SITE: www.michaels-assoc.com

Pattie Patterson, RN, LNCC,  
CLCP  
Commissioner of Life Care  
Planning 6501 Galaxie Road  
Richmond, VA. 23228  
Phone: (804) 262-2991

Sherry A. Latham RN BSN CLNC  
CLCP MSCC BCETS  
Commissioner of Life Care Planning  
P.O. Box 721943  
Norman, OK 73070  
Phone: 405-701-1337

Steven R. Cooley, CRC, CVE,  
CCM, CLCP, F-ABDA  
Commissioner of Life Care  
Planning P.O. Box 55098  
St. Petersburg, Florida 33732  
Phone: (727) 572-0888

Lynn Parker, BA, MBA, RRP,  
CLCP Commissioner of Life  
Care Planning Kompass Life  
Care Group, Inc. 1391  
Wellington St. W  
Ottawa, ON K1Y 2X1  
(T) 613.249.0219  
Toll Free 1.866.433.1133

### **Board Advisors and Consultants**

Linda L. McKinley, BSN, RN,  
CDMS, CCM, CLCP  
Ex-Officio Executive Director  
P.O. Box 3853  
Glen Allen, VA 23058  
Fax/Phone (804) 360-4567 E-mail:  
[LMRNMA@aol.com](mailto:LMRNMA@aol.com)

Keith Sofka  
Consultant to the Board  
Caragone & Associates, Inc. 827  
Union Pacific Boulevard PMB 71-388  
Laredo, TX 78045  
(866) 285-0665

Cynthia Wilhelm, Ph.D., CLCP  
Coordinator – Certification  
Training Programs  
802 Cedar Falls Road  
Chapel Hill, NC 27514



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### Executive Director

Evelyn Robert, BSN, RN, CCM, CRP, CLCP  
Executive Director  
Medical Dynamics Associates  
P.O. Box 5964  
Virginia Beach, VA 23471  
(757) 460-5598  
FAX: (757) 460-5098  
E-mail: [robertegr@gmail.com](mailto:robertegr@gmail.com)

**The Commission on Health Care Certification  
C H C C  
13801 Village Mill Drive, Suite 103  
Midlothian, VA 23113  
Phone Number - (804) 378-7273  
Fax - (804) 378-7267**

**Home Page: [www.chccl.com](http://www.chccl.com)**



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## **References**

Anastasi, A. (1976). **Psychological testing**. 4<sup>th</sup> Edition. New York: McMillan Publishing Company, pp. 80-84.

Borg, W., & Gall, M.D. (1983). **Educational research**. 4<sup>th</sup> edition. New York: Longman, p. 361.

Turner, T., Taylor, D., Rubin, S. & May, V. (2000). Job functions associated with the development of life care plans. **The Journal of Legal Nurse Consulting**, 11(3), 3-7.

Washington, C., Taylor, D., May, V., & Rubin, S. (1996). An investigation of the job functions of work disability evaluating professionals. **Vocational Evaluation and Work Adjustment Bulletin**, 29(3), 64-69.