

**STANDING COMMITTEE ON LAW AND JUSTICE
FOURTH REVIEW OF THE EXERCISE OF THE FUNCTIONS OF
THE LTCSA AND LTCSAC
PRE-HEARING QUESTIONS ON NOTICE**

Scheme Administration

Statistical information

- 1. Please provide data on the operation of the Lifetime Care and Support (LTCS) Scheme to date including:**
 - a. Number of participants (children and adults, male and female, lifetime and interim)**
 - b. Participant disabilities and needs**
 - c. The circumstances in which they were injured**
 - d. Geographical distribution of participants.**

Please refer to Attachment 1 for Scheme data as at 30 June 2011.

- 2. Please provide a breakdown of actual expenditure for care and support services to date (including attendant care, hospital, medical, equipment, home modifications, rehabilitation, etc).**

| DESCRIPTION | AMOUNT |
|--------------------|-----------------------|
| ATTENDANT CARE | 26,675,089.05 |
| EQUIPMENT | 7,449,452.01 |
| EXPENSES | 6,974,240.21 |
| HOSPITAL | 52,329,222.11 |
| MEDICAL | 8,847,342.55 |
| HOME MODIFICATION | 4,503,800.58 |
| REHABILITATION | 16,360,666.39 |
| TOTAL | 123,139,812.90 |

As the Scheme is still in start up, the actual expenditure reflects a higher proportion of incurred liability for hospital, medical and rehabilitation which are upfront costs as distinct from attendant care. As a higher proportion of participants pass the initial treatment and intensive rehabilitation phase, it is expected that the proportion of expenditure on attendant care will increase.

- 3. Please provide data on the number of disputes regarding eligibility and disputes regarding treatment, rehabilitation and care services to date, and the outcome of these disputes.**

Response

Disputes about eligibility to the Lifetime Care and Support Scheme

Since the commencement of the Lifetime Care and Support Scheme in October 2006, nine disputes have arisen about eligibility to the Scheme:

| Disputes about eligibility to the Lifetime Care and Support Scheme | | |
|---|---|-------------------------|
| Disputed decision | Injury type | Dispute outcome |
| Not eligible for lifetime participation | Traumatic brain injury | Reversed – eligible |
| Not eligible for lifetime participation | Traumatic brain injury | Upheld |
| Not eligible for lifetime participation | Traumatic brain injury | Reversed – eligible |
| Not eligible for lifetime participation | Traumatic brain injury | Reversed – eligible |
| Not eligible for interim participation | Traumatic brain injury | Reversed – eligible |
| Eligible for lifetime participation | Traumatic brain injury | Reversed – not eligible |
| Eligible for lifetime participation | Traumatic brain injury and spinal cord injury | Upheld |
| Not eligible for interim participation | Amputations | Reversed – eligible |
| Eligible for lifetime participation | Amputations | Upheld |
| Not eligible for lifetime participation | Traumatic brain injury | In progress |

All disputes relate to adults (over 18 years).

Two applications were made for further review of an eligibility dispute outcome. One application was withdrawn. The other review was completed and the Review Panel confirmed the original Assessment Panel's determination about eligibility.

Disputes about participants' treatment and care needs

Since the commencement of the Scheme in October 2006, the Authority has resolved 20 disputes about participants' treatment and care needs by referral to an external dispute assessor. A further four disputes about treatment and care needs are in progress.

Disputes about treatment and care needs have involved the Authority's approval decision of:

- Attendant care (6) - the level of attendant care that is reasonable and necessary and the level of attendant care related to the motor accident injury;
- Equipment (6) - including footwear, bicycle, sporting wheelchair, recliner chair, standing frame, Functional Electronic Stimulation (FES) cycle;
- Home modifications (2);
- Hydrotherapy treatment (1);
- Physiotherapy treatment (1);
- Personal training (1);
- Vocational courses (1);

- Electricity reimbursement calculation for injury related needs (1);
- Surgery (whether proposed surgery was related to the motor accident) (1).

19 disputes related to the treatment and care needs of adults (over 18 years). One dispute related to a child.

The outcomes of disputes about treatment and care needs are:

- One withdrawn.
- Seven - the dispute assessor upheld the Authority's decision.
- Six - the dispute assessor varied the Authority's decision.
- Six - the decision of the dispute assessor reversed the Authority's decision.

