



# ICHCC Review Newsletter

INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION

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## Welcome to Your Newsletter



**Evelyn Robert, RN, BSN, CLCP**  
Executive Director

I want to take this opportunity to welcome all of the ICHCC certificants to your newest publication in health care settings, systems, and protocols. It is our goal to bring to the certificants relevant articles of interests that reflect topical areas of the three credentials the ICHCC currently offers health care professionals. Each newsletter issue will be available on the ICHCC website

with our expectation of having this as a quarterly publication within a reasonable time period following our accreditation.

Yes, we will provide articles of interest regarding health care service delivery that reflect the practices of life care planning, Medicare Set-aside consulting, and geriatric care management. But we would like for you to please respond to any information offered in the newsletter that you wish to provide input or feedback; or that you could offer alternative resolution of issues raised in any of the three topical areas credentialed by the ICHCC.

You will find in future issues a section called "Email to the Editor." It is this column that

you will have your opinions, thoughts, and reflections as a certified professional under the ICHCC published. Other topical categories will include and are not limited to:

- Case study reviews in MSA, Life Care Planning, and Geriatric Care Management
- The Americans with Disabilities Act (ADA) and court rulings from ADA law suits
- Accreditation Progress Updates
- ICHCC Practice Standards and Guidelines Updates

A Calendar of Upcoming Training and Events will be available for review in future issues. So, **Welcome!**

We look forward to you receiving your quarterly newspaper and us receiving any input you may wish to offer. Most importantly, thank you for being with us.

## NCCA Accreditation

We are in the midst of preparing our 3rd accreditation application in life care planning for submission to the National Commission for Certifying Agencies (NCCA). As indicated by the number of attempts, there is no doubt that we are committed to obtaining our accreditation and we will con-

tinue this commitment until we have it in hand. Our goal is to have the application ready for submission on August 31, 2018, which is the deadline for the final submission of applications for 2018. We are requiring assistance from the field to complete test validation and reliability studies that the

NCCA warrants for all of its testing agencies. Should you wish to contribute to this process and join the Test Committee, please drop us an email at [ichcc1@gmail.com](mailto:ichcc1@gmail.com). All participants will receive co-authorship of articles generated from your Committee work.

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The Emblem of the Shriners

**"ALL SHRINERS HOSPITAL MEDICAL AND REHABILITATIVE SERVICES ARE FREE TO THE CHILD ... THROUGH AGE 18."**

## The Shriners' Hospitals—No-Expense Health Care for Children

One of the best kept secrets in pediatric health care is that of the Shriners Hospital Network for Children. Shriners Hospitals are part of the Masonic fraternal network that is referred to formally as the Ancient Order of Free and Accepted Masons (AOFAM). This fraternal order had its roots in middle eastern countries and Europe before spreading west to the American Colonies in the early 18th Century. The AOFAM was originally established by individuals who desired personal study, self-improvement, and social betterment via individual involvement and philanthropy. During the late 1700s, it was one of the organizations most responsible for spreading the ideals of the Enlightenment: the dignity of man and the liberty of the individual, the right of all persons to worship as they chose, the formation of democratic governments, and the importance of public education. Freemasons supported the first public schools in both Europe and America.

During the 1800s and early 1900s, Freemasonry grew

dramatically. At that time, the government had provided no social "safety net." The Masonic tradition of founding orphanages, homes for widows and homes for the aged provided the only security for many people of that time.

Today's Freemasons are widely involved in a range of charity and community service activities with a focus on its children's hospitals. The Masonic Fraternity gives almost \$1.5 million each day to both Masonic and non-Masonic charities locally, nationally and internationally. The causes they support range from operating their children's hospitals, providing treatment for childhood language disorders, treating eye diseases, funding medical research, contributing to local community service, and providing care to Freemasons and their families at Masonic Homes.

Just for informational purposes, there have been some very famous people who joined masonry. These people included George Washington, Benjamin Franklin, Paul Revere John Hancock, Nathanael

Greene, John Paul Jones, Andrew Jackson, and Chief Justice John Marshall. More recent people of notoriety included Warren G. Harding, Franklin D. Roosevelt, Harry S. Truman, and Gerald Ford. Our celebrities included Ernest Borgnine, Richard Pryor, Don Rickles, Clark Gable, Jesse Jackson, Oscar Wilde, John Wayne, Mel Blanc, and Count Basie to name just a few.

The benefit of utilizing Shriners Hospitals for Children in life care plans can not be overstated. There are two primary reasons for their inclusion in life care planning: 1) the quality of care and the research development that has evolved in the betterment of health care service delivery and medical/rehabilitative outcomes, and 2) costs of medical and rehabilitative services to the participating families and 3rd party health care benefit providers.

For a child to qualify for admission, they have to be from birth to age 18. Eligibility is not based on financial need or parent's or guardian's relationship. **Continued on Page 4**

## Surveys Review



The ICHCC administration and Boards of Commissioners would like to express their sincerest appreciation and offer well-deserved thanks to those CLCPs, MSCCs, and non-CLCP certified professionals who took their time to participate in our 4 surveys. These surveys included role and function studies and report-writing inquiries for the CLCP and MSCC credentials.

