ICHCC®

Practice Standards and Guidelines

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PRACTICE STANDARDS AND GUIDELINES

The **International Commission on Health Care Certification™ (ICHCC®)** 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 **International Commission on Health Care Certification™**. 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 1990s. 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 was the **Certified Disability Evaluator (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 **International Commission on Health Care Certification™** awarded 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 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. Subsequent to the development of the **CLCP®** credential, the **Canadian Certified Life Care Planner™ (CCLCP™)** was established to assist in the growth of this field in Canada as more Canadian nurses, occupational therapists, and rehabilitation counselors traveled to the United States for training in this specialty health care service delivery system. Validity and reliability research of the **CLCP®/CCLCP™** credentials was completed through Southern Illinois University and is based specifically on the roles and functions of case managers and rehabilitation nurses who provide this service as part of their case management structure. The most recent update of life care planners' roles and functions was completed in 2020 by the **ICHCC®**.

Currently, there is ample literature in 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.

However, there is always more research required of a dynamic service delivery system in health care such as life care planning.

The third credential to be developed by the **ICHCC®** is the **Medicare Set-aside Certified Consultant™ (MSCC®)**. This credential evolved out of the need for the Medicare benefit system of the United States to project the amount of monies needed to be set aside while the disabled worker utilized the benefits offered by the individual's respective state workers' compensation benefit system. After the disabled worker expends the respective disability schedule of the diagnosis/injury, Medicare benefits are awarded to continue the care routine required of the disabled individual. The **MSCC®** is for those health care, legal, and insurance professionals who consult with the Medicare benefit program regarding the categories of need required of the disabled individual through his or her remaining life span and what costs are associated with each category.

The fourth credential to be developed by the **ICHCC®** is the **Certified Geriatric Care Manager™ (CGCM®)**. This credential evolved out of the need for regulating the sudden growth of this field as a direct result of the aging of the "baby-boomer" generation, to include the parents of this emerging elderly population. More elderly people are in need of case management services as nursing homes and senior-living centers evolve to serve this growing population. To address this need, more case managers have added geriatric care and case management to their businesses, thus requiring regulation of geriatric care managers for the protection of the consumer. The **CGCM®** credential ensures the consumer of services that the **Certified Geriatric Care Manager™** has demonstrated an understanding and competency in applying geriatric care and case management standards to the disability evaluation and management process.

The fifth credential to be developed by the **ICHCC®** is the **Certified Medical Cost Projection Specialist™ (CMCPS®)**. The medical cost projection is the process of reviewing records to determine the future cost of medical services. It is based on medical record review, usually covering a portion of the care; in most cases, the last two years. The medical cost projection report is a condensed, simplified abstract document that provides an estimate of items and services that an injured person or a person with an adventitious disability might require. This report can be used in mediation, settlement negotiation, and also in setting aside funds.

A medical cost projection is based on medical record review and medical research, usually covering a portion of the care, while a life care plan is based on an in-person interview with the injured/ill individual, provider communications, review of the medical records, and extensive medical research. The medical cost projection takes a proactive stance, while the life care plan tends to be more active and reactive. The life care plan includes one-to-one, in-person contact with the injured or person with a disability, while the medical cost projection does not. The life care plan remains the most comprehensive, in-depth, advanced, and extensively researched document. The life care plan is usually at the end of active treatment, typically after the injured or person with a disability has stabilized, while the medical cost projection can be completed at the beginning or during treatment.

I. MISSION STATEMENT

The International Commission on Health Care Certification's™ (ICHCC®) is to oversee the examination of health care providers and professionals in the specialty rehabilitative areas of life care planning, Medicare Set-aside allocation development, and geriatric care management. The **ICHCC's®** ongoing actions in support of this mission include:

- Developing, reviewing, and researching standards for life care planning, Medicare Set-aside allocation, functional capacity and disability evaluations, and geriatric care management service delivery systems for postgraduate training in these respective areas.
- Developing, reviewing, and researching standards of practice for life care planning, Medicare Set-aside allocation, functional capacity and disability evaluations, and geriatric care management
- Developing and administering examinations that assess the knowledge and skills that comprise the essential functions required of life care planners, Medicare Set-aside allocators, functional capacity and disability evaluations, and geriatric care managers service delivery systems.

II. GOALS AND OBJECTIVES

The **International Commission on Health Care Certification™ (ICHCC®)** is dedicated to the development and administration of well-researched, standardized tests designed to measure health care provider certification applicants' working knowledge and skills of the respective health care service delivery system to which they apply for certification. To achieve its mission, the **ICHCC®** established the following goals:

- Develop national and international tests that measure the health care provider applicant's working knowledge of disability, medical systems, associated disabilities, and treatment/maintenance protocol required to sustain life within an acceptable comfort level.
- Conduct ongoing research in terms of test-item validity and reliability. Such research ensures that tests measure what they purport to measure and that the items are a fair representation of the respective credential's subject matter and required knowledge base.
- Procure qualified Commissioners to sit on the Board of Commissioners to represent all **ICHCC®** credentialed candidates and certified professionals.
- Establish and monitor recertification policies to measure continued competence and/or to enhance the continued competence of all certified health care professionals under the **ICHCC®.**

The **ICHCC®** 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 Commissioners specific to each credential offered by the **ICHCC®**. The represented

specialty areas may include but are not limited to **vocational rehabilitation evaluators/counselors, medical physicians, nurses, occupational therapists, physical therapists, attorneys, social work professionals, psychologists, and physician assistants** as applied to health care settings.

- To solicit the assistance of other Commissioners in researching the validity and reliability of the examinations, incorporating appropriate research design and statistics.

III. ICHCC® STRUCTURE

The **International Commission on Health Care Certification™** consists of a Board of Directors and four Boards of Commissioners. Figure 1 on page 8 depicts the current structure of the organization.

a. Board Of Directors

The Board of Directors manages all property affairs and business of the **ICHCC®**. The Board of Directors is an appointed Board with member appointments held at the stated annual Board meeting. The President of the agency is a member of the Board of Directors.

b. Role and Function of the President

The President will serve as the Chairperson of the **CLCP®/CCLCP™** Board of Commissioners and be present at all other Boards of Commissioners meetings as needed. The President serves as the liaison to the Board of Directors and is responsible for the general and creative management of the Corporation, ensuring that all orders and resolutions of the Board of Directors are carried into effect, reviewing Boards of Commissioners' proposals and making determinations ensuring that the proposals or recommendations are in the best interest of the **ICHCC®**. The primary purpose of the President is to remove any biases or partiality within or amongst each credentialed Board of Commissioners, along with advising/ communicating with the Chairpersons of each Board of Commissioners. Additionally, the President oversees each respective Chairperson and Commission to ensure proper balance and representation.

Specific responsibilities of the President include:

- Oversees the Board of Commissioners' meetings
- Reviews letters of interest from Certificants wishing to serve on the Commission of their certification specialty, and oversees the voting process from each respective Commission

The President's essential functions are delineated as follows:

1. Oversees the Board of Commissioners' meetings through reviewing minutes and attendance as needed or requested.
2. Advises each of the Commissioners in terms of topical issues and resolution strategies
3. Participates in test-validation exercises and test-item revision workshops and encourages Board Participants to participate in these stated activities.

4. Provides test items based on the most recent role and function study of certificants under each of the Boards, using item-writing protocols described in the Item Writing Manual, and encourages Board members to submit test items as stated in their signed Commissioner Guidelines.
5. Reviews proposals from the various Boards of Commissioners for final approval or determination.
6. Will act as the Board's Chairperson in the absence of the Board of Commissioners' Chairperson, if needed or necessary.

c. Commissioners

The role of the Commissioner is principal to the success of the **ICHCC's®** management of all credentials, to the satisfaction of the practicing Certificants regarding his/her position of prominence in the health care delivery system, and to the overall reputation of the certifying agency. It is the Commissioner who promotes the respective credential among non-certified and certified peers alike.

The function of the Board of Commissioners is twofold: 1) to assist and advise agency policy development and implementation, and 2) to interact with the health care provider public as their representatives to the certifying agency, ensuring a positive image of the agency and one that has their professional interests at the forefront.

The Boards of Commissioners answer directly to their respective Chairperson. The Board of Commissioners' Chairperson, with the President are responsible for scheduling, formatting, and reviewing the agenda for the Board meetings. The Board of Commissioners' Chairperson is responsible for conducting the meetings and reporting to the President discussions that took place and the recommended resolution strategies. Specific responsibilities of the Commissioners include:

- Promote respective credentials among non-certified and certified peers alike
- Represent the **ICHCC®** at conferences and participate in discussion panels regarding certification issues
- Accept and process communications from certified professionals
- Assemble review committees from respective Commissioners to address communications received from the field
- Write a minimum of 5 exam items per year
- Encourage Board Members to contribute journal articles to the various professional journals.