In the majority of cases where the Authority's decision was overturned, the dispute assessor obtained additional information from clinical assessment and information from other clinicians involved with the participant. This information would, in most cases, have altered the Authority's original decision, had that information been available.

Participant satisfaction survey

4. Please provide the Committee with the results of the latest annual survey of Scheme participants.

Refer to Attachment 2 for the 2010 Participant Satisfaction Survey.

Membership of the Lifetime Care and Support Advisory Council

5. During the third review of the LTCSA, the Committee was advised that plans for participant representation on the Lifetime Care and Support Advisory Council (LTCSAC) were progressing but had been delayed.

a. Can you update the Committee on the progression of plans for participant representation on the LTCSAC?

Supported and will be included when the Act is next substantively amended.

Impact of the LTCS Scheme on health service resources

6. During the third review of the LTCSA, Area Health Services expressed concern that existing accounting systems were inadequate to meet the Scheme's requirements. In this regard, the Committee supported the recommendation of NSW Health in its Report on the NSW Health Review of the Impact of the Lifetime Care and Support Scheme that the LTCSA provide a lump sum payment to health service providers to cover the cost of system upgrades.

- a. **Can you update the Committee on whether the LTCSA has considered the provision of a lump sum payment to health service providers to cover the cost of system upgrades?**
- b. **If so, what decisions were made and what were the grounds for those decisions?**

The Lifetime Care and Support Authority does not support the payment of a lump sum to health service providers to cover the cost of system upgrades.

The fee for hospital services under the bulk billing agreement with NSW Health includes an administration cost that is associated with those services within the daily bed rate. This fee already covers the cost of system upgrades.

Medical Care and Injury Service Levy (MCIS)

7. **Has the LTCSA changed the levy on motorists since it reduced it by 2.5% in February 2009 and a further 3.5% in August 2009?**

No.

8. **What is your response to the suggestion of the Motorcycle Council of NSW that the LTCS levy should revert to a common flat fee across all registered vehicles in NSW?**
9. **Can you comment on the suggestion of the Motorcycle Council of NSW that the LTCS levy should be charged as a flat fee to licence holders rather than to the owners of registered vehicles?**

This would represent a move to good (low risk) drivers subsidising poor (high risk) drivers. This is against a long held general insurance principle to price risk.

Entry into force of the Carers (Recognition) Act 2010

10. **Sections 7 and 8 of the Carers (Recognition) Act 2010 establishes new obligations potentially applicable to the LTCSA.**
 - a. **Can you advise the Committee as to your understanding of the extent to which these obligations apply to the LTCSA?**
 - b. **What steps the LTCSA has taken to ensure it meets its obligations under the Carers (Recognition) Act 2010?**
 - c. **Has the LTCSA provided a report on compliance with the Carers (Recognition) Act 2010? If so, could you please provide the Committee with a copy of the report?**

The Authority has obligations under section 7 of the Carers (Recognition) Act 2010. However, the Authority is not designated as a human service agency, therefore does

not have obligations under section 8 of this Act. The Authority complies with the spirit of the legislation.

The Authority will ensure that staff are advised of the NSW Carers Charter as part of its obligations under this new Act. In the past, the Authority has regularly had Carers NSW provide feedback on guidelines, and participate on advisory groups when relevant and it will continue to do so.

The Authority has not provided a report on compliance with the *Carers (Recognition) Act 2010* as it does not have an obligation to do so under the Act.

Entering the Scheme

Eligibility

11. *The LTCSA recently revised the LTCS Scheme draft eligibility criteria for people who have had amputations.*

a. Can you update the Committee on the reasons for the revisions to Scheme eligibility for people who have had amputations?

b. What feedback did you receive from stakeholders on the consultation paper proposing the revised eligibility criteria?

The criteria have been revised to resolve ambiguity in the wording of the current criteria and specify the types of amputations that are eligible for the Scheme for the benefit of stakeholders. The revisions also proposed expansion of the eligibility criteria for specific types of unilateral amputations (such as hindquarter amputation) that give rise to an ongoing high care need that are not currently eligible for participation in the Scheme.

