icare™ | Lifetime Care

# Working with Lifetime Care

## Information for Service Providers

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# Who is Lifetime Care?

The Lifetime Care and Support Authority of NSW is a statutory authority established under the Motor Accidents (Lifetime Care and Support) Act 2006 (the Act). It is commonly referred to as Lifetime Care and is responsible for the administration of the Lifetime Care and Support Scheme (the Scheme). Lifetime Care became part of icare (Insurance and Care NSW) in 2015. Lifetime Care is one of six schemes that deliver insurance and care services to the people of NSW.

Lifetime Care provides treatment, rehabilitation and attendant care for people who have a spinal cord injury, a moderate to severe brain injury, amputations, serious burns or permanent blindness from a motor accident in NSW.

People accepted as eligible for participation in the Scheme are referred to as "participants".

This booklet is designed to be a brief introduction to working with us. More information is available on our website at www.icare.nsw.gov.au

## Why am I receiving information about Lifetime Care?

You provide services, or may have been nominated to provide services, that may be appropriate for participant(s). This information will help you decide if you wish to work with us and ensure smooth delivery of your services. Information is included on:

- what we can pay for
- range of people and providers involved with our participants
- what you need to know to commence service provision
- how we communicate our decisions about what we will pay for
- how participants select their providers
- invoicing requirements
- progress reporting requirements
- provider travel principles

# What does Lifetime Care pay for?

For people accepted into the Scheme, we pay for a wide range of services and provisions such as medical care and prescribed pharmaceuticals, treatment and rehabilitation services (for example physiotherapy, psychology, nursing, occupational therapy, podiatry), attendant and domestic care services, assistive technologies (equipment), educational and vocational supports and home and vehicle modifications.

All requests for services and provisions for participants are assessed within a decision-making framework which ensures that all aspects of the service request are properly considered before approval for public expenditure is provided. If we are not satisfied that the request meets the legislated "reasonable and necessary" criteria, then we will either ask for additional information, or not approve the service.

## What does "reasonable and necessary" mean?

All decision-making is completed on the foundation of understanding the participant's individual and unique circumstances. Sometimes we will approve a request for a service for one participant, but the same service may not be approved for another participant because it is not considered reasonable and necessary in their circumstances.

Broadly speaking, the criteria require evidence that:

- the participant agrees with the recommended service or item
- the service being requested will (or is likely to) be of benefit to the participant – in an objective, measurable and functional way
- the service being requested is needed in relation to the injuries sustained in the motor accident
- the service is professionally well recognised and/or well supported by research evidence to deliver results for the purpose intended in the request

- there is demonstrable cost-benefit of the service or item
- there are no less expensive alternatives readily available to the participant
- there is an appropriate match of the selected provider to meet the participant needs – including location of provider

## How are service needs identified?

Most participants will develop a plan to help coordinate their treatment and rehabilitation needs with assistance from either a case manager or other planning facilitator. The services they identify to assist them to reach their goals will be detailed in their plan. It is therefore expected that all services requested for funding are either integrated in the plan or refer to the plan if they are identified outside of the planning process.

This means that any services you have been asked to deliver should be linked to specific goals – either within a plan or related to the service you have been asked to provide. This will ensure a better assessment of the services requested against our decision-making criteria.

Sometimes participants independently identify service needs, especially if they are some time post injury and no longer have or need an integrated plan.

We will not approve services if they are a duplication of services being provided by someone else. For example, physiotherapy and chiropractic services for the same purpose.

More information about what we pay for, how we make decisions, and the reasonable and necessary criteria is available in the Lifetime Care and Support Guidelines (the Guidelines) which can be found on the *Guidelines and policies* page on the icare website, Guidelines and policies | icare (nsw.gov.au)

# Who else is working with the participant and what is their role?

Due to the nature of the injuries sustained by Lifetime Care participants, there are often several people involved in providing rehabilitation and support in the early years following the injury. It is important that you understand who they are, and your relationship with them. In later years, you may be the only service provider involved.