The following are identified as the essential functions of the Commissioners:

1. Attends all monthly Zoom Commissioner meetings
2. Attends at least one major specialty-credential area conference every 2 yr. period
3. Participates in test validation exercises and test-item revision workshops
4. Provides 5 test items based on item-writing protocols described in the **ICHCC®**
5. Item Writing Manual for each calendar year served on the Commission

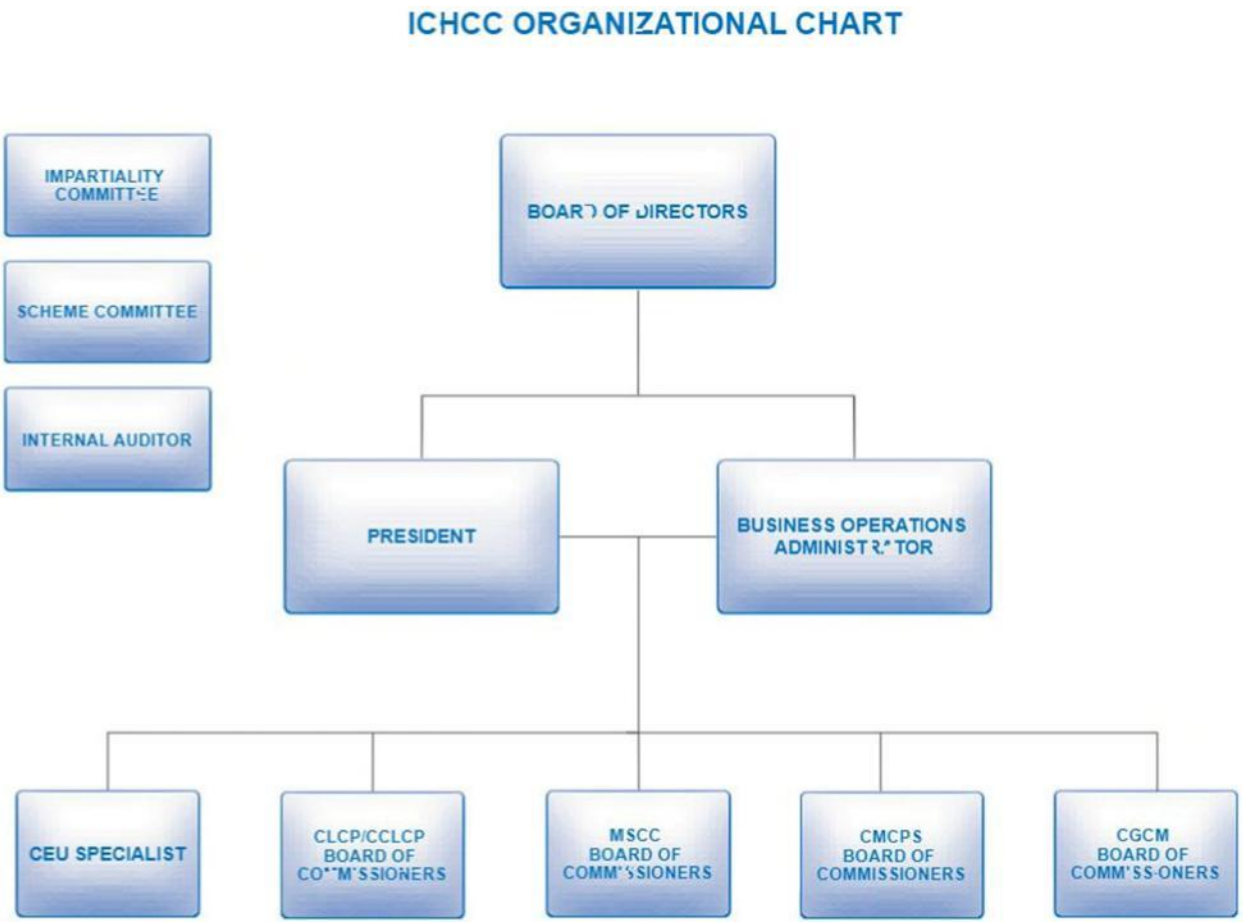
6. Reviews policy recommendations and votes on proposed policies and/or policy revisions for the respective credential as an advisement to the President.
7. Submits proposals to the President for final determination and approval.
8. Addresses Commission regarding field-related concerns or projects that may directly influence the respective credential, and reviews and advises on such issues brought before the Commission by other Commissioners.

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

- Must hold the credential monitored by the respective Board of Commissioners on which they are being considered for Board membership.
- Must be able to provide the necessary time for **ICHCC®** projects and examination maintenance activities
- Must unconditionally support those persons certified by the **ICHCC®.**
- Must be trustworthy and adhere to the required confidentiality standards of the respective Board of Commissioners.

d. Organizational Chart

Figure 1: ICHCC® Organizational Chart



IV. QUALIFICATION REQUIREMENTS

a. General Requirements

The **ICHCC®** offers certifications with reference to field experience, specialty areas of training, and a candidate's achieved degree level. The **ICHCC®** requires the following criteria to be met by all **CLCP®/CCLCP™, MSCC®**, **CMCPS®** and **CGCM®** candidates in order to qualify to sit for any of the **ICHCC®'s®** examinations:

1. Each non-nurse candidate for the **CLCP®/CCLCP™** credentials must have at a minimum a Bachelor's degree. Non-nurse candidates for the **MSCC®** and **CMCPS®** credentials must have at a minimum, an associate's degree, with the exception of insurance adjusters with a minimum of 3 years of work experience that can be used in lieu of an associate's degree. Nurse candidates must have at a minimum, a Diploma in nursing, and paralegals must have a paralegal certificate or degree to be eligible to sit for the respective credentials.

2. Each **CLCP®** and **CCLCP™** candidate must have 120 hours of training from an **ICHCC®** approved training program for the respective credential (a listing of these programs can be found on the **ICHCC®** website at www.ichcc.org). The 120 hours must include 16 hours dedicated to orientation, methodology, and standards of practice in life care planning. The **Medicare Set-aside Certified Consultant™ (MSCC®)** requires 30 hours of **ICHCC®** approved training with a minimum of 25 hours applied towards a basic orientation, methodology, and standards of practice for developing and applying Medicare Set-aside Allocations. The **Certified Medical Cost Projection Specialist™(CMCPS®)** must have 45 hours of training from an **ICHCC®** approved training program, while the **Certified Geriatric Care Manager™ (CGCM®)** must attend a 75-hour approved **ICHCC®** training program.

3. Applicants for the **CLCP®/CCLCP™** credentials should have a minimum of 3 years of field experience within the 5 years preceding application for certification. Applicants for the **MSCC®**, **CMCPS®**, and **CGCM®** credentials are required to have 12 months of acceptable field experience within 3 years preceding application for certification. Final approval of any applications with ambiguity regarding training and/or experience will be left to the discretion of the **ICHCC®** following a thorough review of the respective application. The opinion of the **ICHCC®** is final.

4. **ICHCC®** approved training programs completed over a time frame of 7 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 program. Each candidate must meet the minimum academic requirements for their designated health care related profession. They must be certified, licensed, or meet the legal mandates of their respective state or province that allow him or her to practice service delivery within the definition of his or her designated health care related profession. Those health care professionals who hold a Master's Degree in a health-related field are exempt from being required to have

a primary certification or licensure. However, final approval of any applications with ambiguity regarding training and/or experience will be left to the discretion of the **ICHCC®** following a thorough review of the respective applications. The opinion of the **ICHCC®** is final.

b. Qualified Health Care Professional Mandate

The **CLCP®** and the **CCLCP™** credentials require the certification candidate to meet the criteria set forth in the designation of a **Qualified Health Care Professional Mandate™** established by the **International Commission on Health Care Certification™**.

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, general administrators, etc., but does include such professions as counseling and special education with appropriate qualifications.

This designation of qualified health care professionals is based on a background of education, training, and practice qualifications. A background of only experience and/or designated job title is not accepted as defining a qualified health care professional. Completion of training in the respective credential's focus area, experience, or being qualified in the court system as an expert witness do not necessarily meet the definition of a qualified health care professional under the **ICHCC®** standards. This definition can only be met when all educational, training, and practice qualification components are reviewed and met.

Due to their unregulated professional status that varies among states or provinces, the following is offered as clarification for meeting the **Qualified Health Care Professional** status regarding the following professionals who do not hold a Master's Degree:

- Rehabilitation Counselor – CDMS, CCM, CRC
- Case Manager - Minimum Nursing Degree (Diploma) – CCM, CRC, LPC
- Counselor - Bachelor's Degree - NCC, CDMS, or State License or State Mandate to Practice
- Social Worker - State License in Social Work or meets State Mandate to Practice

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®** and **CCLCP™** credentials. However, Physician Assistants are qualified to sit for all listed credentials. Additionally, 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., an EMT who is a licensed RN).

c. Specific Credential Qualifications

The following credentials require additional consideration for qualifying applicants due to their unique focus and management needs of the special populations they serve.