Feedback was received from the following stakeholders:

Prof. Ian Cameron, Rehabilitation Medicine Physician, Rehabilitation Studies Unit, University of Sydney

Ms Karen Opitz, QBE

Mr Richard Collins, Prosthetic Physiotherapist, South East Sydney Area Health Service

Dr Geoff Booth, Hunter New England Area Health Service

Dr Lorraine Jones, Consultant in Rehabilitation Medicine

Dr David Bowers, Rehabilitation Medicine Physician, Northern Sydney & Central Coast Area Health Service

Dr Adeline Hodgkinson, Rehabilitation Medicine Physician & Director Brain Injury Unit, Liverpool Hospital

Dr Kathleen McCarthy, Rehabilitation Medicine Physician, Westmead Community Outreach Brain Injury Rehabilitation Team

Ms Judy Davidson, Eastern Sydney Occupational Therapy & South East Sydney Area Health Service

Ms Mary Maini, NRMA

Mr Craig Evans, Physiotherapist, Rankin Park Limb Centre, Hunter New England Area Health Service

Feedback from stakeholders generally agreed that FIM was not required to be part of the eligibility criteria for amputations. Stakeholders also agreed that the upper limb amputations criteria should be clarified as the loss of a thumb and index finger of the same hand, such that opposable hand grip is lost, because this gives rise to an ongoing need for care. Stakeholders also agreed that unilateral hindquarter amputation and unilateral hip disarticulation should be included in the eligibility criteria. Stakeholders otherwise provided varied feedback as to other types of unilateral amputations which would be a significant expansion of the Scheme.

- 12. In its response to the Second Review Report, the Government advised that the Motor Accidents Authority (MAA) had been asked to progress research into the possible coverage by the LTCS Scheme of people hit by a projectile while travelling in a registered motor vehicle.**
- a. Can you update the Committee on the findings of that research?**

The definition of a motor accident injury is in the *Motor Accidents Compensation Act 1999*). Therefore this issue is best addressed by the MAA.

The MAA conducted preliminary research into possible coverage of the Scheme to people hit by a projectile while travelling in a registered motor vehicle. However, data on injury severity and frequency was not available to the MAA as injuries caused by projectiles thrown at a vehicle are not classed as a motor accident injury under the *Motor Accidents Compensation Act 1999*. The MAA also sought data from external sources but this was not useful in determining the cost of allowing claims arising from injuries by projectiles while travelling in motor vehicles. Catastrophic injuries caused by projectiles thrown at vehicles would be covered by the proposed National Injury Insurance Scheme.

- 13. Since the third review of the LTCSA, has the Authority undertaken an evaluation of the tools used to assess eligibility criteria?**
- a. If so, can you update the Committee on the progress and outcomes of this evaluation?**
- b. Have you have identified any alternative or additional tools that may appropriately be used?**

The Authority has not conducted a formal evaluation. The Authority continues to use the Functional Independence Measure (FIM) to assess eligibility for people with a brain injury. No other appropriate measures have been identified by the Authority.

Post Traumatic Amnesia (PTA) scores are often not available due to coma or the effects of medications on testing. For this reason, the Authority introduced the additional criteria of significant impact to the head or significant brain imaging abnormality where a PTA score is not available or applicable.

The Authority consulted heavily with the Brain Injury Rehabilitation Directorate when setting the eligibility criteria for the Scheme, including the use of the FIM. The Brain Injury Rehabilitation Directorate has not raised its concerns regarding the eligibility criteria directly to the Authority but the Authority would welcome such discussion in the future.

14. During the Committee's second review of the LTCSA, the Authority advised the Committee that it was undertaking an evaluation of the Paediatric Care and Needs Scale (PCANS) as an assessment tool to determine lifetime participation for children with brain injuries.

a. Can you update the Committee as to the findings of the LTCSA's evaluation of - PCANS?

b. Has the LTCSA investigated the use of other assessment tools to determine lifetime participation for children with brain injuries?

Since the Committee's last report the Paediatric Care and Needs Scale has been evaluated and validated with Australian normative data. However, the PCANS is not a suitable assessment to be used as a threshold test for eligibility to the Scheme.

The PCANS is a scale that is used to measure the support needs of children with acquired brain injury aged between 5-14 years.