## Case manager

In the early years following injury, many participants receive a case management service to coordinate their rehabilitation program and support them and their family through injury education and adjustment support. Case managers can also assist in the identification of local service providers to deliver therapies and programs, monitor service delivery and assist everyone involved to understand our Scheme, our processes and our requirements. The case manager is your primary point of contact and establishing a collaborative relationship with the case manager is essential to delivery of a person-centred, integrated and goal-directed rehabilitation program.

Case managers may be icare staff (called Rehabilitation Case Manager or Community Living Facilitator) or may be an external rehabilitation or community living service provider from either NSW Health or the private sector. The role of all case managers is the same. Rehabilitation case managers work with participants during the earlier stages of their recovery and rehabilitation following injury, and community living facilitators work with participants who are further along the continuum of recovery and focussed on wellness, community participation and independent living.

When a case manager is involved, all services for participants are expected to be identified in a plan which the case manager and participant have developed together. This plan will help you to understand how your services fit in with other services being delivered to the participant. The current planning tool is called My Plan, and more information about the person-centred approach and My Plan toolkit is available on the *Planning with an injured person* page on the icare website, Planning with an injured person | icare (nsw.gov.au)

When a participant no longer requires a case management service, your primary contact will be with the participant (or their family) and the Lifetime Care coordinator.

## Lifetime Care coordinator

Coordinators are involved where the participant has an external case manager or when they no longer require a case management service.

For participants with an external case manager, the coordinator is the Lifetime Care contact person, assisting all service providers, the participant and their family in understanding how to work effectively with the Scheme.

Where no case manager is involved, the coordinator has oversight of the participant's circumstances, and assists with accessing services as and when the need arises.

## Care coordinator and attendant care team

Approximately one third of participants receive paid formal attendant care support in their homes or for community access. This attendant care is delivered by an approved attendant care provider. All programs are managed by a Care Coordinator employed by the attendant care agency. Sometimes support workers will accompany participants during their therapy or other service provision. Support workers may assist with transportation and often facilitate home programs under the direction of the rehabilitation service provider.

Where necessary, we can pay for your time to train the attendant care team to support delivery of home or gym/community-based programs to supplement your sessions.

Attendant care teams are a great source of feedback on how your services are impacting the participant's function and quality of life or any difficulties that the participant might be having integrating your recommendations into daily living. Lifetime Care expects service providers to work collaboratively with attendant care providers. You should talk to the Care Coordinator to gain any feedback or raise any issues.

## Other service providers

There are a wide range of other health and support people that might be involved in a person's rehabilitation or community living program. Some examples are therapists, doctors, psychologists, vocational support services and schools.

You will need to know who else is delivering services to the participant and what their role is. The participant, case manager or coordinator will let you know who else is involved, and what the expectation for collaboration will be.

## What is expected of me working with all these people?

Working as a well-integrated team may involve attending case conferences, regular liaison or simply an exchange of progress reports. You may be required to peruse the participant's goals and integrate your therapy into their plan. The time required to complete these activities should be included in the request for your services.

## Who may request services for a participant?

Services may be requested by:

- participants and their families
- service providers including the participant's treating health care team at the hospital, rehabilitation unit or in the community
- case managers

Most services will be requested as a part of an integrated plan coordinated by a case manager, however sometimes service needs are identified outside of a planning process and can be submitted to Lifetime Care directly.

## Who selects the team?

We encourage participants and their families to be as involved as possible in the selection of their service providers. Support in making this selection is often received from:

- inpatient therapy teams prior to discharge
- community-based medical practitioners or specialists
- community-based therapy providers
- case managers
- coordinators
- family and friends

We encourage participants and their supports to consider first the providers that are located closest to their own home. The benefits of local providers are many, and include:

- knowledge of the participant's local community and the range of services that might be available to them locally
- access to a local provider for longer term or intermittent service provision – knowing who they can turn to when they need re-engagement with services
- reduced burden (time and fatigue) for participants travelling to appointments

# What do I need to know to get started?

## Do I have to be registered with, or approved by Lifetime Care?

All service providers need to have the appropriate skills and qualifications to provide treatment and care to people with severe injuries. We have formal contract arrangements with some provider groups such as external case managers, building modification occupational therapists and attendant care providers. Only those providers that have been approved by us can deliver these specific services.