All **CLCP®/CCLCP™**, **MSCC®**, **CGCM®**, and **CMCPS®** candidates must attend an **ICHCC®** approved training program. On the ICHCC.org website under "Training" and under "Pre-approved Training Programs" is the list of all of the **ICHCC®** Approved Training Programs. If a program is not listed, then it is not approved. By clicking on each approved training program, you will be taken directly to that program's website, where you can read more about each program and also find the program's contact information.

c.1 Certified Life Care Planner™/Canadian Certified Life Care Planner™ (CLCP®/CCLCP™)

The **Certified Life Care Planner™/Canadian Certified Life Care Planner™ (CLCP®/ CCLCP™)** credentials are dedicated to those health care professionals who are adept in collecting and assimilating medical, rehabilitative, and environmental data for persons who have sustained significant to catastrophic injury to one or multiple body systems. The life care planning service delivery system requires the practitioner to not only collect current medical, rehabilitative, and environmental data, but to project the need for such associated services and the costs of services, equipment, supplies, and medical/rehabilitative resources over the remaining life span of the disabled individual. The focus of life care planning service delivery is for the consulting **CLCP®/ CCLCP™** to develop a plan that outlines the needs of the individual such that their current post-injury functional capabilities and comfort can progress to as close to their premorbid function and comfort levels as possible.

CLCP®/ CCLCP™ Qualifications/General Requirements – Please refer to IV. Qualification Requirements on page 9-10.

c.2 Medicare Set-Aside Certified Consultant™ (MSCC®)

The **Medicare Set-aside Certified Consultant™ (MSCC®)** credential is designed to identify those professionals who work within the workers' compensation benefit system as either a health care professional, legal representative, or as an insurance claims adjuster, who have achieved specific **ICHCC®** approved training in Medicare set-aside trust arrangements, and have demonstrated a breadth of knowledge regarding the development and application of the Medicare set-aside trust arrangement process. Additionally, this credential is designed to express to the consumer that the person holding the **MSCC®** credential has agreed to come under the scrutiny of a certifying review board (**ICHCC®**), to be peer reviewed, and to adhere to a set of standards governing ethics and professional behaviors.

Qualifications

Education: **All candidates must have at the minimum an Associate's Degree with the exception of Diploma Registered Nurses and insurance adjusters who have had 3 years or more of work experience** **(See page 9)**.

Professional Experience: A minimum of 12 months of acceptable full-time employment within the past 3 years in any of the following industry disciplines is required. Acceptable employment means that the candidate is working within the Workers' Compensation, Liability insurance industry, or as a health care professional in some capacity.

- Insurance Claims Adjusters
  License/Certification Requirement: *see license requirement

- Attorneys
  License/Certification Requirement: License to practice law

- Paralegals
  Paralegal Certificate and 1 year of Paralegal experience, or 3 years of Paralegal experience in a related legal field

- Life Care Planners
  License/Certification Requirement: **Certified Life Care Planner™ (CLCP®)** or **Canadian Certified Life Care Planner™ (CCLCP™)**

- Case Managers
  License/Certification Requirement: Certified Case Manager (CCM) or a Master's Degree in rehabilitation counseling, nursing, or in a health care related field.

- Disability Management Professionals
  License/Certification Requirement: Certified Disability Management Specialist (CDMS) or **Certified Disability Examiner (CDE)**

- Rehabilitation Specialists
  License/Certification Requirement: Certified Rehabilitation Counselor (CRC), Certified Rehabilitation Registered Nurse (CRRN), Licensed Special Education Teachers, or a master's degree in rehabilitation counseling or in evaluation.

- Nurses
  License/Certification Requirement: Registered Nurse (RN) or Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) who also must have an Associate's Degree

In general, it is a requirement that the candidate has one of the licenses, certifications, or certificates listed under Qualifications/Professional Experience. The license or certification must be current, and the candidate must be in good standing with his or her professional discipline.

*License Requirement: In regard to Claims Adjusters, licensing requirements vary by state. In some States, claims adjusters employed by insurance companies can work under the company license and need not become licensed themselves. Adjusters will need to provide proof that the appropriate State-defined requirements are met.

c.3 Certified Geriatric Care Manager™ (CGCM®)

The **CGCM®** credential is dedicated to the rehabilitation and health and human services professionals as well as elder care attorneys and paralegals who provide case/care management services to elderly individuals. This credential assesses one's knowledge of care planning and care management principles and practices for public persons who are defined by the U.S. government standards as meeting elderly criteria, as well as those elderly persons who have a disability. The **CGCM®** credential is an ideal credential for **Certified Life Care Planners™, Canadian Certified Life Care Planners™**, and rehabilitation counselors who wish to expand their practices.

Qualifications

The certification candidate must have worked for one year out of the last three years, and hold any one of the educational/degree criteria before being eligible to sit for the **CGCM®** examination. More specific information is below.

The **ICHCC®** requires the following criteria to be met by all candidates applying to sit for the **CGCM®** examination.

1. Each non-nurse candidate must have at a minimum a bachelor's degree in a related field of health care, rehabilitation, gerontology, health care administration, law, or case management, except for nurses, paralegals, occupational therapy assistants, and physical therapy assistants. Diploma and degreed nurses are eligible, as are paralegals with 2 years of experience or those with a paralegal certificate or degree. This certification is also appropriate for OT and PT assistants and attorneys working in the field of Elder Care Law.

c.4 Certified Medical Cost Projection Specialist™ (CMCPS®)

Medical cost projection is the process of reviewing records to determine future costs of medical services. It is based on medical record review, usually covering a portion of the care; in most cases, the last two years. The medical cost projection report is a condensed, simplified, abstract document that provides an estimate of items and services that an injured person or a person with a disability will, in all probability, require. The report can be used in mediation, settlement negotiation, and also in setting aside funds. The medical cost projection is often used in the litigation process; however, the definitive product for the purpose of litigation and testimony is the life care plan.

Qualifications

Education: All candidates must have a minimum of an associate's degree, with the exception of diploma-registered nurses, licensed insurance adjusters, and licensed insurance agents with 3 years of work experience, as well as paralegals with a paralegal certification or 3 years of experience.

Professional Experience: A minimum of 12 months of acceptable full-time employment within the last three years in any of the industry disciplines identified below is required. Acceptable employment means

that the candidate is working within a health care profession, the Workers' Compensation Liability Insurance industry, or in a legal setting as an attorney or a paralegal, as well as in a human resource setting. Please note some of the preapproved professions:

- **Certified Life Care Planners™ and Canadian Certified Life Care Planners™.**
- **Health Care Professionals** who include but are not limited to case managers, disability management professionals, rehabilitation specialists, nurses, physical therapists, physical therapy assistants, occupational therapists, and occupational therapy assistants, physicians, physician assistants, chiropractors, speech therapists, social workers, and special education teachers and specialists.
- **Insurance claims adjusters**: In lieu of an associate's degree, they may have an adjuster's license and 3 years of insurance adjuster experience.
- **Attorneys**
- **Paralegals**: In lieu of an associate's degree, they have a Paralegal Certificate or 3 years of experience
- **Human Resource Professionals**
- **Government Employees:** Government Employees who meet the education and professional experience qualifications and are employed at/through the Department of Health and Human Services. Medicare, Medicaid, and Social Security Administration, and their occupations require direct service to employees/beneficiaries would be eligible.
- **CLCP® and CCLCP™:** This group needs to be in good standing and will be eligible to audit out of Modules 1 through 6 of the **CMCPS®** and only take Module 7 in order to qualify to sit for the **CMCPS®** examination. They would be provided with a case scenario from which they would write a sample medical cost projection report, which would be reviewed by the **ICHCC®**. They may also use the Module 7 and the writing of the sample medical cost projection report as ethics CEUs to be used at the renewal of the **CLCP®** and **CCLCP™** credentials. They would be awarded a total of 10 CEUs, with 8 of those 10 CEUs in ethics for taking Module 7 and for writing the sample medical cost projection report.

V. TEST ADMINISTRATION AND SCORING STANDARDS

All certification examinations are comprised of multiple-choice case scenarios which contain 3 distractors and one correct choice. All test answers are referenced within current professional literature from the medical, insurance, and rehabilitation professions. All credential examinations are administered "online, " thus requiring proctoring from an online proctoring service, ProV Exams.

All test results are scored by the testing software programs of ProV Exam and are sent directly to the corporate office of the **International Commission on Health Care Certification™**. The **CLCP®/ CCLCP™** examination's cutoff score was determined using the Angoff Method (Modified) (Arrasmith and Hambleton, 1988; Ashby, 2001; Biddle, 1993; Bowers and Roby, 1989; Carlson and Strip, 2009; Tiratira, 2009). The **ICHCC®** Test Committee met on June 23, 2012, and one of the activities in which 18 Test Committee members participated was the determination of the cutoff test score for the **CLCP®/ CCLCP™** examination using the criterion-referenced model. The specific model used was the modified Angoff method in which rating

participants discussed the characteristics of a borderline certification candidate, and a consensus was reached as to the specific characteristics to consider when reviewing each individual item. The raters were asked, "Would a borderline candidate be able to answer the item correctly?" The items that the Committee felt would be answered correctly by the borderline certification candidate were assigned a 1=yes. Items that the Committee felt that the borderline candidate would more than likely mark a wrong answer were assigned a 0=no. A second meeting of the Test Committee was held on March 1 – 2, 2013, and all items were reviewed and rated a second time. The analysis of ratings revealed that the final cutoff score for the **CLCP®** and the **CCLCP™** examinations was held to a score of **79**.

