

Determination of reasonable and necessary treatment and care needs (companion to Part 6)

Lifetime Care will pay for the reasonable and necessary treatment and care you need because of an injury you sustained from a motor vehicle accident.

This companion explains what reasonable and necessary treatment and care needs we will pay for, what we won't pay for, and how we make our decisions.

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 fund

Reasonable and necessary treatment and care needs

Treatment and care needs are any needs connected with:

- medical treatment (including medicines)
- rehabilitation
- ambulance transport
- respite care
- attendant care services
- aids and appliances (equipment)
- prostheses
- education and vocational training
- modifications to your:
 - home
 - transport
 - workplace
 - education facility.

What we mean by reasonable and necessary

We consider treatment, rehabilitation and care services to be reasonable and necessary when they benefit you, are appropriate to your circumstances and are cost effective.

What we don't fund

We don't pay for treatment and care needs or expenses:

- that aren't related to your treatment and care needs
- that we don't consider to be reasonable and necessary under the circumstances
- if the service doesn't fit any of our categories of treatment and care needs.

We also don't pay for:

- your family members
- lost wages, weekly benefits or other forms of income or income support
- keeping a business open, such as paying for temporary staff to do your job
- items that were lost or damaged in the motor accident
- payments for large capital items such as houses and cars.

We sometimes take other factors into account when we decide whether proposed or incurred expenses are unreasonable or don't relate to reasonable and necessary treatment and care needs.

Risky treatments

We don't consider an expense to be reasonable, and we don't consider a treatment and care need to be reasonable and necessary if it is too 'risky'. This means that:

- is likely to cause you harm
- relates to an illegal activity
- poses an unacceptable risk to you or someone else.

How we decide

How we decide if the treatment, equipment or service will benefit you

We consider whether:

- you've been involved in planning the goals and outcomes, and you've identified, understood and agreed to them
- the proposed treatment, equipment or service relates to your goals and will make it easier for you to participate in the community
- you prefer the proposed treatment, equipment or services to other options
- you have agreed to the request
- there's information showing that the treatment, equipment or service will benefit you
- any risk associated with the treatment, equipment or service is offset by the expected benefit
- you, people close to you, service providers and Lifetime Care have assessed the risk of the treatment, equipment or service, and have agreed to and documented a plan to manage that risk
- the expected outcomes will improve or maintain your recovery/management
- not receiving the treatment, equipment or service will lead to a negative outcome for you, or put you at greater risk
- the treatment, equipment or service – or something similar to it – has been provided to other people with positive results.

How we decide if the treatment, equipment or service is appropriate to your treatment and care needs

We consider whether:

- it will help you achieve your goals
- it's in line with current clinical practice and guidelines, and is based on or informed by evidence
- it's consistent with your current medical or rehabilitation management
- there's evidence that it's effective
- it's already being provided by a similar service
- it fits with other services that you are, or will be, receiving
- there are any contraindications – in other words, you have a condition or take medication that means the treatment may cause you harm
- other services or equipment would give a better outcome
- it's considered the most appropriate service available
- you prefer it or you have agreed to it.

New and innovative treatments

For a new and innovative treatment, equipment or service, we use additional criteria. We assess whether there are strong enough reasons for funding it, and whether there are measures in place to quantify its outcomes.

We only agree to a new or innovative treatment, equipment or service when:

- its effectiveness has been proved by peer reviewed journal articles or other evidence-based studies
- it's widely supported by practitioners in the field
- it's beyond the early stages of clinical trial
- there is a Medical Benefits Schedule (MBS) item number (for medical treatment, procedures, and surgery)
- you have made an informed choice to accept any risk associated with the treatment and have documented your consent.

How we decide if the provider is appropriate

We consider whether:

- you have chosen or said you prefer a specific provider, or you have agreed to the provider we have suggested
- the provider is qualified and has the experience to provide the service
- the provider is available to meet your treatment and care needs
- you can easily get access to the provider
- the provider is registered by the Australian Health Practitioner Regulation Agency
- the provider is approved under Part 18 of the Guidelines.

How we decide if the treatment, equipment or service is cost effective

We consider:

- the long-term benefits and whether the expected outcomes outweigh the cost
- the cost of comparable services in the same location or type
- if other treatment, equipment or services are available
- whether equipment or modifications are required
- comparing the cost and other factors of renting instead of purchasing
- if other services will achieve a similar outcome
- will there be advances in technology
- changes to your needs over time.

How we decide if the treatment or care need relates to the motor accident injury

We consider whether:

- there is evidence that proves the service is related to the injury/injuries you received from the motor accident
- any injuries you had before the accident have been made worse
- how long it has been since you were injured, the injuries you received, and any other conditions you have.

How we decide what treatment and care you need

We follow Lifetime Care funding principles to decide what, if any, treatment and care you need and what we will fund. We may refer to other guidelines.

Our funding principles

When we're making decisions about funding rehabilitation we follow these guidelines.

- Planning, decision-making and risk assessment activities are collaborative, and this is evident in plans and requests for services.
- Our aim is to help you be as independent as possible and to participate in the community.
- The treatment or service must relate to the motor accident injury.
- Services should be flexible and tailored to meet your needs.
- The treatment, equipment or service benefits you, is appropriate, and is cost effective.
- The provider is appropriate to your needs.
- Initial assessments are made within 10 working days.
- We will document our decisions and communicate them via a 'certificate' (a certificate is a letter we'll send you about the decisions we've made).

Your rights

- You have the right to refuse services.
- You have the right to dispute any decision we make about your needs.

Our process for making decisions

- We'll need to get some information about the rehabilitation services you want us to pay for.
- After we get this information, we'll make a decision within 10 working days.
- We'll let you know our decision by letter. This is known as 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.

What else we might consider

We'll assess your treatment and care needs individually. In doing this we'll use the criteria in the Lifetime Care and Support Guidelines and any other principles or information we believe is relevant. We may consider factors such as your age, or ethnic, cultural and language background.

Other guidelines we might use

Sometimes we apply other guidelines when making decisions. We use current versions of the following publications when we assess treatment and care needs:

- The Neuropsychological Assessment of Children and Adults with Traumatic Brain Injury: Guidelines for the NSW CTP Scheme and the LTCS scheme
- Guidelines for the prescription of a seated wheelchair or mobility scooter for people with a traumatic brain injury or spinal cord injury
- Guidelines for the prescription of a seated wheelchair or mobility scooter for people with a traumatic brain injury or spinal cord injury: Supplement 1: Wheelchair features – standing wheelchair
- any other guidelines we have developed or adopted and published on our website.

For more information contact Lifetime Care

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