We have completed our Life care planning - CLCP role and function study and are keeping the other surveys active on the ICHCC website for anyone else who would like to participate but hasn't had the opportunity to do so.

The role and function study was well received with a good participation rate. Data have been analyzed and the

results will be published in a peer reviewed journal either this spring or summer. The report writing surveys have been received well and we have had an excellent participation rate for them. Completing the role and function study allows us to clear one large hurdle for us towards achieving our CLCP accreditation.

## The Americans with Disability Act of 1990

The Americans with Disabilities Act of 1990 (ADA) is based on the tenets of disability as defined and applied in the 1973 Rehab Act and the 1978 Rehab Act Amendments. What the ADA did was to broaden the definition of “disability” such that a broader group of physical and mental conditions are now covered. These include medical conditions (cancer, epilepsy, heart disease, and contagious diseases), learning disabilities and various psychiatric conditions. The ADA devised its own definition of disability borrowing from the American Medical Association’s and the Social Security Administration’s definitions. Additionally, the ADA established criteria that must be met for an individual to be qualified for ADA protection from discrimination, either in public or private businesses, educational institutions, parks, modes of public transportation, and work settings. The ADA’s definition in and of itself provides guidelines that are obvious, defining a person with a **disability** as one who has an impairment that substantially limits a major life activity, has

a record of such an impairment, or is regarded as having such an impairment. The ADA defines **impairment** as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more systems of the body such as the nervous and musculoskeletal systems, respiratory organs, the cardiovascular system, and the glands, or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional illnesses, and learning disabilities. **Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

There are exceptions to the ADA definitions of disability and impairment that do not qualify an individual as being disabled and therefore cannot benefit from ADA discrimination protection. For example, eye color, hair color, left-handedness, or height, weight,

or muscle tone in the “normal” range, as well as one’s Characteristic predisposition to an illness or disease are not covered by the ADA. Normal pregnancy and personality traits such as poor judgement or a quick temper, unless they are symptoms of a mental or psychological disorder, are not covered. Finally, environmental, cultural, or economic disadvantages such as poverty, lack of education, or a person record, and advanced age are not covered. Specific groups of people who remain uncovered under the ADA definitions include transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, and other sexual behavior disorders. Also excluded from coverage are compulsive gambling, kleptomania, and pyromania.

### Titles

The ADA is comprised of 5 titles that include

**Title I – Employment**

**Title II – State and Local Government/  
Transportation**

**Continued on Page 4**

“ADA

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## Webinar Review

The ICHCC has been offering live Review Course Webinars for the Certified Life Care Planner credential during 2017. We are scheduling Review Webinars for 2018 and will have the schedule published on our website for those of you who may be interested in attending. The review courses are designed to cover a wealth of informa-

Disability groups that are covered on the exam, in addition to lectures on applications of life care planning from various scenarios. These webinars are not just for certification candidates, but also are beneficial to current Certified Life Care Planners who are looking for additional CEUs. There are 2 CEUs that pertain to ethics that help satisfy the 8

required CEUs in ethics out of the total 80 CEU hours that are mandated. Please check the website periodically for the posted webinar schedule.

## Continued from page 2—"Shriners"

tionship to a Shriner. All health care services that include medications, lab workup, diagnostic scans (MRI, CT), x-rays, nursing services, meals, rehabilitation therapies, diagnostic/evaluative therapies, and any other services related to the diagnostic workup and treatment of a child are totally free. There are no costs associated with a child undergoing diagnostic workups and treatment in a Shriners' Hospital.

It is the Shrine Temple of the respective geographical location of the child that provides transportation services. Many temples provide free transportation of the child and family members to the respective Shriners Hospital, and room and board are provided to the parents at no charge. They stay as long as the child remains in the hospital, as the hospitals have "parent-rooms" reserved for such stays.

The child has until they turn age 18 to derive the benefits from the Shriners Hospital treatment and rehabilitative programs. They are allowed as many visits per year as they need to have, and may visit at their own choosing for followup and rehabilitative progress evaluations and needs assessment based on the sequelae of the diagnosis, at no cost.

The Shriners Hospital medical and rehabilitation service teams coordinate their recommendations with the child's local medical and rehabilitation teams. The Shriners Hospital teams offer recommendations and rehabilitative plan suggestions to the child's local health care providers, and coordination of care continues as long as the child remains affiliated with the Shriners Hospital.



