

Lifetime Care and Support Guidelines 2018: Summary of changes

The Lifetime Care and Support Guidelines are statutory guidelines issued under the *Motor Accidents (Lifetime Care and Support) Act 2006* (the Act). The Guidelines provide information about eligibility for the Lifetime Care and Support Scheme, dispute resolution, treatment and care needs that are funded by the Scheme, and the criteria used to make decisions about participants' treatment and care needs.

Lifetime Care has revised its statutory guidelines to reflect improvements to its participant planning processes ("My Plan") and to be consistent with other work undertaken by Lifetime Care to be more flexible and person-centred with service delivery and decision making. The Guidelines review also aims to achieve greater consistency with the Act, to address areas of ambiguity and to ensure the Guidelines reflect learnings since the commencement of the Lifetime Care and Support Scheme.

This information sheet summarises the key changes to the Lifetime Care and Support Guidelines, gazetted 21 November 2018. Please refer to each part of the Guidelines for more detailed information, available on the website: www.icare.nsw.gov.au

Part 1: Eligibility for participation in the Scheme

Making applications

- This Guideline includes more detail about making applications and information that Lifetime Care may need to make a decision about an application
- Lifetime Care has discretion to regard an incomplete application as complete (2.8)
- Lifetime Care can request additional information from an applicant and specify a timeframe for its return, e.g. 20 working days (2.9)
- Clarification that Lifetime Care can request an assessment to obtain information relating to any or all of the injury criteria (2.11)
- A suitably qualified medical specialist must certify that the injured person meets the eligibility criteria (3.2), including that they have examined the injured person and sighted and agrees or disagrees with the FIM[™] or WeeFIM[®] score sheet where applicable (3.2)
- Clarification about when a FIM[™] assessment must be conducted for a lifetime application, including when an interim participation period has lapsed
- Clarification that Lifetime Care will rely on the most recent FIM[™] assessment if more than one has been conducted (4.7)

Applications made by an insurer

- If an application is made by an insurer, the insurer must advise the injured person of the application and send the injured person a copy at the same time it is sent to Lifetime Care (2.14(a))
- The insurer must complete the part of the Application Form that confirms it has provided a copy of the application to the injured person (2.14(b))

Eligibility criteria

- Changes to the wording of the eligibility criteria for injured people who have the “equivalent impairment” of an amputation or amputations, including a definition of “equivalent impairment” (6.12)
- Changes to the wording of the eligibility criteria for children under 3 years of age for brain injury (6.8(c)(iii)) and burns (6.14(c)(iii))

Bringing forward lifetime applications

- Ability to bring forward lifetime applications prior to expiry of the interim period (8.4)

Time frame on applications

- Timeframe on applications to be lodged 3 years from the motor accident (9.1) unless a full and satisfactory explanation is given (9.2)

Guidelines for disputes about eligibility and treatment and care needs (Parts 2 and 4)

Disputes

- Disputes can be lodged verbally (Part 2: 11.1 and Part 4: 9.1(a)) as well as in writing
- Lifetime Care has greater powers to resolve disputes informally and at an early stage, without referral to a dispute assessor or Panel (Part 2: 10 and Part 4: 11)
- Clarification that an Assessment Panel may obtain information to assist them to resolve an eligibility dispute, such as a FIM™ assessment or neuropsychological assessment from a clinician who is not on the Panel (Part 2: 16.2(e))
- Greater clarity on the circumstances where Lifetime Care may reallocate to a different dispute assessor or Panel, e.g. if unable to assess within a reasonable timeframe, in the event of illness or on request of the dispute assessor or Panel (Part 2: 14.5, Part 4: 13.4)
- Requirement for Assessment Panel to send their certificate to all parties to the dispute at the same time (Part 2: 20.3) so that the dispute is resolved more quickly

Reviews

- Removal of “reasonable cause to suspect” that a review application meets the criteria for a review
- Increased powers to dismiss applications for review when the matter can be dealt with another way, such as by Lifetime Care making a new decision (Part 4: 21) or by a new application to the Scheme (Part 2: 22). This will apply in some circumstances and aims to resolve disputes informally and at an early stage where possible.
- Ability for the parties to the dispute (Part 2: 23.3 and 23.4) or the participant (Part 4: 22.3) to be involved in convening a Review Panel, depending on who has applied for the review
- Clarification that the role of the Review Panel is to confirm whether the review ground or grounds are met (Part 2: 26.3 and Part 4: 25.2(a)), and to confirm or revoke the previous determination (Part 2: 27.1 and Part 4: 26.1)