Many other providers are not subject to approval and participants, their families and their treating teams are free to select from the pool of providers in the community. This includes service providers such as physiotherapists (and other therapists), doctors, dentists, school support services etc. Most health professionals are subject to their own professional registration obligations with AHPRA, and we expect all providers to maintain their own professional registration and/or membership as required.

Non-registered health service providers are expected to be members of any relevant professional organisation and abide by the NSW Code of Conduct for Health Service Providers, contained in Schedule 3 of the NSW Public Health Regulation 2022. This regulation applies to both public and private health workers and is available on the *Public Health Regulation 2022* page on the NSW legislation website, Public Health Regulation 2022 | legislation (nsw.gov.au)

All providers must provide their business details to icare for invoices to be paid. This is simply a finance registration process and is not to be confused with any "approved" status with us (see p.10 for more information on providing your details to icare finance).

## What if I don't think that I am the right person for this referral?

Discuss your reasons with whoever made the referral, be that the participant, a case manager or the Lifetime Care coordinator. We can offer you support to extend your services to our participants, particularly in terms of navigating the Scheme and our paperwork. In some circumstances we may be able to assist with short-term clinical mentoring or other support to help you develop your skills to meet our participants' specific needs.

If, however, you do not wish to proceed with service delivery, please let whoever made the referral know so that they can select someone else.

### How do I let Lifetime Care know that I have been asked to provide a service to a participant?

Usually we will know that you are the selected service provider as you will be the nominated service provider in the participant's plan.

If a Lifetime Care participant presents to your practice and asks you to commence treatment, please contact the participant's Lifetime Care contact (Rehabilitation Case Manager, Community Living Facilitator or coordinator) or call our general enquiries on 1300 738 586 before commencing treatment. The Lifetime Care contact person will advise you on how to seek approval from us to pay for any injury related services.

### Can I start providing the service straight away?

We cannot guarantee funding your services if you have not received a pre-approval purchase order from us. If you assess the participant's needs as urgent, please contact us immediately as we may be able to arrange for urgent, short-term approval while the service request is being processed.

## How are decisions communicated?

### How will I know what Lifetime Care has approved for me to provide?

We aim to communicate our funding decisions to the participant (and external case manager where there is one) in writing within 10 working days of receipt of a request. Decisions made by us are communicated to the participant via a "certificate". Reasons for non-approval of any requested services will be included in the certificate.

Each service provider named in the certificate will receive a "Purchase Order". This document will set out clearly what services have been approved, number of hours, cost and dates for service delivery. The Purchase Order includes a service order approval number (e.g. RP999-2999) which MUST appear on your invoices for that approval period.

An example purchase order is provided in Appendix A.

### What if I disagree with your decision?

Participants can dispute decisions communicated in a certificate, and procedures on how to do this are available on our website or by contacting the Lifetime Care coordinator/case manager.

If, as a service provider, you believe that further information might change the decision that we have made, you are able to submit this new information and request a reconsideration of the decision on the participant's behalf. The Lifetime Care contact person's details are noted at the bottom of every certificate and Purchase Order.

## Will you cover other costs that I incur in providing services?

### Will you fund my travel to deliver treatment and rehabilitation in someone's home?

All requests for us to pay for treatment and rehabilitation services need to consider the location of the service provider. Our preference is for participants to attend treatment in the service providers own premises, therefore choosing a local provider helps to minimise the potential burden of travel and fatigue on the participant. This also builds the capacity of local providers to be available to deliver services.

If the participant is unable to travel, or the service you are providing is best delivered in the participant's own home/workplace/community, then the reason for a mobile service needs to be provided in the request and we will make a decision regarding the associated travel costs.

> We do not pay provider travel if the only reason a home-based service is needed is because the provider does not have accessible premises in which to deliver their services.