**Spring Issue—Research Development and Advances In Pediatric Health Care Quality from Shriners Hospitals, and Shriners 22 Hospital listings**

## Continued from page 3—ADA Act of 1990

### Title III - Public Accommodations

### Title IV - Telecommunications

### Title V - Miscellaneous Provisions

- Title 1—Employment** - This Title addresses the job application process, the medical examinations for fitness to duty protocols, testing protocol and standards for normative data comparison, and post-job offer medical examination protocols. This title retired the concept of pre-employment physicals, as now the job has to be offered before the job candidate can be directed to a medical examination. It removed any interview inquiries regarding the presence of a disability or a need for accommodation, but inquires are acceptable provided the applicant discloses the presence of a disability, of if the disability is obvious. Additionally, this title removed any inquiries regarding prior workers' compensation history and one's ability to perform major life activities.
- Title II - State and Local Governments/Transportation**  
Title 2 was designed to protect qualified individuals from discrimination in the services, programs, or activities, including employment practices, of public entities. Reasonable accommodation is defined in this Title, which states that reasonable accommodation refers to any adjustment to a job that permits a qualified applicant or employee with a disability to participate in the application process, perform the essential functions of a job, or to enjoy job benefits in a manner equal to that are enjoyed by other employees. Title II also covers transportation of public/private providers (bus, rail, and trolley companies) in requiring all vehicles and facilities to be accessible. Air transportation is excluded due to the Air Carriers Act. It is Title II that most law suits regarding ADA discriminations are based and litigated.
- Title III - Public Accommodations** - Title III mandates that all places of public accommodation (public and private alike) remove architectural barriers that inhibit the free participation of individuals with disabilities in the economics of the country. Entities not covered include state and local government facilities that are covered by title II, Federal government facilities, religious organizations, private clubs, or residences.
- Title IV - Telecommunications** - Title IV of the Americans with Disabilities Act requires telephone companies to provide continued voice transmission relay services that allow people with hearing and speech impairments to communicate over telephone through teletypewriter. In addition, Title IV requires that federally funded television public service messages be close captioned for viewers with hearing impairments.
- Title V - Miscellaneous Provisions** - Title V is the catch-all Title, that includes provisions on accessibility standards as referenced in Title III, enforcement provisions, attorneys' fees, insurance issues, relationship to other laws, coverage of Congress, and the publications of technical assistance manuals by federal agencies. This title also defines what conditions are not acceptable as establishing one's disability that were identified earlier in this article.

**Spring Issue - ADA Amendments of 2008, 2012 and litigated ADA law Suits**

## In Memoriam

**Editor's Note:** *This section is reserved for persons who have passed away having made a difference in the field of rehabilitation and who have touched other peoples' lives. Every case manager and rehabilitation health care professional fits this qualification. If you know of anyone who has passed that served well those persons with disabilities, or have made significant contributions to the field of rehabilitation and case management, please let us know and we will be glad to honor them in this section of the newsletter*



**Dr. Ralph E. Matkin**

**D**r. Matkin was a pioneer in private sector rehabilitation service delivery through his early involvement in private sector rehabilitation coupled with his literary contributions and teachings as a professor at the Department of Educational Psychology in the College of Education at California State University in Long Beach, CA (CSULB). He was also Director of career and rehabilitation counseling programs at CSULB from 1992-2004, and had been an emeritus professor from 2009 until his death in 2017. He was a prolific writer in the field of private sector rehabilitation while attending Southern Illinois University's Ph.D. doctoral program, having written over 60 peer review articles and two textbooks on private sector rehabilitation in the 1980s. Dr. Matkin was involved with establishing the practice standards and the code of ethics for the International Association of Rehabilitation Professionals in the Private Sector (IARPS—as IARP was known at that time) in 1981. His formal obituary appeared in the Washington Post with some of the excerpts from the Post produced in the right column.

**“MATKIN RALPH ERLE MATKIN** August 22, 1946 - July 24, 2017 Dr. Ralph Erle Matkin died of cancer on July 24, 2017 at home in Southern California. He was born and raised in Kansas City, Missouri. He graduated from Kansas Wesleyan University in 1969. From 1969-1971, Dr. Matkin served as a U.S. Army medic. In Vietnam, Dr. Matkin joined the 101st "Screaming Eagles" Airborne Division. He saved many lives due to his selflessness and courage, for which he was awarded the Combat Medic Badge, 2 Silver Stars, a Bronze Star w/Combat V, 2 Purple Hearts, an Air Medal, a Presidential Unit Citation, and a Vietnamese Cross of Gallantry. He was Honorably Discharged as a Specialist 5 and served as a reservist in the California State Guard from 1988-1998, attaining the rank of Lieutenant Colonel.”

“...Dr. Matkin earned a Master's Degree in Education in Psychiatric Rehabilitation Counseling from the University of Missouri-Columbia and his Doctorate in Rehabilitation Services from Southern Illinois University. Dr. Matkin's academic career included many honors, such as the Mary E. Switzer Research Fellow; national finalist of The President's Commission on White House Fellowships; and several national research awards from the American Rehabilitation Counseling Association, Rehabilitation Administration Association and American Counseling Association. A published author of over 60 articles, book chapters, and 2 textbooks, Dr. Matkin also reviewed manuscripts for several professional journals for almost 20 years. Dr. Matkin was interred in Arlington National Cemetery.

Published in The Washington Post on July 28, 2017