Disputes about motor accident injury (previous Part 3)

- Removal of the guidelines about motor accident injury disputes, which will be converted to a practice note in future

Part 5: Assessment of treatment and care needs

- Revised and expanded assessment and planning principles to promote participant choice and control, person-centred practice and greater flexibility (1.2 – 1.6)
- Clarification that Lifetime Care will assist participants to access services or request assessment of their needs (2.8)
- Revised content on procedures for requesting services, including more flexibility in how requests can be made: in a form, in writing or verbally (2.3)
- Removal of existing content about the Lifetime Care and Support Authority, the role of the coordinator and privacy and confidentiality that appears in other information sheets available on the icare website www.icare.nsw.gov.au
- Moved content about approved attendant care providers and assessments of care needs from this Guideline to other parts of the Guidelines
- 10 working day time frame applies to all requests except home modifications and prostheses (2.9)
- This section also clarifies the role of service providers, and makes clear that service providers (not participants) are required to use our forms (2.5)
- Clarifies when Lifetime Care may ask a participant to undergo an assessment (2.13, 2.14) and that Lifetime Care may be unable to assess a participant’s needs because the participant has refused a reasonable request to be assessed (2.15, 2.16)

Part 6: Determination of reasonable and necessary treatment and care needs

- Benefit to participant: rewording of the criteria to be more participant-focused, with greater emphasis on participant involvement in goals and planning (2.4)
- Greater acceptance of risk (risk is offset by expected benefits) (2.4(g)) with clarification of what Lifetime Care considers is an unmanageable risk (4)
- Broadened wording of 'the provider is appropriate' to include participant choice, qualifications, experience, Lifetime Care's approval of providers and registration of health practitioners (2.6)
- Clarification of the approach to decision-making for new and innovative treatments, that there is sufficient rationale for offering it and measures exist to quantify its outcomes, and that it has progressed beyond clinical trial stages (2.5(k))
- Adoption of other clinical guidelines such as Neuropsychological assessment of children and adults with traumatic brain injury: Guidelines for the NSW CTP Scheme and the LTCS Scheme 2013 (3.2)

Part 7: Rehabilitation

- Amended, more contemporary definition of rehabilitation (1.1)
- Explains what Lifetime Care will fund in relation to concurrent treatment, that is, more than one type of physical therapy or psychological treatment at the same time (4)
- Clarification of what Lifetime Care will pay for or reimburse for a participant's gym or exercise program (5)

Part 8: Attendant care services

- More detail on all aspects of attendant care including nursing, domestic services, gardening and home maintenance
- Clarification on what is funded when a participant is away from home, such as on holiday- e.g. home maintenance, domestic services and attendant care costs
- In relation to domestic services, clarification that Lifetime Care considers it reasonable to maintain the general amenity of the immediate land around a house, approximating the size of a suburban block. (5.3(a))
- Greater flexibility in additional attendant care costs when a participant is away from home - 28 days per year which can be combined over 2 or more years (10.4)
- More detail on what Lifetime Care can fund for the expenses incurred by attendant care providers when the participant is away from home (12.1)

- Clarification that we will only pay for attendant care services when the participant is in hospital in exceptional circumstances (11.1)

Part 9: Education support services

- Clarification that education facilities could include NSW Department of Education, Association of Independent Schools NSW, the Catholic Education Commission of NSW, TAFE NSW student services, individual vocational and higher education institutions
- More detail about tutoring (3) and support available to facilitate transitions, such as between primary and high school (1.5)
- Clarification that tutoring aims to enable a participant to resume his/her pre-accident level of academic achievement or level consistent with their motor accident injury (3.1)
- Greater emphasis on education support services working in conjunction with other rehabilitation services (2.3(b))

Part 10: Respite care services

- Wording changes to expand on Lifetime Care's approach to respite (1.1) and to distinguish respite care services from attendant care services and holidays (1.3)
- More detail about services that can be alternatives to respite care and funded by Lifetime Care (1.4)
- Clarification that if regular respite care services are requested to undertake a task, Lifetime Care may review the participant's needs for attendant care services as an alternative to funding respite care services (1.5)