## Will you fund my time to prepare assessment or progress reports? Do you require these reports?

All service providers are expected to keep clinical records as a part of their service provision. This is not time charged as report writing but is absorbed in your clinical contact time.

Initial assessment and progress reports are expected to provide updates on progress towards the participant's goals and service objectives. These assessment and progress reports should be shared with the participant and with us (usually via the case manager if there is one). The anticipated frequency and cost of preparing these reports should be included in your request for services.

Depending on the nature of the participant's My Plan, you may be asked by the case manager to contribute to reporting against past plan goals/steps and formulating new rehabilitation goals/objectives – in lieu of (or as well as) a specific progress report. Because of the varying needs of participants and the unique make-up and working relationships of teams of providers, you need to be flexible in responding to the case manager's preferences in how and when progress reporting occurs.

Your progress report typically needs to be submitted to the case manager 3 to 4 weeks prior to the end of the plan period to allow the participant and case manager to incorporate the feedback into subsequent planning. Case managers may also request attendance at a case conference so that feedback and planning can be integrated across all service providers.

Stand-alone progress reports are not expected to be extensive – but they should include:

- status at the commencement of service period (only that which is directly related to your area of intervention and goals of service)
- goals/objectives for the proposed intervention/services (observable, measurable objectives)
- functional capabilities expected to be impacted by interventions
- summary of service/s provided, including attendance record and compliance with home programs
- objective measures of outcome – changes in capabilities from commencement status and/or achievement of/incremental progress towards goals/objectives.

See Appendix B for an example progress report template. This is not a requirement template – just an example if you do not have your own template.

The form for My Plan includes space for brief progress reporting and is available on the *Planning with an injured person* page on the icare website, Planning with an injured person | icare (nsw.gov.au)

## Will you pay for sessions the participant fails to attend or cancels at short notice?

Service providers are expected to have business systems in place to minimise the risk of late cancellations or non-attendance. You should discuss with the participant, their family or support team the best way to send reminders and confirm appointments and advise your timeframe requirements for notifying re-scheduling or cancelling appointments.

If the participant fails to comply with the systems in place and fails to attend an appointment, you may invoice Lifetime Care for the treatment time if you are unable to redirect that time to other billable work. You must speak with the case manager or coordinator if the participant fails to attend two consecutive appointments, or on a regular basis, as this may be an indication that the participant does not wish to continue with this intervention or requires additional or different support to enable their attendance.

## What do I do if I think that the participant needs a few more sessions but the pre-approval has run out?

Contact whoever is lead in coordinating the participant's program – usually the case manager or the coordinator. An email or phone call may be all that is necessary to secure approval for the additional sessions.

More substantial service extensions may need to be included into a plan or presented in a formal request called a "service request".

# How do I invoice for services delivered?

## Registering with our Finance System

You must be registered in our system as a vendor with your correct details for us to process your tax invoice and make a payment to you. Register or update your business details on the *How to invoice Lifetime Care* webpage on the icare website, How to invoice Lifetime Care and Workers Care | icare (nsw.gov.au)

## Payment codes

When you receive a Purchase Order from us, this will include the code/s for the service/s approved (for example, LTC303 for physiotherapy and LTC505 for report writing). You will need to include these codes in your invoice.

If you are unsure which codes to use, contact the participant's key contact person at Lifetime Care (case manager or coordinator).

You can access current payment codes on the *How to request services on behalf of an injured person* webpage on the icare website, How to request services on behalf of an injured person | icare (nsw.gov.au)

## Invoices

Invoices should be submitted to us following the delivery of services. The frequency with which you submit your invoices is up to you and depends on your own business administration systems. Given the number of invoices processed by Lifetime Care, it is always appreciated when providers can submit intermittent invoices covering a period of time, rather than single-contact invoices.

