Part 18: Payments under the Scheme (approved providers and special circumstances)

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

This version of Part 18 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.

Lifetime Care may direct employees to provide case management and assessment of care needs services to participants. This part does not apply to employees of Lifetime Care.

1 Approved providers of attendant care services

Relevant section of the legislation

Motor Accidents (Lifetime Care and Support) Act 2006

11C Approved providers

- (1) The following treatment, care, support or services (provided in connection with the provision of assessed treatment and care needs of a participant in the Scheme) are to be provided only by an approved provider of the treatment, care, support or service:
 - a) attendant care services,
 - b) any other treatment, care, support or services (other than the services of a medical practitioner) identified in the LTCS Guidelines as treatment, care, support or services that are to be provided by an approved provider.
- (2) An approved provider of a service is a person, or a person of a class, approved by the Authority (or by any other person specified in the LTCS Guidelines), in accordance with the LTCS Guidelines, to provide the treatment, care, support or service under the Scheme.
- (3) The LTCS Guidelines may also make provision for or with respect to the standards of competency of approved providers.
- 1.1 The Act requires that attendant care services are to be provided only by an approved provider except when a payment is made to a participant in accordance with section 11A(4) of the Act.
- 1.2 Lifetime Care will undertake a competitive selection process to appoint approved providers of attendant care services within NSW and the ACT.
- 1.3 Lifetime Care requires that an approved attendant care provider hold the Australian Community Industry Alliance, formerly known as the Attendant Care Industry Association (ACIA) endorsed certification to the Attendant Care Industry Standard or current equivalent.
- 1.4 Without limitation, Lifetime Care will consider that special circumstances exist to justify payment to a non-approved provider with equivalent compliance to the Attendant Care Industry Standard to deliver attendant care services if a participant permanently resides outside NSW and the ACT.

2 Approved providers of rehabilitation services (case management)

- 2.1 Lifetime Care considers reasonable and necessary services for or in connection with rehabilitation, under Part 7 of the Guidelines, include case management services. Community-based case management services are to be provided only by a case manager approved by Lifetime Care unless special circumstances exist.
- 2.2 Without limitation, Lifetime Care will consider that special circumstances exist to justify payment to a non-approved provider to deliver case management services if a participant permanently resides outside NSW and the ACT or outside Australia.
- 2.3 Case managers not employed by icare must submit an application to become an approved case manager (Lifetime Care) within NSW and the ACT.
- 2.4 Approved providers of case management services are required to meet Lifetime Care's expectations for case management service providers as available on Lifetime Care's website at: <u>www.icare.nsw.gov.au</u>.
- 2.5 Lifetime Care may, at any time, further define the expectations of approved case managers to include areas of specialist service provision.

3 Approved providers of assessments of care needs

- 3.1 Assessment of a participant's care needs is to be completed by an approved provider when a participant's needs are complex or extensive.
- 3.2 Approved providers of assessments of care needs are required to meet Lifetime Care's expectations for these assessments as available on Lifetime Care's website at: <u>www.icare.nsw.gov.au</u>.
- 3.3 Lifetime Care will undertake a competitive selection process to appoint approved providers of assessments of care needs.
- 3.4 Lifetime Care may, at any time, further define the expectations of approved providers of assessments of care needs.
- 3.5 Lifetime Care may consider that special circumstances exist to justify payment to a non-approved provider to conduct an assessment of the participant's care needs if a participant permanently resides outside Australia.

4 Approved providers of major home, workplace and educational facility modifications

- 4.1 In this Part, and in Parts 14 and 23 of the Guidelines, a major home, workplace or educational facility modification refers to:
 - a) any building modification that alters the internal or external structure of a residence;
 - b) is complex;
 - c) involves multiple tradespeople;
 - d) requires a detailed plan or Council approval; and
 - e) costs over \$30,000 (exclusive of GST).
- 4.2 Reasonable and necessary services in connection with major home, workplace and educational facility modifications include the services of an occupational therapist and building modifications project manager.
- 4.3 Occupational therapy as a service in connection with these major modifications is only to be provided by an approved provider, referred to in the Guidelines as a building modifications occupational therapist.
- 4.4 Project management as a service in connection with these major modifications is only to be provided by an approved provider, referred to in the Guidelines as a building modifications project manager.
- 4.5 Clauses 4.2 to 4.4 of the Guidelines do not apply if the participant requiring major home

modifications permanently resides outside Australia.

4.6 Lifetime Care will undertake a competitive selection process to appoint approved providers who are building modification occupational therapists and building modification project managers.

5 Other approved providers

Relevant section of the legislation

Motor Accidents (Lifetime Care and Support) Act 2006

11B Payment not required in certain circumstances

- (1) The Authority is not required to make a payment in relation to the following:
 - a) any treatment, care, support or service provided to a participant in the Scheme on a gratuitous basis (that is, anything provided to a participant for which the participant has not paid and is not liable to pay),
 - b) any treatment, care, support or service that is required to be provided by an approved provider but is provided by a person who is not, at the time of the provision, an approved provider.
- (2) However, the Authority may elect to make a payment in relation to any treatment, care, support or service referred to in subsection (1) if the Authority is of the opinion that special circumstances exist that justify such payment.
- (3) The LTCS Guidelines may make provision for or with respect to determining whether special circumstances exist that justify payment in relation to any treatment, care, support or service referred to in subsection (1).
- (4) To avoid doubt, this section applies even if the treatment, care, support or services concerned are provided in connection with the provision of the assessed treatment and care needs of a participant in the Scheme.
- (5) This section has effect despite section 11A.
- 5.1 Lifetime Care may, at any time, include additional service provider types to be subject to approval.
- 5.2 In the event a new provider type becomes subject to approval, the terms of approval, expectations of the role and application process will be made available on Lifetime Care's website at: www.icare.nsw.gov.au.

6 Payments under the Scheme – special circumstances

- 6.1 This part of the Guidelines makes provision with respect to determining whether special circumstances exist that justify payment to a person who is not, at the time of the provision, an approved provider.
- 6.2 Lifetime Care will consider whether any special circumstances exist to justify payment of a nonapproved provider, where a service is required to be provided by an approved provider.
- 6.3 Special circumstances may exist based on a participant's geographic location or because of cultural or religious reasons. This is not an exhaustive list of special circumstances.
- 6.4 Lifetime Care will consider whether any special circumstances exist on a case-by-case basis. The existence of one of the circumstances specified in clause 6.3 will not necessarily result in the approval of payments to a non-approved provider.
- 6.5 To determine whether special circumstances exist, Lifetime Care requires a written request from the person or organisation seeking to deliver services. The request must include:
 - a) the reason(s) why none of the approved providers are appropriate;
 - b) their suitability to provide services to the participant. This may include their relevant experience and training;

- c) the circumstances said to justify approval of that person or organisation to provide services to the participant;
- d) the participant's agreement to the provision of services by that provider; and
- e) any other information Lifetime Care considers relevant.
- 6.6 If approval is granted to pay a non-approved provider, Lifetime Care's written agreement to fund the services will set out the duration of the approval. Lifetime Care will not pay expenses for services delivered before a provider has obtained written approval.
- 6.7 If approval is granted to pay a non-approved provider, Lifetime Care's written agreement to fund the services will set out the rates of payment.