The **MSCC®**, **CGCM®**, and **CMCPS®** tests utilize a standard score to determine the candidate's percentile ranking among other candidates who took the examination earlier (Anastasi, 1976; Borg, 1982). Statistically, standard scores are favored in this testing application due to their 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 **MSCC®**, **CGCM®**, and **CMCPS®** examinations is established at one standard deviation below the mean and is adjusted for each test score. The cut score for the **MSCC®** has been determined to be **72**, as well as the cut score for the **CGCM®** and the **CMCPS®** tests.

Confidentiality

Test scores of all certification candidates are held in strict confidence within the **ICHCC®** 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 **ICHCC®** 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. Candidates are prohibited from sharing information that may involve discussing, documenting, and in any way revealing test content, particular items, or item choices that include the correct answer and the associated distractors. Each candidate must sign the Candidate Attestation Agreement.

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 President of the **ICHCC®**. The President of the **ICHCC®** requests from the **ICHCC®** administrator re-scoring of the test through a manual procedure, comparing the answers to each question to those of an answer key. The results of the manual scoring are final and are reported directly to the President. It is the President's responsibility to inform the certification candidate of the final pass-fail status of the respective exam in question.

Testing Aides and Prep Courses

The **ICHCC®** offers a review course for the **CLCP®/CCLCP™** credential and continues to develop similar courses for the other credentials. The **ICHCC®** offers the review guide for the life care planning **CLCP®/ CCLCP™** credential to those persons who are first-time testers, or for those persons who elect to retake the examination for renewal purposes. The guide is the primary text used in the review course offered by the **ICHCC®** specific to the **CLCP®/ CCLCP™** credentials. The review course is offered through the **ICHCC®**. The **CLCP®/ CCLCP™ Exam Review Webinar** is recorded, and registration forms can be found on the ICHCC.org website under "Training" in the top horizontal menu bar. Orders for the **CLCP®** or the **CCLCP™ Exam Review Guide** can be made online on the ICHCC.org website by choosing the shopping cart icon in the top right-hand corner of the page.

The **CLCP®/CCLCP™ Exam Review Guide** does not in any way address specific test items. The book is divided into 5 primary disability groups on which general instruction is based. There is a voluminous amount of information contained within the textbook that is discussed over the 6-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.

VI. CERTIFICATION MAINTENANCE AND RENEWAL

The **International 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 health care services. Goals include but are not limited to:

- Exploration of valid and reliable testing protocols.
- Enhancement of one's skills in their area of concentration and certification.
- Developing informational resources for their area of concentration.
- Enhancement of professional assessment and processing skills.
- Exploration of new strategies for problem solving in their areas of concentration.
- Acquiring knowledge in specific areas of disabilities, vocational applications, case management, technology, public and private insurance benefit programs, legislation,
- and legal implications.

a. Procedures for Renewal for All Credentials

It is the credentialed recipient's ultimate responsibility to renew the certification by the

expiration date on the credential certificate. Reasonable efforts will be made to send the renewal information; however, it is the credentialed recipient's responsibility to renew the certification by the expiration date on the credential certificate.

Approximately three months prior to the "**valid through**" date printed on the certificate, **ICHCC®** will attempt to email a reminder of the credentialed provider's expiration date. Completion of the application, submission of documentation of 80 clock hours of continuing education with 8 of those hours for ethics for the **CLCP®/ CCLCP™** and 15 hours of continuing education with 5 of those hours in ethics for the **MSCC®**, **CGCM®,** and the **CMCPS®** credentials, and payment of the non-refundable certification renewal fee is required; renewal payment can be made on the **ICHCC.org** website. It is crucial that certificate holders notify the **ICHCC®** of any change in their contact information, **especially their email address**.

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. ICHCC® 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.

Please notify ICHCC® of any change in contact information. Reasonable efforts will be made to provide the renewal information; however, ***it is the credentialed practitioner's responsibility to renew the certification by the expiration date on the credential certificate***.

b. 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 of each respective credential.

International Commission on Health Care Certification™ never recommends one training program over another for all credential renewals. The interested service provider candidate for any credential should review the **pre-approved training programs** located on the **ICHCC®** website at www.ichcc.org on the **Google Calendar and /or under News and Events** for a detailed review of training in this specialty field in health care.

Submitted continuing education hours (CEU) can be either pre-approved by the **ICHCC®** or non-preapproved courses. If a course is preapproved by the **ICHCC®,** that confirms the organization or institution sponsoring the course has submitted a training approval packet to the **ICHCC®** that has been approved, the packet is required to contain course information, agenda, objectives, and the resumes of the instructors. If a course is preapproved, the certificants only send to the **ICHCC®** their attendance verification form. If a course is not

preapproved, the certificants must submit information on the course content along with the attendance verification form. **Most attendance verification forms state whether they were preapproved by the ICHCC® for CEU hours**. **Please do not forget that the respective credential's renewal form must be completed and submitted with the renewal package**.

Programs should be at least 50 minutes in length. They must be offered in accessible, barrier-free locations. 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 below.

Information required for approval includes each item under the following:

1. In-services, Seminars, Workshops & National/Regional Conferences
    - Submission of attendance verification form if program was pre-approved
    - Submission of program information and attendance verification form if training program was not pre-approved

2. Relevant College or University Courses
    - 15 CEU clock hours per course credit for 1 semester; 10 CEU clock hours for 1 quarter credit
    - Official transcript and course description

3. College/University Instruction
    - 15 CEUs per semester hour
    - Each Course can only be counted once in a renewal period
    - Note from Dean/Department Chair regarding confirmation of teaching position

Academic credit is converted as follows:

- One quarter hour of academic credit equals 10 CEU clock hours
- One semester hour equals 15 CEU clock hours.

4. Professional Presentation: Development & Presentation
    - Maximum Credit: 10 CEU clock hours for each original 1-hour presentation
    - Copy of printed program listing you as presenter

5. Professional Articles in Peer-Reviewed Journals
    - Maximum Credit: 25 CEU clock hours for each publication, to include book chapters or journal articles
    - Submission of a copy of the publication, including references

6. Item Writing

Maximum Credit: 10 CEU clock hours for each item accepted and utilized in the **CLCP®, CCLCP™, MSCC®, CGCM®,** and **CMCPS®** examinations
Submission of item with APA style references (Refer to **ICHCC® Item Writing Manual** located under **"Certifications"** on the **ICHCC®** website)

Note: If an attendance verification form is not available, a letter or other form of written verification from workshop, seminar, or conference providers will also be accepted, provided information concerning content, clock hours, and attendance is included.

c. Extensions

Persons who have completed 15 of the 80 hours required for continuing education of the **CLCP®/ CCLCP™**, and 5 of the 15 hours of continuing education for the **MSCC®, CGCM®,** and for the **CMCPS®** credentials may request a review for extension. Each request will be reviewed individually; documentation of the current continuing education hours must be completed, and an extension fee is required. Each extension may be granted for up to six months.

d. Appeals

An appeals process is available for any certificant who feels his or her application for certification renewal was processed in an inaccurate or unfair manner. The assigned appeals committee administers any appeals procedure.

e. CEU's Obtainment for Credential Maintenance

The following depicts detailed renewal procedures for specific credentials offered by the **ICHCC®**.

e.1 Certified Life Care Planner™ & Canadian Certified Life Care Planner™ (CLCP®/CCLCP™)

The maintenance period for the **CLCP®/ CCLCP™** credential is 5 years, and 80 clock-hours of continuing educational units (CEU's) are required over this period due to the broad spectrum of concepts within this area. The **CLCP®/ CCLCP™** professional is required to have 8 of the 80 required recertification hours in ethical practice subject matter. The **ICHCC®** *reviews* training programs to determine if the training content has any application to life care planning service delivery. The training approval process determines whether or not a program is pre-approved and that there are ample training materials that apply specifically to the **CLCP®/ CCLCP™** credentials. The **ICHCC®** charges a review fee to all entities requesting coverage of their CEU's for application to the **Certified Life Care Planner™** and the **Canadian Certified Life Care Planner™** credentials. Criteria for approval or rejection of the reviewed program for CEUs are based on the following:

Note: There must be at least one person on the faculty of any of the preapproved 120-hour mandatory programs who is a Certified Life Care Planner™/Canadian Certified Life Care Planner™.

