

Government Response to the third review by the Legislative Council Standing Committee on Law and Justice on the Lifetime Care and Support Authority and the Lifetime Care and Support Advisory Council

Recommendation 1:

That the Motor Accidents Authority, in consultation with the Lifetime Care and Support Authority, examine whether Compulsory Third Party claims are being made for treatment, rehabilitation and care expenses that should be claimed under the Lifetime Care and Support Scheme and, if so, consider whether an amendment is required to the *Motor Accidents Compensation Act 1999* to address the potential for duplicating claims and awarded damages.

Response:

The Motor Accidents Authority is currently working to progress this recommendation.

Recommendation 2:

That the Lifetime Care and Support Authority evaluate the current medical assessment tools it uses to assess eligibility for the Lifetime Care and Support Scheme, and investigate and report on any alternative and/ or additional tools that may be used, including the Paediatric Care and Needs Scale.

Response:

The Lifetime Care and Support Authority will review the assessment tools used for determining eligibility to the Scheme in light of the Productivity Commission Inquiry into the feasibility of establishing a national disability care and support scheme with reference to recommendations made in its report, *Disability Care and Support*.

The Paediatric Care and Needs Scale is a scale that is used to measure the support needs of children with acquired brain injury aged between 5-14 years. While it has been validated, it is not a suitable assessment to be used as a threshold test for eligibility.

Recommendation 3:

That the Lifetime Care and Support Authority meet with Vision Australia to discuss concerns regarding the assessment of vision impairment in terms of eligibility for the Lifetime Care and Support Scheme.

Response:

The Lifetime Care and Support Authority has written to Vision Australia to invite them to a meeting to discuss their concerns about the assessment of vision impairment in terms of eligibility to the Lifetime Care and Support Scheme.

Recommendation 4:

That the Lifetime Care and Support Authority consider establishing a peer support group for new participants to the Scheme and consult with participants about the requirements for this group.

Response:

The Lifetime Care and Support Authority has asked the Lifetime Care and Support Advisory Council to consider the merits of establishing a peer support group for new Scheme participants. The Authority will also include questioning around the need for peer support in its next survey of Scheme participants.

Recommendation 5:

That the Lifetime Care and Support Authority consult with legal organisations to identify additional legal advocacy groups with expertise in providing advice to people with disabilities to include in its information about advocacy services on its website.

Response:

The Lifetime Care and Support Authority has written to personal injury lawyers in New South Wales to invite them to join its panel of solicitors who are willing to represent Scheme participants on a pro bono basis. The Authority has also initiated contact with the Disability Discrimination Legal Rights Centre to invite them to provide legal advocacy for Scheme participants and will investigate whether the Centre agrees to a link from the Authority's web site to the Centre's web site.

Recommendation 6:

That the Minister for Health and the Minister for Finance enter into a memorandum of understanding or contract agreement clarifying the administration of LTCS revenue within the public health system, to ensure that money reimbursed for services is returned to the relevant health care units. In determining the most appropriate terms of that agreement, consultation should take place with the LTCSA and service providers, including those who have contributed to the Committee's Third Review on this issue.

Response:

The Lifetime Care and Support Authority, the Motor Accidents Authority and NSW Health are now undertaking a joint project to audit services relevant to this recommendation. The Bulk Billing Arrangements between NSW Health, the Motor Accidents Authority and Lifetime Care and Support Authority are currently being audited and reviewed and will be the basis of ongoing discussions between NSW Health, the MAA and the LTCSA. It is a decision for NSW Health whether the money paid by the Authority for services provided by the relevant health care units is reimbursed to those units.

Recommendation 7:

That the Lifetime Care and Support Authority give consideration to the recommendation put forward by NSW Health in its *Report on the NSW Health Review of the Impact of the Lifetime Care and Support Scheme* to provide a lump sum payment to health service providers to cover the cost of system upgrades to meet the requirements of the LTCS Scheme.

Response:

The fee for hospital services under the bulk billing agreement with NSW Health includes an administration cost that is associated with those services within the daily bed rate. It is expected that this fee paid by the Lifetime Care and Support Authority already covers the cost of system upgrades.

