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Joseph Tripodi

Minister for Finance Minister for Infrastructure Minister for Regulatory Reform
Minister for Ports & Waterways

16 JUN 2009

Our Refs: 09/446

Hon Christine Robertson MLC
Chair
Legislative Council
Standing Committee on Law and Justice
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Robertson

I refer to your correspondence regarding the Second Review of the Lifetime Care and Support Authority and the Lifetime Care and Support Advisory Council by the Standing Committee on Law and Justice, and attaching the Standing Committee's Questions on Notice.

I am pleased to enclose the responses to the Committee's questions prepared by the Lifetime Care and Support Authority (LTCSA).

Any enquiries about this matter may be directed to Mr John Dietrich, Manager, Ministerial and Community Assistance, MAA on (02) 8267 1935 or by e-mail: jdietrich@maa.nsw.gov.au.

Yours sincerely

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STANDING COMMITTEE ON LAW AND JUSTICE

SECOND REVIEW OF THE LIFETIME CARE AND SUPPORT AUTHORITY AND THE LIFETIME CARE AND SUPPORT ADVISORY COUNCIL

PRE-HEARING QUESTIONS ON NOTICE

Scheme Utilisation and Eligibility

1. **(a) Please provide data on the operation of the LTCS scheme to date including:**
   - **Number of participants (children and adults)**
   - **Participant disabilities and needs**
   - **The circumstances in which they were injured**
   - **Geographical distribution of participants**
   - **Breakdown of expenditure on care and support services etc.**

Response:

Refer to Attachment 1.

(b) How does this compare with projected utilisation and expenditure for the period of the scheme's operation?

Response:

The overall number of participants is at the level expected. The age profile is older due to fewer children than expected and a higher number participants over the age of 60 than expected. The level of severity has been higher than expected.

The following table provides a breakdown of actual expenditure although this does not include accrued expenses for which the Authority has yet to be invoiced.

	OCT06 TO MAY09 ACT $'000
Attendant Care	2,326
Hospital	10,216
Medical	5,974
Equipment	1,285
Home Modifications	527
Vehicle Modifications	46
Other	52
Total	**20,427**

A system to compare expected against actual expenditure is being built into the life costing model and the case management system. The actuaries examine this data when calculating their valuation of the Scheme. It appears that the data on the costs of attendant care are reasonably accurate, with the Scheme spending less that anticipated perhaps due to a lower than expected utilisation rate for care. In

contrast, the actual rehabilitation costs and home modification costs are higher than the expected costs. These variations between actual and expected expenditure, however, could be primarily an issue of timing and not represent any long term trend.

2. **Since the last review has the Authority noticed any emerging gaps in respect of eligibility, for example, people referred to but not accepted into the scheme? Is there now anyone potentially injured in motor vehicle accidents not covered by the CTP and/or LTCS schemes?**

Response:

The CTP and/ or LTCS schemes do not cover:

i. accidents involving unregistered and unregisterable vehicles;
ii. accidents resulting from an object thrown at a vehicle e.g. rocks thrown off a bridge at a car;
iii. accidents involving bicycles or horses on roads that do not involve a motor vehicle.

3. **Has the eligibility criteria for the scheme been evaluated to determine whether they appropriately identify the target group and appropriately exclude others?**

Response:

While the eligibility criteria for the Scheme have not been specifically evaluated, the early indicators are that the criteria are working well. The Functional Index Measure (FIM), which measures whether a person is independent in an activity or requires assistance, is the main assessment tool for eligibility to enter the LTCS Scheme. The measure was selected by brain injury clinicians from the Adult and Paediatric Brain Injury Units. The Authority continues to be receptive to suggestions for other objective and reliable assessment tools as adjuncts or alternatives to FIM. To date no viable alternatives have been suggested.

The Authority will closely monitor the two year interim assessment of participants to determine if there are any participants requiring services into the long term who would not score the FIM required for lifetime participation.

Both the Transport Accident Authority in Victoria and the Accident Compensation Commission in New Zealand are moving to adopt the regular collection of FIM data on all their claimants with serious injury as a means of monitoring and predicting their costs and the demand for services.

The Authority will review the eligibility criteria for amputations over the next 12 months.

4. **In the last review it was noted that entry into the Scheme via the orthopaedic system was a weak area and that the Authority was seeking to address this issue. How has the Authority addressed this issue and has entry via the orthopaedic system improved?**

Response:

People with orthopaedic injuries would not meet the eligibility criteria for Scheme entry. It may be that a person with a brain injury is admitted to an orthopaedic ward. The issue is not that the LTCS Authority is not being notified, but rather that their brain injury is not being diagnosed and the person referred to a specialist brain injury unit. Once the injured person is referred to a specialist in brain injury or a brain injury unit the LTCS Authority is notified.