Options For CLCP®/CCLCP™ Renewal

The **ICHCC®** certification maintenance program extends the status of the **CLCP®** and **CCLCP™** at five-year intervals. Options for renewal include:

1. Option One: 80 CEU hours of education/training for each five-year period, of which 8 of the 80 hours must be in ethics. Documentation is required to validate that the education or training has been successfully completed in one or more of the focus areas related to life care planning:

    a. Preapproved: If a course was pre-approved, the **CLCP®/ CCLCP™** professional only needs to send the attendance verification form along with **CLCP®/ CCLCP™** renewal application found on the **ICHCC®** website (www.ichcc.org).

    b. Non-Preapproved: If the **CLCP®/ CCLCP™** professional attended a program which was not pre-approved for **CLCP®/ CCLCP™** hours, the required documentation must be submitted and is subject to review. This includes the program agenda and the attendance verification/certificate of completion as well as the **CLCP®/ CCLCP™** renewal forms found on www.ichcc.org. If any of the submitted courses were not pre-approved, the renewal fee is that of the non-preapproved renewal fee.

2. Option Two: Re-examination**.** The fee includes both the examination fee as well as the certification renewal fee. If the renewal candidate's credential has already expired, they are not eligible for re-examination.

If the renewal candidate does not desire to retest, but also lacks the necessary 80 hours of CEU's, then the candidate can apply for an extension. This is available to **CLCP®/ CCLCP™** who have *completed and submitted* 15 of the 80 hours required for maintenance. Each 6-month extension may be granted for a fee as posted on the **ICHCC.org** website**.**

If a renewal candidate's credential has already expired the option for re-examination does not apply. They must submit for an extension or extensions plus submit their required 80 CEU clock hours, which include 8 ethics hours.

e.2 Medicare Set-aside Certified Consultant™ (MSCC®)

The maintenance period for the **Medicare Set-aside Certified Consultant™** is three (3) years, and 15 clock hours of continuing education due to the direct focus of this credential. The **MSCC®** professional is required to have 5 of the 15 required recertification hours to be of ethical practice subject matter. As with the **CLCP®/ CCLCP™** credentials, the **ICHCC®** reviews training programs to determine if the training content has any application to Medicare set-aside allocation development and service delivery. It does not accredit CEU training programs, but it approves specific training sessions that may be applied specifically to the

MSCC® examination content. Criteria for approval or rejection of the reviewed program for CEUs are the same for this credential as they are for the **CLCP®/ CCLCP™**.

Options For MSCC® Renewal

The **ICHCC®** certification maintenance program extends the status of the **MSCC®** credential at three (3) year intervals. Options for renewal are the same as they are for the **CLCP®/ CCLCP™** credentials, and include:

1. Option One: 15 clock hours of pre-approved and non-pre-approved education with 5 of those 15 hours in ethics. Documentation is required to validate that the education or training has been successfully completed in one or more of the focus areas related to Medicare set-aside allocations/trusts development.

    a. Pre-approved Programs: Submit documentation of 15 hours of pre-approved education. If a course was pre-approved, the **MSCC®** professional only needs to send the attendance verification form and the **MSCC®** renewal application form found on the www.ichcc.org website. The fee is paid on the **ICHCC.org** website.

    b. Non-Preapproved Programs: If the **MSCC®** professional attended a program which was not approved for **MSCC®** hours, the required documentation must be submitted and is subject to review. This includes the attendance verification/certificate of completion, and the program agenda along with the **MSCC®** renewal application form found on the www.ichcc.org website. Regardless of the number of non-preapproved programs submitted for consideration for renewal, the renewal fee remains the basic renewal fee for an **MSCC®** with non-preapproved CEU hours.

2. Option Two: Re-examination. The fee is for the examination fee as well as the certification renewal fee. If a renewal candidate's credential has already expired, they are not eligible for re-examination.

If the renewal candidate does not desire to retest, but also lacks the necessary 15 hours of CEU's, then the candidate can apply for an extension. This is available to **MSCC's®** who have *completed and submitted* 5 of the 15 hours required for maintenance. Each six (6) month extension may be granted for a fee to be paid on the **ICHCC.org** website**.**

e.3 Certified Geriatric Care Manager™ (CGCM®)

The maintenance period for the **Certified Geriatric Care Manager™** is three (3) years, and 15 clock hours of continuing education are required over this period. The **CGCM®** professional is required to have 5 of the 15 required recertification hours to be of ethical practice subject matter.

Options For CGCM® Renewal

The **ICHCC®** certification maintenance program extends the status of the **CGCM®** credential at three (3) year intervals. Options for renewal are the same as they are for the **CLCP®/ CCLCP™**, **MSCC®**, and **CMCPS®** credentials, and include:

1. Option One: 15 clock hours of pre-approved and post-approved education with 5 of those hours in ethics. Documentation is required to validate that the education or training has been successfully completed in one or more of the focus areas related to geriatric care management.

    a. Submit documentation of 15 hours of pre-approved education. If a course was pre-approved, the **CGCM®** professional only needs to send the attendance verification and the **CGCM®** renewal form found on the www.ichcc.org website. The fee is to be paid on the ICHCC.org website.

    b. If the **CGCM®** professional attended a program that was not approved for **CGCM®** hours, the required documentation must be submitted and is subject to review. This includes the attendance verification/certificate of completion, the program agenda along with the **CGCM®** renewal form found on the www.ichcc.org website. The fee is to be paid on the ICHCC.org website and remains the basic non-preapproved renewal fee regardless of the number of non-preapproved programs submitted for consideration for renewal.

2. Option Two: Re-examination. The fee includes both the examination fee as well as the certification renewal fee. If a renewal candidate's credential has already expired, they are not eligible for re-examination.

If the renewal candidate does not desire to retest, but also lacks the necessary 15 hours of CEU's, then the candidate can apply for an extension. This is available to **CGCM's®** who have *completed and submitted* 5 of the 15 hours required for maintenance. Each six (6) month extension may be granted for a fee to be paid on the **ICHCC.org** website**.**

To pay any fee online:

- **Visit the ICHCC.org website.**
- **Choose the Shopping Cart Icon in the top right-hand corner of the page.**
- **Choose the certification you are renewing or extending.**

- **Scroll through the listed products, add the correct product choice to your Cart; scroll up and choose Checkout.**

- **As long as you provide your email address in the designated box, you will automatically be sent a receipt to your inbox from PayAnywhere. If you do not see the receipt, please check your spam folder.**

VII. CONFIDENTIALITY POLICY

The **ICHCC®** has implemented policies for addressing confidentiality with regard to personal, professional, and business information concerning the certification candidate, the Commissioners, and the **International Commission on Health Care Certification™** (**ICHCC®**) Corporation. Each group requires consideration for the protection of information pertaining to them individually and to the **ICHCC®** 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 **ICHCC®** is committed to protecting this information and maintaining 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 within an electronic filing system referred to as ScanSnap. When the application is received in the **ICHCC®** main office, it is scanned and loaded into an electronic ScanSnap file, and the original paper materials are shredded; only the President and Business Operations Administrator (**BOA)** 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 **BOA** and are not released under any circumstances barring a court-issued subpoena. Test scores are never released outside of the **ICHCC®**, even to the certification candidate.

4) The certification candidate is notified of a pass or not pass status rather than being informed of the exact test score.

ICHCC® Commissioners

There is a need for the Commissioners to hold in confidence any information pertaining to the **ICHCC®**, 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 **ICHCC®**. The Commissioners share the same protection of personal and business information that is provided to the certification candidate and the certified professional. The **ICHCC®** relays proprietary and business information in discussing certification matters with the Commissioners, and this information requires some guarantee of protection.

ICHCC® Corporation

All certification candidates and current **ICHCC®** certified professionals' information when inquiries are made regarding their certification status and test scores is well protected physically and electronically. The following are procedures that have been implemented to safeguard the Certificant's information:

1. The same protection regarding the individual's test scores afforded to the certification candidate applies to all credentials. The information is scanned and backed up on the web.

2. Inquiries regarding a particular certificant are provided with the following information:

    i. The inquirer is required to complete a copy of the ***Certification Verification Form*** (See page **53**).

    ii. If the individual is certified or is not certified as an **ICHCC®** credential holder.

    iii. If the individual is certified, the certifying date and renewal dates (if any) are provided

    iv. If the individual has been found to be in violation of any professional conduct or ethical violations, and what Principle(s) were violated

VIII. NATIONAL COMPLIANCE

The **International Commission on Health Care Certification™** recognizes the need to adhere to a national policy and standards regarding certification testing. The **ICHCC®** will submit its application to the **American National Standards Institute National Accreditation Board (ANAB)** in the spring/summer of 2023, for consideration of review and compliance with this agency's certification standards. The **ICHCC®** feels that such an affiliation will ensure that the highest quality of testing standards and development will be maintained for persons desiring **ICHCC®** certification. Areas under which the **ANAB** evaluates and monitors for an agency include:

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

IX. CODE OF PROFESSIONAL ETHICS

Preamble

The **International Commission on Health Care Certification™** has 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

All certified health care professionals under the **International Commission on Health Care Certification™** are expected to make 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, or other system diagnoses. **Certified Life Care Planners™/Canadian Certified Life Care Planners™** 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. Similarly, the **Certified Medical Cost Projection Specialist™** (**CMCPS®**) must assure accuracy in their projections of future costs for the injured individual or the person with a disability regardless of referral source. **Medicare Set-aside Certified Consultants™** are expected to provide a detailed and thorough Medicare Set-aside trust arrangement that will benefit the individual without bias towards the Center for Medicare/Medicaid Services (CMS). It is expected of the **MSCC®** professional to develop a thorough Medicare Set-aside Allocation report per the request of CMS, without a focus on collateral services that rely on city, county, or state administrative budget decisions within the individual's local community. Concluding opinions are rendered without regard for third-party reimbursement resource attitudes or biases for any of the **ICHCC®** credentials. Finally, **Certified Geriatric Care Managers™** are required to provide unbiased case management protocols to the advantage of the geriatric individual requiring health care management services, without regard for the referral sources' management preferences or influences. The **CGCM®** practitioner is trusted to refer to case management logic and training when assisting the geriatric population.

