

Assessment of treatment and care needs (companion to Part 5)

Lifetime Care assesses your treatment and care needs before we decide what we will fund.

Assessments are an important part of understanding your needs and planning your treatment and care.

This companion explains what we mean by an assessment, what an assessment is for, and guiding principles for making assessments.

When we use the word ‘you’, we mean the person covered by the Lifetime Care and Support Scheme (also known as ‘the participant’) or someone representing them, such as a parent, guardian or legal representative.

What we mean by an ‘assessment’

An assessment is a process using objective tools (where possible) to identify your needs by reviewing your strengths, abilities, goals for participating in the community, and other things that may help you. It also identifies limitations, risks, and issues that could stop you from achieving your goals. Assessments should be done using objective tools wherever possible.

An assessment can be:

- a service provider’s assessment of your needs so you can ask us to pay for an item or service by making a ‘request for service’
- our assessment of your needs so we can make a decision about whether to pay for an item or service

You might also have an assessment to help make an overall plan for your care needs.

You, someone acting on your behalf, or a service provider can ask us to assess any of these treatment and care needs:

- medical treatment, including medicines
- dental treatment
- rehabilitation
- ambulance transport

- respite care
- attendant care services
- aids and appliances (equipment)
- prostheses (artificial body parts such as eyes or limbs)
- education and vocational training
- modifications to your home and transport
- modifications to your workplace and education facility.

When a service provider or health professional assesses your needs, they might:

- write a report
- complete one of our forms for a plan or a request for services
- provide extra information to accompany a plan or a request that has already been submitted to us.

After an assessment, we will work closely with you, the people close to you and your service providers to plan and manage your care.

Requesting an assessment

We might ask you to have an assessment to help us to decide whether to fund an item or service, or to plan for your care.

You might request an assessment, so we can decide whether to pay for an item or service. You can make a request on a form, in writing, or verbally. You can do this directly or through a service provider.

A service provider might assess your needs so that you can ask us to pay for an item or service.

Where possible, an assessment should be done before you pay for a treatment, item or service.

If you or someone on your behalf pays for an item or service and asks us to reimburse the expense, we may assess your treatment and care needs according to the criteria in *Reasonable and necessary treatment and care needs (Companion to Part 6)* to decide whether the expense is reasonable and necessary.

Assessment or medical exams with an external service provider or health professional

We might ask you to undergo an assessment or a medical examination with a service provider or a health professional who is external to Lifetime Care.

If you agree, we may ask them to:

- complete a report
- complete a plan or a request for services on one of our forms
- provide extra information to accompany a plan or request that's already been submitted to us.

We can only approve your request for treatment or care if we have enough information. If you refuse a reasonable request, which means we can't make an assessment, we may not be able to decide whether the requested treatment or care need benefits you, is appropriate and cost effective.

If you haven't had an assessment or medical examination and we can't make a decision, we'll write to you to tell you:

- that we can't make a decision to approve the treatment or care need
- the reasons we haven't approved the treatment and care need
- that we won't arrange for and pay for the services requested.

Plans and requests for services

Assessments can be part of plans and requests for services. We'll help you outline your goals and expected outcomes in your plans and requests.

As part of the goal-setting process, you should tell us about anything in your personal circumstances or environment that could help you meet your goals or stop you from achieving them.

Your final plan will reflect your goals and circumstances. It will clearly say what we will

and won't fund to meet your treatment and care needs related to the motor accident injury.

Service providers must use our procedures and approved forms when doing assessments. All of our forms are available on our website.

If there isn't enough information in the request to complete a needs assessment, we may ask you, someone acting on your behalf, or a service provider to give us more information.

Ongoing assessments

To decide when and how many assessments should be done, we consider:

- the nature and severity of the motor accident injury
- whether you're an interim participant (someone who is covered by the Scheme for a limited time), in which case assessments will probably be done more frequently
- how many requests you've made
- when the motor accident injury occurred
- the extent of your treatment and care needs
- if your motor accident injury affects your ability to ask for an item or service
- whether the need for multiple assessments can be decreased.

Our principles for assessments

When a service provider or Lifetime Care undertakes an assessment, these are the principles they or we follow:

- consider your views
- aim to help you be as independent as possible and to participate in the community
- identify your goals, aspirations, strengths, capacity, circumstances and context
- assess how you do things for yourself and how you participate in the community
- assess your risks and safeguards
- consider assessment and planning principles
- wherever possible, use the assessment tools published on our website.

You can direct your service delivery as much as you can and as much as you want. You can refuse any services, even when other people think you are making the wrong choice.

How we decide

A 'decision' is our final determination of what we'll fund based on the information from an assessment.

We use the principles outlined in *Reasonable and necessary treatment and care needs (Companion to Part 6)* to help us decide what is reasonable and necessary for your needs.

When we decide whether a treatment or care need is solely related to the motor accident injury we'll consider:

- whether it's possible to assess any injury you had before the accident, or another injury you received in the accident to decide what treatment and care needs relate directly to the accident
- whether an injury you had before the accident or another one you have from the accident was made worse by the motor accident
- whether there are other needs related to the motor accident injury that may be affected if we decide a need is not related.

Information we may need to make our decision

We may need the following information during, before or after an assessment to help us make a decision about whether to pay for an item or service:

- answers to questions you're asked by us or service providers
- your hospital records
- reports from your treating doctors and other medical reports
- past medical records or school records
- other pre-accident information or general medical information
- any other information we think is relevant.

Our process for making decisions

- Once we get information about your care needs, and the treatment or service you're asking us to pay for, we make a decision within 10 working days of receiving your request (unless you are asking for prostheses or home and transport modifications over \$10,000 - in which case we'll tell you in writing of the status of your request within 20 working days).
- We decide if the payment request is 'reasonable and necessary' and related to the motor accident.
- We'll send you a letter telling you our decision. This letter is called a 'certificate'.
- You don't have to agree with our decisions. You have the right to dispute any decision we make. That's OK and we can help you do this.

Other info

We may evaluate more than one request for assessment of your treatment and care needs at a time.

We may fund a service provider, such as a case manager, to help you access services or ask us to fund an item or service.

For more information contact Lifetime Care

9am to 5pm, Monday to Friday

Phone: 1300 738 586

Email: enquiries.lifetimecare@icare.nsw.gov.au

Web: www.icare.nsw.gov.au