Recommendation 8:

That the Lifetime Care and Support Authority improve the process for interim equipment hire and consider the suggestion put forward by the Brain Injury Rehabilitation Directorate to reduce the duplication of forms required by accepting original equipment orders as justification for hire.

Response:

The Lifetime Care and Support Authority has always been willing to accept original equipment requests where equipment has been initially hired as justification for the purchase of that equipment at a later date. The Authority is only aware of one instance where this was not understood. Current arrangements for replacing previously hired equipment for participants with purchased equipment are working satisfactorily.

Recommendation 9:

That the Lifetime Care and Support Authority review the suggestions and recommendations to improve the effectiveness of Lifetime Care and Support Coordinators made by stakeholders who participated in the Committee's Third Review, as set out in Chapter 5 of the Committee's report, with a view to accepting and implementing them as appropriate.

Response:

The service providers who participated in the review indicated that they believed that participants could be confused at the delineation of the role between the case managers and Lifetime Care and Support coordinators and that they could not always contact the participant's coordinator. The results of the Lifetime Care and Support Authority participant satisfaction survey indicate that the role delineation of Lifetime Care and Support coordinators and case managers is well understood by participants, with 93 per cent of survey respondents identifying that they have a case manager and 80 per cent identifying that they have both a case manager and coordinator.

The Authority has continued to promote its 1300 number to participants and service providers in order to ensure an alternative coordinator can address any issues when the participant's usual coordinator is unavailable.

Message prompts of all coordinators enable the participant to be redirected to a participant support officer who can put them through to the duty coordinator assigned for the day. The Authority's duty coordinator is able to access all necessary documents to be able to assist the participant or provider on any given day.

The State Spinal Cord Injury Service offered to provide education to Authority staff and other service providers on issues around spinal cord injury. The Authority and the State Spinal Cord Injury Service (SSCIS) agreed that the SSCIS would develop and deliver a training program for Lifetime Care and Support coordinators and case managers on the needs of people with Spinal Cord Injury on 22 February 2011. The SSCIS delivered a training program for LTCS coordinators and case managers on 27 July 2011.

Recommendation 10:

That the Lifetime Care and Support Authority ensure that sufficient information as to the reasons why a particular form of treatment, rehabilitation or service has been rejected is provided to the application maker, to enable them to understand the basis of the decision and to promote consistency.

Response:

The Lifetime Care and Support Authority has a statutory obligation to write to participants outlining its assessment of the person's treatment, rehabilitation and care needs. This includes a description of what the Authority has decided it will and won't fund, with detailed reasons why a particular service or item won't be funded. The Authority's practice is to send a copy of this certificate to the service provider making the request.

Recommendation 11:

That the Lifetime Care and Support Authority consult with carers' advocacy groups to examine the feasibility of modifying the language used on the Lifetime Care and Support Authority website and in official publications when referring to the family of Lifetime Care and Support Scheme participants and providing clear information on the support services available for carers.

Response:

The Lifetime Care and Support Advisory Council has invited Carers NSW, the peak advocacy group for carers in New South Wales, to meet with staff of the Authority to develop a shared understanding of the needs of family carers within the context of the Scheme. The Authority will consider making any necessary changes to publications following this meeting.

Recommendation 12:

That the Lifetime Care and Support Authority, in developing its new approach to the issue of recreational and leisure activities provided by the Lifetime Care and Support Scheme include consideration of the provision of funding for transport, and publish the details of the new approach as soon as possible.

Response:

The Lifetime Care and Support Authority will fund support for participants to develop skills to resume or access new leisure pursuits. It will also fund attendant care worker support to assist participants to participate in leisure activities where it is needed. The cost of leisure activities and the transport to these activities is not considered a treatment, rehabilitation or care expense.

Funding services that are not treatment, rehabilitation or care are outside the ambit of the *Motor Accidents (Lifetime Care and Support) Act 2006* and have not been factored when setting the levy for funding the Scheme. Therefore, funding services such as transport to leisure activities would necessitate an increase in the levy paid by motorists.