Certified health care professionals under the **ICHCC®** 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, **Certified Life Care Planners™** are required at a 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, the certified professionals of the **ICHCC®** 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 **ICHCC®** 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 life care planners, Medicare Set-aside consultants, geriatric care managers, and medical cost projection specialists.

The primary obligation of the certified health care professionals under the **ICHCC®** is to the disabled person in question. Only when the certified health care professional is requested to perform an independent medical examination or engage an examination protocol specific to their training and/or licensure does the obligation of the disability examiner shift to that of the referring party since there is no physician/patient relationship. However, the certified health care professional is obligated to include in the report the subject's complete diagnostic findings revealed in the examination, and not to eliminate any medical issue that would not benefit the referral source. The same principle applies when the certified individual is approached by the third-party funding source to critique a previously written report/care plan developed per the request of the disabled individual's legal representative. The certified professional is obligated to communicate to the third-party referral source any discoveries which may benefit the disabled person in question regarding additional rehabilitation 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.

Certified health care providers 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 Rules of Professional Conduct. The **ICHCC®** considers the use of any of its certification's acronyms in a signature line and in one's curricula vitae 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 ensure the proper enforcement of the Code of Professional Ethics within the framework of due process and equal protection of the laws.

When there is reason to question the ethical propriety of specific behaviors, persons are encouraged to refrain from engaging in such behavior until the matter has been clarified by the **ICHCC®** Ethics Committee. Persons credentialed under the **ICHCC®** who need assistance in interpreting the Code should request in writing an advisory opinion from the **International Commission on Health Care Certification™.**

X. PRINCIPLES AND ASSOCIATED RULES

Principle 1 – Professional and Legal Standards

ICHCC® *certificants shall behave in a legal, ethical, and professional manner in the conduct of their profession, maintaining the integrity of the Code of the Professional Ethics and avoiding any behavior which would cause harm to other entities and/or individuals.*

Rules of Professional Conduct:

R1.1 **ICHCC®** Certificants shall obey the laws and statutes in the legal jurisdiction in which they practice and are subject to disciplinary action for any violation, to the extent that such violation suggests the likelihood of professional misconduct.

R1.2 **ICHCC®** Certificants shall be familiar with, observe, and discuss with their evaluees as well as referral sources the legal limitations of their services.

R1.3 In the absence of legal guidelines, the Code of Professional Ethics is binding.

R1.4 **ICHCC®** Certificants shall not engage in any acts or omissions of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities.

R1.5 **ICHCC®** Certificants shall understand and abide by the Principles and Rules of Professional Conduct which are prescribed in the Code of Professional Ethics.

R 1.6 **ICHCC®** Certificants shall not advocate, sanction, participate in, and cause to be accomplished, otherwise carry out through another, or condone any act, which the **ICHCC®** Certificants are prohibited from performing by the Code of Professional Ethics.

R1.7 **ICHCC®** Certificants shall refuse to participate in employment practices, which are inconsistent with the professional or legal standards regarding the treatment of employees or the public.

R1.8 **ICHCC®** Certificants shall not misrepresent the credential.

R1.9 **ICHCC®** Certificants shall not write, speak, or act in ways that lead others to believe Certificants are officially representing the **ICHCC®** unless such written permission has been granted by the **ICHCC®**.

Principle 2 – Evaluee and ICHCC® Certificants Relationship

ICHCC® *Certificants shall respect the integrity and protect the welfare of people and groups with whom they work. The primary obligation of the certificant is to the evaluee outside of independent medical examinations and independent review of plans in which no physician/patient relationship exists.*

Rules of Professional Conduct:

R2.1 **ICHCC®** Certificants shall not misrepresent their role or competence to the evaluee. Certificants will not misrepresent their role or competence to patients. Certificants will provide information about their credentials, if requested.

R2.2 **ICHCC®** Certificants will avoid establishing dual relationships with evaluees that could impair one's professional judgment or increase the risk of exploitation. Sexual intimacy with patients is unethical and will not be tolerated by the **ICHCC®**.

R2.3 **ICHCC®** Certificants 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, **ICHCC®** Certificants have an obligation to provide unbiased, objective opinions regarding the evaluation results or care planning service regardless of referral source. **ICHCC®** Certificants 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 **ICHCC®** Certificants' 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.

Principle 3 - Advocacy

ICHCC® Certificants shall serve as advocates for fair and balanced reporting regardless of the referral source, with the health, care, and safety of people with disabilities not to be compromised as a result of a submitted respective report.

Rules of Professional Conduct:

R3.1 The **ICHCC®** certificants shall further use his or her specialized knowledge and skills to do no harm to persons with disabilities with regard to the summary and conclusions of reporting, regardless of the referral source.

Principle 4 – Professional Relationships

ICHCC® *Certificants shall act with integrity in their relationships with colleagues, other organizations, agencies, institutions, referral sources, and other professions to facilitate the contributions of all specialists.*

Rules of Professional Conduct:

R. 4.1 **ICHCC®** Certificants shall ensure that there is a mutual understanding of the evaluation report by all parties involved.

R 4.2 **ICHCC®** Certificants shall collaborate as a team with allied professionals in formulating reports when applicable.

R 4.3 **ICHCC®** Certificants shall not commit the recipient of the case to any prescribed course(s) of action which may be specified in the report.

R4.4 **ICHCC®** Certificants shall obtain from other professionals' essential medical records and evaluations for report development or evaluating function and impairment.

R4.5 **ICHCC®** Certificants shall not discuss with evaluee and/or referral source reputations and/or competency of colleagues in a disparaging manner, nor will they provide judgments to the evaluees regarding quality and appropriateness of treatment they may have received from other professionals.

R4.6 **ICHCC®** Certificants 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.

R 4.7 **ICHCC®** Certificants who employ or supervise other professional or residents/students will facilitate professional development of such individuals through the provision of appropriate working conditions, timely evaluations, constructive consultations, and experience opportunities.

R4.8 **ICHCC®** Certificants possessing knowledge of any rule violation of this Code of Professional Ethics are obligated to reveal information to the **International Commission on Health Care Certification™** unless the information is protected by law.

R4.9 **ICHCC®** Certificants 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 **ICHCC®**.

Principle 5 - Public Statements/Fees

***ICHCC®** Certificants shall adhere to professional standards in establishing fees and promoting their services.*

Rules of Professional Conduct:

R5.1 **ICHCC®** Certificants shall never give nor receive a commission or rebate or any other form of remuneration.

R5.2 **ICHCC®** Certificants who advertise their services to the general public shall fairly and accurately present the material.

Principle 6 - Confidentiality

***ICHCC®** Certificants shall respect the confidentiality of information from evaluees, their representatives, and any other sources.*

Rules of Professional Conduct:

R6.1 **ICHCC®** Certificants shall inform evaluees or the evaluee's representative, when applicable, of the service to be provided regarding the limits of confidentiality.

R6.2 **ICHCC®** Certificants shall inform the evaluee that confidentiality is waived when the **ICHCC®** Certificant has good reason to believe that circumstances are life-threatening or that laws of the state in which the **ICHCC®** Certificant practices require reporting of suspected abuse or neglect.

R6.3 **ICHCC®** Certificants shall not release records without a written authorization or as permitted by law.

R6.4 **ICHCC®** Certificants shall safeguard the maintenance, storage, and disposal of patient records.

R6.5 **ICHCC®** Certificants shall obtain written permission from the evaluee or guardian for video, audio, or photography when applicable.

R6.6 **ICHCC®** Certificants presenting case studies in class settings, professional meetings, or publications will confine the content to that which can be disguised to ensure full protection of the identity of evaluees.

Principle 7 - Assessment

ICHCC® *Certificants shall utilize the appropriate evaluation tools.*

Rules of Professional Conduct:

R7.1 **ICHCC®** Certificants shall utilize only those appropriate assessment tools that have established validity and reliability, for which they are trained, competent, and/or licensed to administer.

R7.2 **ICHCC®** Certificants shall make known the purpose of testing and explicit use of the results to evaluees prior to administration.

R7.3 **ICHCC®** Certificants shall administer tests under the same conditions established in their standardization. Any modifications to standardized testing protocol must be documented in the report.