The Authority canvassed many tools at the time of establishing eligibility criteria for the scheme and consulted widely on this matter. The Authority has not been made aware of any other new tools that may be suitable.

Accessibility of information

15. National Disability Services NSW has expressed concern that key documents on the LTCS website are not provided in an accessible format for people who are vision impaired. What is your response to this concern?

The Authority's website conforms to the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG). The Authority understands that National Disability Services NSW raise particular concern about the accessibility of key documents on the Authority's website. The Authority will ensure all key documents are fully accessible.

16. What methods does the LTCSA employ to provide information on the LTCS Scheme to people from indigenous and culturally and linguistically diverse backgrounds?

The Authority routinely uses interpreters when communicating with people from culturally and linguistically diverse backgrounds and has its letters and brochures translated as needed.

The Authority has often used specialty indigenous services for its participants who are from indigenous backgrounds.

Attendant care providers try to recruit workers from the same background as the participant where it is identified they are indigenous or culturally or linguistically diverse.

The Authority is currently reviewing all of its brochures and will make these available in a variety of community languages when this review is complete.

Approval processes for home modification

17. The 2009/ 10 Annual Report of the LTCSA stated that the Authority has continued to review and update its home modification processes and procedures to improve the quality of service and provide more speedy modifications, including through convening an expert panel.'

a. What were the recommendations of the home modification expert panel?

b. To what extent and on what basis were the recommendations of the home modification expert panel accepted or rejected?

The Expert Panel provides advice on individual home modifications for scheme participants on a fee for service basis. The panel was not established to provide advice to the Authority on its home modification process or procedures.

The Authority established the Panel so that only those occupational therapists and building project managers with expertise in the area of modifications for people with severe injuries are able to recommend and manage home modifications for scheme participants. The procedures ensure communication between all parties so that the most feasible options for modification are developed early. Establishment of the Expert Panel has also enabled the Authority to ensure that the providers involved in home modifications are trained in the Authority's procedures for recommending and managing home modifications.

Buy-in to the Scheme

18. At the time of the third review of the LTCSA, the guidelines which would allow for participant buy-in to the Scheme were being finalised, pending adoption by the LTCSAC.

a. Can you update the Committee on the status of the guidelines and the buy-in option?

b. Can you also advise the Committee as to whether and to what extent participants have taken advantage of the buy -in option to date?

Changes to the LTCS Guidelines to enable participant buy-in to the scheme are planned for gazettal shortly. No-one is able to buy-in to the Scheme until this time. The Authority has received some preliminary inquiries which will be advanced once the Guideline is in place.

Opting out of the Scheme

19. During its third review, the Committee was advised by the LTCSA that, while it is not possible for participants to opt-out of the scheme with a lump sum payment for life, the LTCSA can negotiate periodic payments. Can you update the Committee as to the content and progress of the guidelines that were being developed to allow periodic payments to some participants?

20. In relation to those participants who might choose the periodic payment system, the LTCSA advised the Committee that it had sought advice on whether periodic payments could avoid being deemed 'income' for taxation purposes."

a. Can you update the Committee on the relevant personal taxation implications of a periodic payment system?

b. Have any participants negotiated periodic payments to date?

Periodic payments cannot presently be offered to participants. The LTCS Guidelines relating to participant self-purchasing of approved services are being developed. These Guidelines cannot progress without a taxation ruling, to ensure participants are not required to declare and pay income tax on monies received for the purpose of purchasing their own services.

The Authority submitted its application for a taxation class ruling in January 2011 and has been working with the Australian Taxation Office since this time. The Australian Taxation Office provided the Authority with a draft class ruling in late August 2011 and work is now occurring on finalisation.

Once finalised and published, the class ruling is expected to provide legal confirmation that payments made directly to a participant to purchase approved services, including interest on such payments, are not regarded as assessable income for taxation purposes. The ruling is also expected to confirm that participants cannot claim the tax rebate for medical expenses for paying for approved services with funds provided under a self-purchasing agreement.

The Authority has successfully obtained an exemption for payments for self-purchasing from the income test under social security law. This exemption ensures that such payments do not affect participants' entitlements to social security benefits including the Disability Support Pension.

