

Part 10: Respite care services

This Part of the Lifetime Care and Support Guidelines is made under sections 11A, 11AA, 23, 28 and 58 of the *Motor Accidents (Lifetime Care and Support) Act 2006* (the Act).

This version of Part 10 of the Lifetime Care and Support Guidelines (the Guidelines) takes effect on the date of gazettal in the NSW Government Gazette and, on and from that date, applies to all participants in the Scheme, whether interim or lifetime, and whether accepted into the Scheme before or after the date of gazettal.

The Lifetime Care and Support Authority (Lifetime Care) may waive observance of any part or parts of this Guideline. Waiving observance of all or part of this Guideline in any particular circumstances is not an indication that Lifetime Care will waive observance of this part or any other parts of the Guidelines in other circumstances.

1 Reasonable and necessary respite care services

- 1.1 Lifetime Care considers respite care services to be reasonable and necessary when the services:
 - a) are planned and short-term services to support and enhance the sustainability of the family unit or usual living arrangements in the household where the participant lives;
 - b) enhance sustainability of the regular care or support routine by providing the participant with a break from usual care arrangements; or
 - c) facilitate and support the primary informal support relationship between the family or carer and the participant.
- 1.2 Lifetime Care considers reasonable and necessary respite care services do not include:
 - a) respite care services relating to an injury, condition or circumstance that existed before the motor accident or that are not a result of the motor accident injury; and
 - b) services that are not for short periods of time (although respite services may be scheduled at periodic intervals during the course of a 12 month period).
- 1.3 Lifetime Care considers the reasonable expenses in relation to the participant's assessed treatment and care needs in relation to respite care services will not include:
 - a) expenses that are attendant care services or domestic services under Part 8;
 - b) expenses related to holidays; and
 - c) respite care services that exceed any injury-related need, such as additional costs incurred as a result of choosing a respite service option which offers a higher level of support than is required to meet the participant's needs.
- 1.4 Lifetime Care will consider paying reasonable expenses of alternatives to respite care services, and in these circumstances the proposed alternative program will be considered when:
 - a) age-appropriate;
 - b) assessed as a suitable alternative to meet the participant's injury-related needs; and
 - c) designed to support and sustain the participant and their usual care arrangements as outlined in clause 1.1 above.
- 1.5 Respite care services may be provided to a participant who receives other support services such as attendant care. If regular respite care services are requested to undertake a particular task, Lifetime Care may review the participant's needs for attendant care services, with reference to Part 8 of the Guidelines, as an alternative to funding respite care services.

2 Method of assessment and criteria used to determine reasonable and necessary treatment and care needs for or in connection with respite care services

- 2.1 Lifetime Care's assessment of a participant's treatment and care needs for or in connection with respite care services must:
- a) be planned in collaboration with the participant;
 - b) be age-appropriate;
 - c) consider the participant's individual needs for respite care in the context of other treatment and services provided, including attendant care and aids and appliances (equipment);
 - d) consider the needs of the family unit or usual living arrangements, including who the participant chooses to deliver their care; and
 - e) consider the environment or environments in which respite care services will be delivered.
- 2.2 Information required by Lifetime Care to make an assessment may include:
- a) information relating to the motor accident injury, including nature and severity of injury;
 - b) pre-existing or co-existing conditions that may also give rise to a respite care need;
 - c) information relating to other treatment and care needs under section 5A of the Act, such as attendant care, aids and appliances (equipment) and home modifications; or
 - d) providing justification for the type and level of respite care services requested and for the provider of the service, where applicable.