Part 11: Participants living overseas

- There can be variation to Lifetime Care's procedures for assessment and requesting services if a participant lives overseas (1.2)
- Clarification that a brokerage or case management service may be funded (2.1)
- Greater flexibility in how needs could be met if a participant lives overseas, including that special circumstances may exist for use of a non-approved provider (2.2) or that Lifetime Care may provide funds to a participant for them to pay their own expenses for a fixed period (2.3)
- Clarification that costs equivalent to Australian dollars will be funded (2.5)
- Lifetime Care will seek to meet participant needs in a way that is compatible with local service provision in the participant's country of residence and can only fund services available in the participant's country (2.4)

Part 12: Transport modification (Modifications to a motor vehicle)

- Provides more detail about the funding of subsequent modifications, after a vehicle modification has already been funded (6)
- More detail about the funding of driver rehabilitation, including modifying vehicles for a participant to drive and driving lessons to learn to use a modified vehicle (7)

Part 13: Aids and appliances (equipment)

- Additional information on hire of equipment compared with purchase (3)
- Clarification on funding of equipment that is considered a general household or personal item (6.2, 6.3). Lifetime Care will not fund replacement if the equipment item would, under normal circumstances, be owned and replaced by the participant or their household (6.4)
- Clarification of funding for computers, tablets, smart phones and internet access (6.5 – 6.10), including for education support
- Additional information about equipment for recreation or leisure purposes (8)

Part 14: Home modifications

- Slight wording changes to the definitions of minor home modifications (1.2(a)) and major home modifications (1.2(b)), including that minor modifications cost under \$30,000
- Confirmation that interim accommodation will be funded for up to 9 months for the participant and those living with them at the time of the accident (5)
- Clarification of funding for relocation costs if a home is not suitable for modification (7)
- Increased funding for home modifications to a rental property, being \$15,000 for each year of a lease (6)
- Clarification of funding for home modifications when a participant buys another home (8) or a new home build off the plan (9)
- Simplification of Lifetime Care's contribution to energy bills (35%) when room temperature control equipment is required as an injury related need (10.5)

Part 15: Prostheses

- Previously called “artificial limb services”
- Clarification of when maintenance and repairs will be funded for prostheses (2.2)
- Accredited providers will be used for those living outside NSW (2.1(c))
- Clarification that additional prostheses may be funded for recreational activities if the participant is likely to engage in the activity on a regular and ongoing basis (2.4)

Part 16: Vocational rehabilitation and vocational training

- New section addressing the barriers to work in limited circumstances where an employment opportunity exists – e.g. up to \$1000 for the purchase of essential equipment not funded by the employer (3)

Part 17: Buying into the Lifetime Care and Support Scheme

- Clarification that buying into the Scheme can apply to an injured person who sustained a motor accident injury prior to the commencement of the Scheme, but also to an injured person if the accident occurred outside NSW (1.1)

Part 18: Payments under the Scheme (Approved Providers and special circumstances)

- Clarification of the types of approved providers in the Scheme, including case managers, approved providers for major home, workplace and education facility modifications (4) and care needs assessors (3)
- Clarification of when approved providers are required to be used, and any exceptions to this requirement, for example, participants who live overseas
- Inclusion of the process and considerations for a non-approved provider to be approved by Lifetime Care to deliver services to an individual participant, when an approved provider is required to be used (6.5)

Part 19: Alternative expenditure option

- This guideline was previously called “Application of section 11AA” and has been renamed, with revised, simplified wording and inclusion of an example (1.1)

Part 20: Ambulance transportation (new)

- New Part that provides information on reasonable and necessary use of ambulance transportation and clarifies that this will only be funded when there is a specialised need for ambulance transportation

Part 21: Dental treatment (new)

- New Part that provides information on reasonable and necessary dental treatment, including routine dental treatment, the information required and the method of assessment

Part 22: Medical treatment including pharmaceuticals (new)

- New Part that provides information on reasonable and necessary medical treatment, including pharmaceuticals and assisted fertility treatment

Part 23: Workplace and education facility modifications (new)

- New Part that provides information on reasonable and necessary workplace and education facility modifications, including to a new or existing workplace
- Clarifies that while education providers are generally responsible for modifications to their facilities, information is provided on when funding modifications would be considered.