Establishment of a peer support group for new participants

- 21. *In the third review of the LTCSA, some participants suggested that a peer support group for participants new to the Scheme would be valuable." Can you update the Committee on any plans to establish a peer support group for new participants in the Scheme?***

The Authority has no immediate plans to establish a peer support group for participants who are new to the Scheme. Following the third review, the Authority referred the matter to the LTCS Advisory Council for their consideration and advice. The Advisory Council noted that there are existing peer support options available in the community for people with acquired injury and that the establishment of a new peer support model for scheme participants was not feasible. The Authority understands that this suggestion came about around a perceived need for more information for participants about the Scheme in the early stages following injury. To this end, the Authority is reviewing its brochures to ensure that they are easily understandable and cover key areas of participation in the Scheme. See also the comment below in relation to advocacy services.

Access to advocacy services

- 22. *The Australian Lawyers Alliance has expressed concern that of the advocacy services listed on the LTCSA, only one is a legal advocacy service. Can you update the Committee as to any work being undertaken by the LTCSA to increase the number of legal advocacy services listed on its website which specialise in advocacy for people with disability?***

The Authority is reviewing the type of advocacy and support services required by scheme participants. The Productivity Commission in its report on the feasibility of a National Disability Care and Support Scheme recommended that it involve: mechanisms to provide information in the hands of the consumer (participants); supported decision making when required; and funding for disability support organisations; to provide additional assistance with brokerage, planning and administration.

Operation of the LTCS Scheme

Life costing model

- 23. *During the third review of the LTCSA, the Authority advised the Committee that the final Life Costing Model (LCM) would go into production release in June 2010, following development and testing."***
- a. Can you update the Committee on whether the final version of the LCM is now in use?***

b. What are the benefits of the remodelled LCM as compared with the previous version?

c. What results has the remodelled LCM produced so far, and to what purpose have these results been put?

d. What further developments, if any, might be required to improve the model?

The latest version of the LCM was implemented in August 2011. Each year PricewaterhouseCoopers modify the LCM to better reflect 'real' data and expenditure. The LCM will be reviewed annually to take account of the actual experience of Scheme participants.

The LCM is a key tool in the Authority's Dynamic Financial Management System whereby actual data is used to improve actuarial assumptions as to the incurred cost of services. As the Authority collects more actual expense data the system becomes more sophisticated.

Services that are 'reasonable and necessary'

24. Stakeholders have continued to express concern that decisions of the LTCSA as to what constitutes services that are 'reasonable and necessary' to meet participants' needs, suffer from a lack of consistency and transparency.

a. Can you update the Committee as to what steps the LTCSA has taken to improve the transparency of its decision making processes?

b. What steps has the LTCSA taken to ensure that sufficient information as to the reasons why a particular form of treatment, rehabilitation or service has been rejected, is provided to the applicant?

The Authority provides specific reasons in writing to the participant when declining to pay for treatment rehabilitation or attendant care. The Authority also sends this advice to the participant's case manager or provider that submitted the request.

The Authority sees this as particularly important in case the participant decides to dispute the decision. In this instance, the Disputes Assessor also receives the Authority's reasons for not funding treatment, rehabilitation or attendant care for a participant.

The Authority assesses each request for treatment, rehabilitation or attendant care on a case by case basis.

Accessible housing and supported accommodation

- 25. Can you update the Committee on steps that the LTCSA has taken since, the last review to address the lack of accessible housing for Scheme participants?**
- 26. The 2009/10 Annual Report of the LTCSA stated that the Authority has built a modified - house at Revesby which is suitable for people requiring 24 hour care, and that another house is soon to be completed.'**
- a. Can you outline how the house at Revesby operates and provide your assessment of the successes and challenges to date?**
- b. What plans exist for the future purchase and development of other properties for supported accommodation?**

The Authority is not funded to provide housing or accommodation for participants but recognises suitable accommodation for participants with high support needs continues to be difficult to access at times. For this reason, the Authority operates two homes for participants with high support needs at Revesby and Blacktown, with a third nearly ready for occupancy at Liverpool.

The house at Revesby currently has 2 participants with very high clinical and care needs. The participants are tenants in the house and therefore pay rent. The tenancy arrangements are managed by a community housing provider. The participants contribute to the household running costs. Because the participants are tenants in the house they are able to move if their circumstances change.

