

How to request treatment, rehabilitation and care services

icare lifetime care pays for the reasonable and necessary treatment, rehabilitation and care services you need as a result of your motor accident injuries.

For details on what is considered 'reasonable and necessary' see information sheet: *What is 'reasonable and necessary' treatment, rehabilitation and care?* This can be found on our website at www.icare.nsw.gov.au.

How do I request treatment, rehabilitation and care services?

First, talk with your case manager or icare lifetime care coordinator about what you want to do and achieve in your life (your goals). You may also want to talk about the types of supports you may need to reach these goals. Some of these supports might include services which are considered to be treatment, rehabilitation and care as defined in the *Lifetime Care and Support Guidelines*. The *Guidelines* can be found on our website at www.icare.nsw.gov.au.

Your case manager will help you identify which services we can pay for. Then, your case manager can request these services on your behalf. Most services will usually be requested as part of a 'My Plan' which is our person-centred planning tool. *My Plan* is designed to ensure that your circumstances, priorities and preferences are taken into consideration when developing your plan. This helps to ensure that your treatment, rehabilitation and care services are flexible and tailored to your life and individual needs.

You should be involved in developing your plan. Your case manager will also meet with you regularly and help you to review your plan, and identify any new goals and supports you need. They can also help you identify other ways to get support if it isn't something that we can pay for.

There are some services that aren't requested in a *My Plan*. This includes services such as attendant care, equipment and home modifications. Your case manager (or other service providers working with you, such as an occupational therapist) can help you request these services and submit these to us on your behalf.

If you no longer have a case manager, you can contact your coordinator to discuss how they can help you to request services or develop a new plan.

It's important to get approval from us before organising any services.

What information is included in a request for treatment, rehabilitation and care services?

Each request will include information about:

- Your needs related to your motor accident injuries.
- Your current abilities.
- The things you want to do and achieve in your life (your goals).
- How the service requested addresses these goals and meets the 'reasonable and necessary' criteria.
- Who you've selected to provide the service and why.
- When, where and how the service will be provided.
- How long the service will continue.
- The costs associated with the service.

If services have already been provided to help you achieve your goals, then information is also required on how these services have helped you with your goals.

How is a decision made?

We'll review each request on an individual basis and consider your goals, your needs related to your motor accident injury and your personal circumstances. We'll refer to the 'reasonable and necessary' criteria in the *Guidelines* to help decide if the service/s you've asked for are the most appropriate to help you meet your goals and needs, taking into account the information that is provided in the request.

How will I be informed of the decision?

We'll send you a letter (called a certificate) with the decision within 10 working days of receiving the request. The certificate will include details of all approved services and the reasons for the decision. We also include payment codes, approval numbers and costs. These will be used by your service providers.

We'll send a copy of the certificate to your case manager, who'll send it to your service providers so they know what services are approved.

The certificate will also include details about any services or items requested which we can't pay for because they:

- Aren't treatment, rehabilitation or care, or
- Don't meet our 'reasonable and necessary' criteria.

If a requested service or item isn't approved, your coordinator will also call you to explain the reasons for the decision.

What if I disagree with a decision?

If you disagree with a decision, you should contact your case manager or coordinator to discuss your concerns. We can talk about your concerns and we may contact other people involved with you, such as the service provider who requested the treatment, to get more information. You can also contact our Assessment Review team on 1300 738 586. They are an independent team who handle complaints and manage the dispute resolution process for **icare lifetime care**.

If we can't resolve your concerns informally and you still disagree with the decision, you have the right to lodge a dispute. A dispute needs to be submitted within 28 days of receiving the certificate. For more details, see information sheet: *Resolving disputes about treatment and care needs*. This can be found on our website at www.icare.nsw.gov.au.

We also have several impartial and external support and advocacy service providers who can assist you in navigating the dispute process. For more details, see information sheet: *Support and Advocacy Service*. This can be found on our website at www.icare.nsw.gov.au.