

Rehabilitation (companion to Part 7)

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

This companion explains what rehabilitation services we fund, what we don't fund, what we mean by certain terms, 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

Rehabilitation

Rehabilitation means the process of helping an injured person recover the best they can so they can:

- live as independently as possible
- reach their fullest physical, mental, social and work capacity, so they can participate as fully as possible in all areas of life.

Rehabilitation may include therapies such as:

- physiotherapy
- occupational therapy
- speech pathology
- psychology.

Rehabilitation includes case management services to support you to participate in rehabilitation or to identify, plan and continue rehabilitation.

Documenting plans, requests, reports, case conferences or contact with other professionals treating you are all part of how we manage rehabilitation at Lifetime Care.

Concurrent treatment

Concurrent treatment is when:

- different treatments are provided at the same time by more than one type of provider (for example, if you're having chiropractic and physiotherapy treatment at the same time)
- similar services are provided by one provider type (for example, if you're having physiotherapy and acupuncture from one provider who is qualified to provide both services). The services may aim to achieve the same goals, but the objectives and treatment approaches may be different.

We'll pay for concurrent treatments when:

- there's a good medical reason
- the treatments are part of a plan we've approved
- treatment providers make sure treatment provision and goals are closely aligned
- there's a written request for service
- treatments by the same type of provider focus on different conditions to achieve different treatment goals, such as musculoskeletal physiotherapy and neurophysiotherapy.

We usually consider that having more than one case manager at the same time is concurrent – unless it's related to a short-term need, such as handover to another case management services provider.

Individual and group sessions delivered by the same provider are not considered to be concurrent treatment.

Gym programs

We'll pay for a gym program when:

- it's for a rehabilitation program or other exercise program
- it's been developed in conjunction with a qualified exercise professional, such as a physiotherapist or exercise physiologist.

We'll compare the cost of membership at two gyms in your area to work out what's reasonable in your circumstances. If you prefer a more expensive gym, you'll need to show us why we should pay for it rather than a cheaper one, and how your reason for wanting to go there relates to your motor accident.

If we decide the cost of your preferred gym is unreasonable, we can contribute what we think is a reasonable cost, based on the price of the cheaper local gym membership, towards the cost of membership at your preferred gym.

We'll pay for an exercise physiologist or personal trainer when you need specialist assistance that an attendant care worker can't provide.

We'll only pay for the services of one or the other - we won't pay for you to see an exercise physiologist and a personal trainer at the same time.

Who can oversee your rehabilitation

Your rehabilitation needs must be recommended, directed and provided by a registered health practitioner or an appropriately trained person under their supervision.

Your health practitioner should measure any aspects of your health that may change with rehabilitation, such as pain, depression, daily living activities, health-related quality of life and work performance.

Your rehabilitation goals related to your injury must be planned, and they must be able to be measured in a way that is reliable, valid and flexible.

Requesting a service

You must ask for the service before it starts, unless it's urgent or delivered under an existing fee schedule.

What we don't fund

We don't pay for rehabilitation or expenses for:

- a condition you had before the motor vehicle accident
- assistance to keep a business open, such as paying for temporary staff to do your job
- services that go beyond helping you rehabilitate from the motor accident injury
- services where the cost is included in the hospital or inpatient rehab bed day fee
- telephone calls or internet connection for you to arrange appointments by phone or email

- cancellation fees when you've cancelled more than once, unless the reason you couldn't go was beyond your control
- gym or exercise programs that aren't prescribed by a qualified exercise professional
- gym clothing, towels, fitness/yoga mats or drink bottles.

How we decide

We follow Lifetime Care funding principles to decide which, if any, rehabilitation services you need and what we'll fund. We may refer to other guidelines.

We'll also consider if the rehabilitation:

- is needed because of the motor accident injury
- is going to be effective and achieve measurable improvements
- promotes progress towards your independence, social participation and self-management, or maintains function and prevents deterioration and secondary health conditions.

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'll 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.

Information we may need to make our decision

To make a decision about whether you need rehabilitation we need to know:

- what you need for your rehabilitation in the context of other treatment and services you're receiving
- any biological, psychological and social factors that influence your health
- any pre-existing or co-existing medical conditions you have, and how they might impact your rehabilitation
- how the proposed intervention and treatment process has been justified.

Gym programs

To help us decide whether to fund a gym program, we'll need the following information:

- any physical, psychological and social factors that relate to your need for gym membership or an exercise program
- the proposed program and how often you'll attend - we need this information from a qualified exercise professional
- whether your need for gym membership is related to the motor accident injury rather than other injuries or conditions you have
- medical clearance from a treating specialist for you to participate
- if you will need an attendant care worker or support person to facilitate access and help you participate safely
- reasons for the proposed intervention, including how it relates to the motor accident
- evidence you've consistently taken part in a previous exercise therapy or rehabilitation program.

Other info

We use the Clinical Framework for the Delivery of Health Services relating to rehabilitation.

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