The Authority funds the participants' care and other rehabilitation costs. The attendant care provider in the house is one of the Authority's approved attendant care providers. As mentioned above the Authority has a house at Blacktown ready for occupancy and one nearly completed at Liverpool. The Authority has also bought land at Ermington in Sydney and at Coffs Harbour.

- 27. The 2009/10 Annual Report of the LTCSA -shows that \$55,126 was spent on professional accounting advice from a private consulting firm regarding participant accommodation options." Could you outline the content of that advice?**

The advice concerned the estimated capital and recurrent costs for the Authority in investing in property for use by Scheme participants.

The analysis showed that, based on a mix of models of use and properties, and using the Authority's financial assumptions of investment return, the benefits of investing in property over a 20 year time frame outweighed the cost. It also showed that the rate of return is greater than the cost of the capital and the period over which the initial outlay is repaid is approximately 11 years.

- 28. The Government response to the Second Review Report noted that the LTCSA would examine the role and membership of the supported accommodation expert advisory group to improve its effectiveness. During the third review of the LTCS Scheme, the Committee was advised that the supported accommodation expert advisory group had not met for approximately two years.**
- a. Why did the supported accommodation expert advisory group not meet for two years?**
 - b. Has the supported accommodation expert advisory group met since the third review of the LTCSA?**
 - c. What were the findings of the review of the supported accommodation expert advisory group and what decisions were subsequently made and implemented?**

The Authority's intent was to seek the advice of the supported accommodation expert advisory group on a short term basis. The Authority acknowledges difficulties rehabilitation units have discharging participants who have no access to suitable accommodation options. While the Authority is not funded to provide accommodation for participants, it is investigating models of care and accommodation and will convene future advisory groups as options are developed.

Access to equipment

- 29. The NSW Spinal Cord Injury Service raised a number of specific issues in relation to delay in the approval and supply of equipment essential for discharge of people with a spinal cord injury.**
- a. Can you update the Committee as to the average length of time it takes (from initial request) for an approval to be granted for customised equipment essential for discharge for participants with a spinal cord injury?**
 - b. What steps have been taken by the LTCSA to limit delays in the supply of equipment to participants?**

The average time it takes for approval to be granted for customised equipment from receipt of the initial request is 10 days.

The Authority continues to encourage providers to submit well reasoned requests in a timely manner so that the approval process and time needed for customisation does not have an impact on the intended discharge date of participants.

The Authority aims to improve information available to therapists through the development of clinical practice guidelines such as the *Guidelines for the prescription of a seated wheelchair or mobility scooter for people a traumatic brain injury or spinal cord injury*. These guidelines were developed in conjunction with Enable NSW. See Attachment 3 for more information.

The Authority continues streamline the approval process for more the straightforward equipment items. To this end, the Authority introduced delegations for LTCS Coordinators to authorise the purchase of equipment that is considered low risk. This has reduced the time taken for the Authority to provide a decision about a request.

The Authority also continues to add routine items to its discharge list of equipment that service providers can order directly for participants without prior approval from the Authority.

30. Has the LTCSA adopted the approach recommended by the Committee and the Brain Injury Rehabilitation Directorate to accept original equipment orders as justification for hire?

The Authority has always accepted original equipment orders as justification for hire. There has been only one instance where this did not occur.

Attendant care services and domestic assistance

31. Can you advise the Committee as to what effect the recent changes to Part 8 of the LTCS Guidelines will have on the provision of attendant care and domestic assistance under the Scheme?

Draft LTCS Guidelines have been considered by the LTCS Advisory Council and are being finalised to take into account the Council's comments. It is expected the Guidelines will be gazetted shortly.

32. Paragraph 1.8 of the draft Part 8 of the LTCS Guidelines proposes that the Authority will not pay for, among other things, 'services that conflict with or do not support the participant's community living plan or agreed rehabilitation goals'.

- a. ***What was the impetus for this amendment?***
- b. ***Can you give an example of a service that has been requested and is in conflict with a participant's community living plan or agreed rehabilitation goals?***
- c. ***How is the purpose of this amendment not met through the existing provision in paragraph 1.8 that the Authority will not pay for 'services that are of no clear benefit to the participant'?***

As indicated in response to question 31, it is expected the Guidelines will be gazetted shortly.