Your Tax Invoice must include the information required under GST Law and the following information:

- your ABN
- your registered business name
- date of invoice and date of service
- invoice number
- payee's name [in this case To: Lifetime Care and Support Authority]
- participant's name and LTCS number (eg 14/B999) *
- payment code for each service being invoiced (eg LTC505) *
- approval number for each service being invoiced (eg RP99-666) *
- the cost (including GST where applicable), which must not exceed the pre-approved amount on the certificate or Purchase Order

*The participant name, participant number, payment codes and approval numbers must match those on your Purchase Order for that period. Send your invoice to: careap@icare.nsw.gov.au

> If you have questions about invoices and payments, you can phone Accounts Payable on **1300 416 829** or email carefinance@icare.nsw.gov.au as well as seeking support from your own tax advisor.

## Standard payment terms

Our standard payment term is 30 days from receipt of a properly drawn Tax Invoice.

## Payment by EFT

The standard method of payment is Electronic Funds Transfer (EFT) to your bank account.

# Tips that will help me work with Lifetime Care

## Clinical Framework

We use the person-centred approach in all our interactions with Lifetime Care participants, and we expect service providers to do the same. For more information regarding the person-centred approach and other principles of rehabilitation best practice, we have adopted the Clinical Framework for the Delivery of Health Services, by TAC and WorkSafe Vic, June 2012. This is available at on the *Clinical Framework for the delivery of health services* page on the Worksafe Victoria website, Clinical Framework for the delivery of health services | worksafe (vic.gov.au) www.worksafe.vic.gov.au

We have also developed several eLearning modules which outline the application of the person-centred approach and our planning tool, My Plan. Anyone can create an account on our Lifetime Learning platform and complete these modules. Registering with Lifetime Learning is via the *Training and workshops* page on our website, Training and workshops | icare (nsw.gov.au). You can also email enquiries to training.lifetimecare@icare.nsw.gov.au

## Understanding what we can pay for

To help manage the expectations of our participants regarding what we can and cannot pay for, it is helpful for all service providers to be familiar with the parts of our Guidelines that are relevant to their area of service provision.

You can view the Guidelines on the *Guidelines and policies* page on the icare website, Guidelines and policies | icare (nsw.gov.au)

There is also a range of guidance and other information on this page, which is helpful.

## GST considerations for clinical services

Understanding your GST compliance obligations as a service provider rests with you as the GST Law applies differently to different service-types. Please refer to section 38-10 (other health services) of the GST Act and/or consult with your own financial or tax adviser regarding whether GST applies to your specific area of service delivery.

Our requirement is that your invoice clearly identifies where GST has been added to your fee for each service type.  And if you don't charge GST explicitly saying this on your invoice.

## Only requesting services for injury-related conditions

We can only fund services for the injuries sustained in the motor vehicle crash which led to the person becoming a participant in the Scheme. For services for pre-existing or subsequent conditions, participants will need to seek funding through other avenues. Please be clear in your request for services and ensure that you are only proposing services that relate to the accepted injury/s.

## Release of information

We will make appropriate information available to service providers where consent has been obtained from the participant or their guardian and it is deemed to be of benefit to the participant.

When information is shared with you, you are required to adhere to privacy and confidentiality obligations under NSW law (Privacy and Personal Information Protection Act 1998 and Health Records and Information Privacy Act 2002).

Any information we save into our participant records (including reports and correspondence sent in by you) can be subpoenaed by courts or shared with third parties such as CTP insurers. Please take this into consideration when sending any written material to us.

## Working with interpreters

Some people require the assistance of an interpreter service to engage fully in their rehabilitation. The case manager or coordinator will let you know if a new referral will require an interpreter service, and they can assist with organising this.

## Working with children

Lifetime Care expects all service providers working with children to have a current Working with Children Check certificate from Kids Guardian. We also expect providers to be aware of their Mandatory Reporting obligations with Family and Community Services for at-risk children.