R7.4 **ICHCC®** Certificants 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 examinee provided the referral source approves of the examinee having access to such information, whether it is a plaintiff or third-party referral.

Principle 8 - Research Participation

ICHCC® *Certificants are encouraged to assist in efforts to improve upon this certifying agency's test structure, standards and guidelines through participation in* ***ICHCC®*** *research programs related to the credential's respective examination.*

Rules of Professional Conduct:

R8.1 **ICHCC®** Certificants shall 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 an **ICHCC®** credentialed professional.

R8.2 **ICHCC®** Certificants will be aware of and responsible for all pertinent university-level guidelines on research with human subjects. When planning any research activity dealing with human subjects, the **ICHCC®** Certificants will ensure that research hypotheses, design, and execution are in full compliance with the sponsoring university's research guidelines.

Principle 9 - Competence

ICHCC® *Certificants shall establish and maintain their professional competencies as mandated by their standards of practice.*

Rules of Professional Conduct:

R9.1 **ICHCC®** Certificants shall function within the limits of which they are professionally qualified and competent.

R9.2 **ICHCC®** Certificants shall 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 evaluees.

XI. GUIDELINES AND PROCEDURES FOR PROCESSING ETHICAL COMPLAINTS

The **International Commission on Health Care Certification™** provides the following guidelines and procedures for processing alleged violations of the Code of Professional Ethics by life care planners, Medicare set-aside consultants, geriatric care managers, and medical cost projection specialists credentialed under the **ICHCC®**. All allegations are heard by the **ICHCC®** Ethics Committee comprised of persons appointed by the President. 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 **International Commission on Health Care Certification™** recognizes the interdisciplinary backgrounds and formal degree categories among its certified professional groups. Therefore, the **ICHCC®** reserves the right to refer any allegations of ethical misconduct violations to the accused'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 **ICHCC®**.

1.00 Jurisdiction

1.A **Qualifying Complaints:** A complaint may be filed by any individual or organization (referred to hereinafter as "accuser"). The accuser need not be credentialed by the **ICHCC®**, but the accused must be credentialed under the **ICHCC®**.

1.B **Anonymous Complaints:** The **ICHCC®** will not honor or investigate any complaint which is not signed, or in which the accuser is not identified.

1.C **Non-Credentialed Complaints:** If the complaint does not involve an **ICHCC®** credentialed professional, the **ICHCC®** will inform the accuser and may refer the accuser to another agency or association with proper jurisdiction.

1.D **ICHCC® Certification Applicants:** Applicants for certification under the **ICHCC®** are required to provide information related 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.

2.00 Disciplinary Actions/Options

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

2.A **Revocation:** The Ethics Committee may revoke the credentials which the clinician obtained through the **ICHCC®**, 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 rehabilitation 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.B.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.B.4 **Supervision Requirement:** Require that the accused receive supervision.

2.B.5 **Rehabilitation, Education, Training, or Counseling:** The accused may be required to undergo rehabilitation

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 relationship that the **ICHCC®** has with the accused when the **ICHCC®** 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.

2.C **Reapplication:** The Ethics Committee may recommend that the **ICHCC®** deny reapplication.

2.D **Notification of Other Organizations:** In the event that an **ICHCC®** 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, **ICHCC®** 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 **ICHCC®** Code of Professional Ethics.

3.00 ICHCC® Credentialed Professionals Responsibilities

3.A **Cooperation: ICHCC®** credentialed professionals are obligated, in accordance with the **ICHCC®** Code of Professional Ethics, to cooperate with proceedings of **ICHCC®** 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 **ICHCC®** shall continue its investigation, noting in the final report the circumstances of the accused's failure to cooperate.

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

3.C **Counter complaints:** The **ICHCC®** will not accept counter complaints from an accused **ICHCC®** credentialed individual during the course of an investigation of the initial complaint. However, in unusual circumstances, the **ICHCC®** may accept a counter complaint during the investigative period of the initial complaint.
2

4.00 Processing of Complaints by ICHCC®

4.A Initial Action: to be taken by the **ICHCC®** President

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

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

4.A.3 Review the complaint with legal counsel once the 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 **ICHCC®** President 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 **ICHCC®** legal counsel, the President 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 **ICHCC's® 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 **CLCP®**, **CCLCP™**, **MSCC®**, **CGCM®,** or **CMCPS®** 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 Business Operations Administrator in the **ICHCC®** Corporate Office.

The Certification Verification Form on page 53 must be completed and submitted to the ICHCC®.

5.00 Appeals Process

5.A Rights of the Appellant

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

5.A.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

Process

5.B.1 The appeal is forwarded to the **ICHCC®** corporate office and forwarded to the President.

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

5.B.3 The President assembles the 3-panel Ethics Review Board comprised of **CLCP®/ CCLCP™, MSCC®**, **CGCM®,** or **CMCPS®** Commissioners.

5.B.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.

5.B.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 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.

XII. EXECUTIVE BOARD OF COMMISSIONERS AND THE BOARDS OF COMMISSIONERS

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CGCM® Board of Commissioners

The CGCM® Board of Commissioners is currently being restructured.

CMCPS® Board of Commissioners

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Board Chairperson

References

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

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

Arrasmith, D., & Hambleton, R. K. (1988). Steps for setting standards with the Angoff method. ERIC Document - ED299326, pp. 1-26.

Ashby, D. J. (2001). The CFP Certification Examination process: A discussion of the modified Angoff scoring method. ***Financial Service Review***, 10, pp. 187195.

Author. (2012). International Standard: *Conformity Assessment – General Requirements for Bodies Operating Certification of Persons*. ISO/IEC

Author. (2018). *International Standard: Guidelines for Auditing Management Systems*. ISO/IEC.

Author. (2020). *International Standard: Conformity Assessment – Vocabulary and General Principles*. ISO/IEC

Bowers, John, & Shindoll, Russelyn. (1989) A Comparison of the Angoff, Beuk, and Hofstee Methods for Setting a Passing Score. ***ACT Research Report Series 892***, May.

Carlson, Jim, & Tomkowiak, John. (2009). Using the Angoff method to set defensible cutoff scores for standardized patient performance evaluation in PA education. ***The Journal of Physician Assistant Education***, 20(1), pp. 15-23.

Tiratira, Niclie. (2009). Cutoff scores: The Basic Angoff method and the item response theory method. The international journal of education and psychological assessment, 1(1), pp. 27-35.

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.

Appendix A

Confidentiality Agreement

Confidentiality Agreement

It is understood and agreed that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that

1. The Confidential Information to be disclosed can be described as and includes: *all information relating to any and all Certificants credentialed through the* ***Commission on Health Care Certification****, doing business as the* ***International Commission on Health Care Certification™*** *(**ICHCC®**), proprietary ideas and inventions, ideas, patentable ideas, trade secrets, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, individual test items and certification examinations content, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.*

3. The Recipient agrees not to disclose the confidential information obtained from the Discloser to anyone unless required to do so by law.

4. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.

5. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible, and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:

Signature: _____ Date:

Name:

Discloser of Confidential Information:

International Commission of Health Care Certification™, Inc.

Signature: _____ Date:

Name: Virgil Robert May, III, Rh.D., CDE II, CRP
President

Appendix B

POLICIES, PROCEDURES, AND FORMS

The International Commission on Health Care Certification™ Nondiscrimination and Accommodation Policy for all Certification Candidates with Disabilities

Discrimination:

It is the policy and commitment of the **International Commission on Health Care Certification™** that it does not discriminate on the basis of race, age, color, sex, national origin, physical or mental disability, or religion regarding any certification candidate applying to this agency to sit for any of its certificating examinations.

Accommodation:

The **International Commission on Health Care Certification™**, in accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities and in the administration of its certification examinations.

Employment: The **International Commission on Health Care Certification™** does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: The **International Commission on Health Care Certification™** will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they may participate equally in the **ICHCC's®** examination processes, including qualified sign language interpreters, documents in Braille and other ways of making information and communications accessible to people who have speech, hearing or vision impairments. Given that proctoring of the examination may be performed by an online service or by a facility within the candidate's local community, the **ICHCC®** is obligated to ensure that all accommodations are provided by the respective proctoring entity.

Modifications to Policies and Procedures: The **International Commission on Health Care Certification™** will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy a comfortable examination setting and receive examination services without a burden to them. For example, individuals with service animals and who have questions regarding the acceptance of his/her service animal by the proctoring entity will be accommodated through the **ICHCC®'s** investigative actions on behalf of the candidate for clarification of a proctoring entity's policy. Hypothetically, if the proctoring entity is averse to accepting a service animal, the **ICHCC®** will assist the candidate with locating an accommodating proctoring facility.

The ADA does not require The **International Commission on Health Care Certification™** to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden. Complaints that an examination location is not accessible to persons with disabilities should be directed to the **ICHCC®** at 804-378-7273.

The **ICHCC®** will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy.