The Authority considers it vital that the participant's attendant care program is considered in the context of other funded treatment and rehabilitation services that aim to maximise independence.

Improving the effectiveness-of LTCS Coordinators

33. ***Can you update the Committee as to what extent the stakeholder suggestions for improving the effectiveness of LTCS Coordinators, as outlined in the Third Review Report, have been considered and adopted? The suggestions were as follows:***
- ***That the LTCSA work with providers to assist them to understand the different role and responsibility of LTCS Coordinators and Case Managers***
 - ***That there be more uniformity with the skills and knowledge of the Coordinators to ensure efficiency and consistency in providing treatment services to the participants***
 - ***That the LTCSA review the overall availability of Coordinators to attend to phone/email enquiries on a daily basis***
 - ***That the LTCSA review processes for service providers to be able to contact Coordinators for urgent issues, including options for contacting an alternative Coordinator if the nominated Coordinator is unavailable***
 - ***That the LTCSA accept the offer made by the State Spinal Cord Injury Service to provide training and education for Coordinators and Case Managers.***

The results of the Authority's participant satisfaction survey indicate that the role of LTCS coordinators and case managers is well understood by participants with 93% of survey respondents identifying they have a case manager and 80% identifying that they have both a case manager and LTCS Coordinator.

LTCS coordinators undergo an induction program based on the LTCS guidelines and the LTCS coordinator manual. LTCS coordinators are organised into small teams of 6 under a Senior Coordinator.

The Authority has continued to promote its 1300 number to participants and service providers in order to ensure an alternative LTCS coordinator or Senior Coordinator can be contacted for urgent issues when the allocated coordinator is unavailable. LTCS coordinators have mobile access to emails and phones. A duty coordinator is assigned to provide cover for short absences. When coordinators are on longer leave participant cases are reassigned.

The State Spinal Cord Injury Service (SCISS) delivered a training program for LTCS coordinators and case managers on the 27th of July 2011.

Vocational Rehabilitation Pilot Program

34. ***Recent LTCS E-News bulletins have highlighted the commencement of the Vocational Rehabilitation Services Pilot Program to enable access to vocational rehabilitation services for all inpatients within the NSW***

Spinal Cord Injury units." Can you provide the Committee with a preliminary assessment of the success of this program?

Vocational rehabilitation activities are an important component of a participant's rehabilitation following serious injury. The Authority is funding the In-Voc pilot program that provides early access to vocational services in the three NSW Spinal Cord Injury (SCI) units. This is a new initiative within SCI Units.

SCI units have embraced the In-Voc pilot program and are actively promoting the benefits of vocational rehabilitation to in-patients, family and staff. There are 30 clients currently actively participating in vocational rehabilitation activities as part of the In-Voc pilot program. 28 of these clients were working at the time of their injury and approximately 1/3 of these clients are also LTCS participants. Formal evaluation is being undertaken by the University of Sydney Rehabilitation Studies Unit. The first progress report will be available in October. Refer to Attachments 4 and 5 for more information.

Recreation and leisure activities and physical exercise programs

35. During the third review' of the LTCSA, the Authority advised the Committee that planned guidelines for the funding of participants' recreation and leisure activities had been abandoned after widely divergent views were received as part of feedback on the draft guidelines.'

a. Can you update the Committee as to developments in the LTCSA's approach to funding recreation and leisure activities for participants?

b. Does the LTCSA now pay for transportation to and from recreation and leisure activities for participants?

The Authority has developed a draft guideline which has been reviewed and endorsed by the LTCS Advisory Council. This Authority intends to provide training around this before it is released.

The Authority is not funded to pay for participant's leisure and recreation costs and such funding would require an increase in the levy collected from NSW motorists.

The Authority will fund leisure and recreational activities for participants when the activity is part of a rehabilitation program and will assist the participant to develop independent living skills (e.g. when the activity is used to assist the participant learn or develop communication or social skills). The Authority funds rehabilitation services which assist participants to identify suitable leisure and recreational activities. The Authority also funds attendant care workers to assist participants engage in leisure and recreational activities .

The Authority is not funded to pay for transport to leisure and recreation activities. Again, the levy paid by NSW motorists would need to increase if the Authority were

to fund transport costs related to leisure or recreation. The Authority will fund attendant care support for participants that require assistance with accessing transport.