# To find out more about us

Further detail about working within the scope of the Scheme, including requesting services and equipment using specific forms, is available on the *Requesting services on behalf of an injured person* on the icare website, Requesting services on behalf of an injured person | icare (nsw.gov.au)

We have several development opportunities including face-to-face workshops and eLearning modules. To find out more about learning and development opportunities, visit the *Training and workshops page* on our website, Training and workshops | icare (nsw.gov.au). You can also email enquiries to training. lifetimecare@icare.nsw.gov.au

Lifetime Care also produces a newsletter periodically which highlights developments, changes and updates. Anyone can subscribe to e-News. The link to subscribe is available on the *Requesting services on behalf of an injured person* on the icare website, Requesting services on behalf of an injured person | icare (nsw.gov.au)

# Appendix A Sample Purchase Order

icare
Lifetime Care

Lifetime Care and Support Authority of NSW
GPO Box 4052
Sydney, NSW 2001
t 1300 738 536 f 1300 738 583
Accounts hotline **1300 416 829**
www.icare.nsw.gov.au

**Service Approval / Purchase Order**

13 July 2017
Wichetar Community Health Nursing

**Regarding:** **Services for Ms Joanne Ryan**
**Participant number:** **12/B699**
**Your Approval Number:** **RP2456-245**

Participant number

Approval number

We have reviewed a request for nursing treatment services for the above named participant and have approved the following services from 14 August 2017 until 30 September 2017.

| Code | Services from Witchetar Community Health Nursing | | Units | Costs |
|---|---|---|---|---|
| LTCS922 | Registered nursing treatment | | 14 hours | $590.94 |
| LTCS701 | Wound care products approximate cost | | 1 | $100.00 |

The total cost approved is $690.94

This decision is based on the information supplied to us and has been made according to the Lifetime care and Support Guidelines.

**What you need to do**
Please ensure the service approval/purchase order number, participant name and participant number appear on all invoices submitted.

If this is the first time you have provided services to a participant of the Lifetime care and Support Scheme, please read the attached information about invoicing requirements and complete and return the attached supplier addition form.

**Payment terms**
Our standard payment terms are within 30 days of receipt of a properly drawn Tax Invoice, given satisfactory provision or delivery of the services described and provision of necessary documents to support the payment.

**Getting more information**
If you have any questions about invoicing requirements or payment of accounts, please contact Lifetime Care and Support Finance Department on 1300 416 829.

If you have any other questions, please call us on 133 738 586. You can also call your Lifetime Care contact Polly Mar directly on 02 9216 9999. Our office hours are Monday to Friday 8.30am – 5.00pm.

Lifetime Care contact

# Appendix B Sample Progress Report Template

(aim for total report to be 1 to 2 pages)

Your own letterhead

Date of Report

[Physiotherapy] Progress Report

[Participant's name]

[Participant's Lifetime Care number e.g. 14/B999]

**Objectives for, and outcomes achieved in, the intervention period**
Summary or 'cut and paste' of goals/objectives (linked to, or as outlined the My Plan) of intervention that had been proposed for the treatment period being reported on.

Where relevant, inclusion of base-line measures against which outcomes were to be compared.

Outcomes – measured progress against the proposed objectives, noting changes from the base-line measures.

**Program Summary**
Summary of intervention provided – frequency of sessions, attendance, focus or strategies.

**Participant's Feedback**
articipant's (or family's) response to intervention and reflection on their won progress (< 100 words).

**Recommendations**
Your recommendation for further treatment/intervention (if required).

Include goals/objectives, proposed treatment regime. Include justification on basis of participants own functional goals. Reference how the proposed services fit within the participant's plan if they have one.

Include any recommendations for participant to self-manage in between treatment sessions – expectations regarding 'home program'.

Summary of services, hours and costs for the next plan period, including intervention time and frequency, report writing time, travel time and any necessary liaison time (NB, the case manager may provide a template for recording the proposed service provision.

Name
Signature

# Appendix C Contacting Lifetime Care

| | |
|---|---|
| Telephone general enquiries | 1300 738 586 |
| Email general enquiries | care-requests@icare.nsw.gov.au |
| Requests | care-requests@icare.nsw.gov.au |
| Finance enquiries | carefinance@icare.nsw.gov.au |
| Accounts payable | careap@icare.nsw.gov.au |
| Website | www.icare.nsw.gov.au |
| Head Office location | Level 15, 321 Kent Street, Sydney NSW 2000 |