COMPLAINTS MANAGEMENT POLICY AND PROCEDURE

POLICY

- **ICHCC®** has established this Policy and Procedure to receive, evaluate and make decisions on complaints.
- **ICHCC®** has included an overview of the complaints-handling process on the website.
- **ICHCC®** has established a standardized complaints-handling process to ensure fairness and equity among different stakeholders (e.g., applicants, candidates, certificants, third-party).
- **ICHCC®** personnel involved in the complaints-handling process are bound by the Confidentiality, Impartiality and Conflict of Interest Rules throughout and after the completion of the process.
- **ICHCC®** has segregated the roles of personnel engaged in the decision-making process from those involved in the complaints-handling process as shown below.

- Decision-Making Process: Business Operations Administrator
- Complaints-Handling Process: Commissioner of a respective Board of Commissioners (depending on which credential the certificant holds)

PROCEDURE

Confirm the Receipt of the Complaint

Applicants, candidates, and certificants (individual) have the right to complain about any matter related to the certification activities.

An individual or entity that is not part of **ICHCC®** or does not hold the status of the applicant, candidate, or certificant (external party) has the right to complain about a specific candidate or certificant.

Both parties must fill out the Complaints Form that is available on the ICHCC.org website.

The Business Operations Administrator must evaluate whether the Complaints Form submitted by an external party is related to its certification activities, candidates and/or certificants before proceeding with the next steps.

The Business Operations Administrator should confirm receipt of the complaints within three (3) days from the complaint submission date of the complaint. The Business Operations Administrator should inform a commissioner of the respective Board of Commissioners (depending on which

credential the certificant holds) to verify, investigate, and decide on the complaint at least two (2) days in advance.

Validate, Investigate and Decide on the Complaint

The Business Operations Administrator should provide the commissioner with the Complaints Form and other relevant documents submitted by an individual or external party. The Commissioner may request additional information on the case from the Business Operations Administrator.

The Commissioner should validate, investigate, and decide on the complaint based on the information provided. The Commissioner should document the outcomes of this process and send them to the Business Operations Administrator for information and communication purposes.

Communicating the Complaint Outcome

The Business Operations Administrator should communicate the complaint outcome to the individual in writing ("formal notice") within two (2) weeks from the complaint submission date.

The Business Operations Administrator should record the outcomes of all steps of the complaint-handling process in the Complaints Management Inventory for tracking purposes.

SUPPORTING DOCUMENTS

- Complaints Form

- Complaints Management Inventory

APPEALS MANAGEMENT POLICY AND PROCEDURE

POLICY

- **ICHCC®** has established this Policy and Procedure to receive, evaluate, and make decisions on appeals.
- **ICHCC®** has established a standardized appeals-handling process to ensure a constructive, impartial, and timely outcome.
- **ICHCC®** has included an overview of the appeal-handling process on the website.
- **ICHCC®** is responsible for all decisions at all levels of the appeals-handling process.
- **ICHCC®** has segregated the roles of personnel engaged in the decision-making process from those involved in the appeals-handling process as shown below.

- Decision-Making Process: Business Operations Administrator
- Appeals-Handling Process: President and Impartiality Committee

PROCEDURE

Confirm the Receipt of the Appeal

Candidates and certificants (individuals) who want to challenge a decision as an outcome of the certification process or complaints-handling process must fill out the Appeals Form, which can be found on the ICHCC.org website. and submit it within one (1) month together with the payment of the appeal fee from the date of formal notice of the decision.

Upon evaluating the completeness of the Appeals Form, the President should confirm receipt of the appeal within two (2) days, as applicable and inform the individual that the appeals-handling process takes time up to one month and a half.

Validate and Investigate the Appeal

The President should validate and investigate the appeal based on the information provided in the Appeals Form and a tracking report from the related processes (certification or complaints-handling) within seven (7) days from the receipt of the appeal.

The President should document an overview of this process and proposed resolution(s) and prepare the Impartiality Committee for the Appeals Meeting. The President should inform the committee members of the meeting at least (2) weeks in advance and provide the appeal overview for consideration.

Evaluate and Decide on the Appeal

The members of the Impartiality Committee should evaluate the appeal based on the document submitted by the individual and the President. The Appeals Meeting should take place within three (3) weeks of the receipt of the appeal.

The Impartiality Committee should decide on the appeal resolution by (a) taking into consideration the proposed resolution by the President or (b) amending (a) or (c) proposing a new resolution to the President. The outcomes of this meeting should be included in the Impartiality Committee Meeting

The President should evaluate the outcomes of the Appeals Meeting, render the final resolution on the appeal, and inform the committee members of it. If further discussions are necessary, the President should invite the committee members for a meeting and document the outcomes of the meeting in the Impartiality Committee Meeting (as applicable). The latter activity should take place within one (1) week from the receipt of the Committee resolution.

Communicate the Appeal Outcome

The President should communicate the appeal outcome to the individual in writing ("formal notice"). The formal notice should be sent to the individual within four (4) to five (5) weeks from the appeal submission date.

The President should record the outcomes of all steps of the appeals-handling process in the Appeals Management Inventory for tracking purposes.

SUPPORTING DOCUMENTS

- Appeals Form
- Appeals Management Inventory

ICHCC® IMPARTIALITY STATEMENT

1. **ICHCC®** has established the Impartiality Management Policy and Procedure to provide its personnel with good behavioral practices to ensure the impartiality of its certification activities.

2. **ICHCC®** has established the Organization Chart to ensure that no interest predominates with regard to impartiality.

3. **ICHCC®** is committed to acting impartially in relation to its applicants, candidates, and certified persons.

4. **ICHCC®** has established the policies and procedures for the certification of persons in a way to ensure fairness among all applicants, candidates, and certified persons.

5. **ICHCC®** is committed to identifying threats to its impartiality on an ongoing basis, including but not limited to threats that arise from its activities, from its related bodies, from its relationships, or from the relationships of its personnel.

6. **ICHCC®** is committed to analyzing, documenting, and eliminating or minimizing potential conflicts of interest arising from its certification activities.

7. **ICHCC®** ensures the impartiality of its certification activities on a continuous basis by assessing threats and conflicts of interest (potential or actual).

ICHCC® USE OF CERTIFICATION, LOGO, AND MARKS POLICY

1. **ICHCC®** has established this Policy and Procedure, which provides the conditions for the appropriate use and representation of its certification, marks, and logos.

2. **ICHCC®** Certificants shall ensure conformance to the following conditions when it comes to the certificates, marks, and logos:

   a. Present **ICHCC®** certificates, marks, and logos in their entirety

   b. Not allowed to make any misleading statement regarding the status of certification.

   c. Not allowed to suggest that certification relates to any activity, process, product, or other item that is not included in the scope of certification.

   d. Not allowed to keep using the certificate, marks, and/or logos during suspension and/or after withdrawal that might give rise to the suggestion that the certificate is still valid.

   e. Not allowed to use any certificate, mark, and/or logo of **ICHCC®** in a misleading and/or confusing manner. A certificant may use a particular mark of **ICHCC®** on the certificant's website or resume to accurately represent to the public that the certificant holds a particular certification but may not use a mark of **ICHCC®** in a manner that suggests the certificant or certificant's business is an employee or affiliate of **ICHCC®**. For example, an **ICHCC®** certificant who is a certified life care planner may use Certified Life Care Planner™ and/or CLCP® in the biography/background section of a website that lists the certificant's education/qualifications. However, the certificant may not use Certified Life Care Planner™ and/or CLCP® as the name or as part of the name of the certificant's business or website domain address (such as "CAROLINA CLCP" or www.carolinaclcp.com).

   f. Not allowed to file an application for a federal or state trademark registration for a mark consisting of or including any certification, mark and/or logo of **ICHCC®**. For example, certificants may not file any application for federal or state trademark registration for Certified Life Care Planner™ or a mark that includes Certified Life Care Planner™.

3. **ICHCC®** will take suitable action upon any breach of the condition outlined in Point #2.

a. Incorrect, unlawful, or misleading use of representation of the **ICHCC®** certificate and logos is considered a non-conformity with the certification requirements and may result in immediate suspension of the certification.
b. Failure to resolve the issues as a result of the suspension for the reasons above, **ICHCC®** may result in withdrawal or taking legal action and/or publication of the transgression depending on the severity of the breach.

4. **ICHCC®** certificants are bound by the provisions of the Candidate Attestation Agreement in conformance with clause 9.7.2. of ANAB policies.

5. All certificates issued by **ICHCC®** are and will remain the property of **ICHCC®** and shall be returned or destroyed on request.

CERTIFICATION VERIFICATION FORM

I REQUESTOR INFORMATION	
Please indicate your relationship with the applicant, candidate or certificant for whom you are submitting this form: ☐ Potential Employer ☐ Current Employer ☐ Potential Business Partner ☐ Current Business Partner ☐ Potential Client ☐ Current Client	
Organization's Name (if applicable)	
Name and Surname	
Email Address	
Phone Number	

II CERTIFICATION VERIFICATION INFORMATION			
Name of the Applicant, Candidate or Certificant			
ICHCC® Certification Program			
Please provide a clear and brief description of the purpose of this request and intended use of potentially released information:			
Requestor's Signature		Submission Date	