Support for family carers

- 36. What is your response to the suggestion of Carers NSW that the Authority modify the language it uses when referring to the family of injured people and use the terms 'carer' or 'family carer' rather than 'family member'?**

The Authority does not consider it appropriate to modify the language it uses to refer to the family of participants because not all family members are carers or family carers of Scheme participants. In many cases the care and support services participants receive mean that family members do not have to take on the role of 'carer' for the participant. The Authority uses the term 'attendant care worker' to refer to paid care and distinguish this from 'carer'.

- 37. Carers NSW suggested the establishment of an ongoing support group for carers of people with traumatic brain or spinal cord injury." Can you advise the Committee as to whether the LTCSA has funded or otherwise contributed to the establishment of a support group for carers?**

The Authority has not funded or contributed to the establishment of a support group for carers.

- 38. The Australian Medical Association of NSW (AMA NSW) noted that, in certain circumstances, a family member or friend who acts as a carer for a participant is reimbursed by the Scheme for doing so. The AMA NSW has expressed concern that there is a proposal to remove this payment. What is your response to this concern?**

The Authority recognises the importance of family to assist and nurture a person through a difficult time following a severe traumatic injury and to help the person focus on a new pathway.

The Authority provides support to family members as well as scheme participants and is developing a family support program having recently completed a pilot project on building family resilience.

However the Authority does not pay family members to be paid attendant carers. This position was reached after extensive consultation with disability and carer organisations through the Life Time Care Advisory Council. The Authority has accepted the strong view from that consultation that family members should not be paid to act as attendant care workers to participants for the following reasons:

- To protect the fundamental family relationship, whether a spousal relationship or a parent-child relationship. The Authority recognises care and support is a normal part of all family relationships but injury related care is not. Paid attendant care is in place to provide for the additional injury related needs of

the participant and to allow family to continue to function as family; not to alter the family bond to an injured person-care worker relationship.

- The needs and aspirations of the participant are likely to change over time and family will not always have the capacity or expertise to provide appropriate injury related attendant care. For example, due to aging or ill health of either the participant or the family member.
- It is inappropriate to create a financial nexus between family members and the participant which has the long term potential to disrupt normal family relationships by creating a circumstance where family income is derived from a participant's degree of injury related dependence.

The issue of paying family members to act as attendant care workers for Scheme participants has been extensively reviewed by the Standing Committee on Law and Justice with no recommendation to alter this position.

Future considerations

Biennial review

- 39. *In its third review of the Lifetime Care and Support Authority (LTCSA), the Committee noted that a biennial review may be an appropriate option for future reviews of the Scheme. What is your response to the idea that the Committee conduct its review of the LTCSA biennially rather than annually?***

The Authority recognises the extensive work undertaken by the Committee and given this ground work supports biennial review rather than annual review.

Federal Productivity Commission's final report on a National Disability Strategy

- 40. *In a report released in August 2011, the Productivity Commission recommended a new National Injury Insurance Scheme (NIIS) to commence by the end of 2013 for new cases of catastrophic injury caused by motor vehicle and medical accidents, and by the end of 2015 for new cases of catastrophic injury irrespective of cause.***

- a. Assuming, the new Scheme is adopted, can you advise the Committee as to the effect you anticipate the implementation of the NIIS will have on the operation and budget of the LTCSA?***
- b. What steps, if any, would the LTCSA need to undertake to ensure that it is prepared for the roll out of a new nationally administered Scheme?***

- 41. *The Productivity Commission has also recommended a National Disability Insurance- Scheme (NDIS) to provide insurance cover for Australians in the event of significant disability (as distinct from***

catastrophic injury). This Scheme is scheduled to commence across Australia in 2014 and to cover all significant disabilities by 2018.

a. Assuming the NDIS is adopted, can you advise the Committee as to the effect that the implementation of the NDIS would have on the operation of the LTCSA?

The recommendations of the Productivity Commission were considered at a recent COAG meeting, where it was agreed that the Commonwealth and States will set up consultative mechanisms to progress discussions around a national Disability Insurance Scheme and a National Injury Insurance Scheme. The Authority is not able to comment further on questions 40 and 41.