The Authority has continued to conduct education sessions on the LTCS Scheme particularly targeting social workers in the hospitals.

5. **Please provide a selection of de-identified case studies of scheme participants and their treatment and care under the LTCS scheme to date.**

Response:

Case Study 1

Participant A is a 25 year old man. He was a pedestrian injured at the end of 2007. The Authority was notified and after assisting with the application he was accepted as an interim participant in the Scheme five days later. He was treated at a major Sydney hospital for 25 days and had initial rehabilitation at a specialist unit for 38 days before being transferred to his home state where his rehabilitation continued for a further 4 months. His injuries included multiple skull fractures and limb fractures. He remained in post traumatic amnesia for about 10 weeks indicating a very severe brain injury.

It was noted throughout his rehabilitation that he had difficult behaviours. From inpatient rehabilitation he was transferred to a transitional accommodation service where after some months he was removed due to his difficult behaviours including aggressive outbursts and verbal threats further complicated by alcohol abuse. Since this time he has been accommodated in a variety of short term arrangements including hotels with these accommodation costs being met by his solicitor. He is currently awaiting public housing. His disability and anti social behaviour has led to orders being sought and granted for guardianship and financial management.

The participant has complex pre-injury issues relating to family and emotional difficulties complicating his recovery. The impact of the brain injury has been to disturb the coping mechanisms developed in his early adult life. Since his injury and for the foreseeable future he requires assistance from a rehabilitation specialist, clinical psychologists, a psychiatrist and support workers.

There has been a high level of coordination of all services provided by the Authority which has necessitated meeting the participant and treating team on several occasions and continuing negotiating with the range of service providers to provide suitable ongoing support. The Authority organised a review of the participant by a psychiatrist in NSW who specialises in brain injury who provides regular input with the participant's interstate rehabilitation physician. The Authority has provided all

medical services and case management. The participant has complex needs which would be demanding to manage in NSW and has been complicated by the need to provide services interstate.

Case Study 2

Participant B is a 15 year old male pedestrian hit by a car in late 2006. He was treated in hospital for 3 months including specialist rehabilitation and a transitional living unit. He lives with his parents and siblings in Sydney.

The Authority has funded the following over the last two years:

- medical services – rehabilitation specialist, neurosurgery, ophthalmology
- treatment services - case management, clinical psychology, gym programs, occupational therapy, physiotherapy, teacher's aide, neuropsychology assessment, vocational assessment, vocational counselling, vocational programs and
- attendant care to support engaging him in his rehabilitation program and avoid risk taking behaviour.

Prior to injury, the participant had left school due to disruptive behaviour and was not following any vocational pathway. Since injury, the participant has returned to school with Authority funded support. He has now left school and is actively pursuing work and training options. The participant is also engaged in household activities to assist his parents. This has been achieved after two years of structured input and support. The participant is now a Lifetime Participant and met the eligibility criteria due to his cognitive issues with problem solving and social skills.

Case Study 3

Participant C is a 30 year old motor bike rider injured in a single vehicle accident in 2008. He sustained a complete thoracic injury resulting in paraplegia. He received his acute care and rehabilitation in a Sydney spinal unit but lives in a large rural town in NSW. During rehabilitation the Authority commissioned an occupational therapist and a home modification project manager to assess the family home where he previously lived with his parents and partner. The final recommendation was to construct a separate suitable dwelling on the family owned residential property. While this has been in progress, the Authority has funded interim accommodation in the rural town.

Providing the necessary services to the participant has required comprehensive case management. Support from Sydney based spinal experts has been provided for the local service providers. The Authority has also funded returning to Sydney for specialist medical appointments.

While the home modifications have been underway, the participant has continued to receive physical therapy and a vocational program. It is anticipated that one year following injury the participant and his partner will be in suitable permanent accommodation in their home town and preparing to start their own small business.

Case study 4

Participant C is a 38 year old pedestrian who sustained a very severe brain injury. He is now living in supported accommodation after 14 months in acute care and rehabilitation. He continues to require 24 hour care a day for all his basic needs. He has medical complications including severe spasticity and blood clots.

It was identified that the ability of the participant's family to support him at home would be very limited. The available services to meet all the requirements of a young person with high level care needs are limited. For this participant the Authority, together with his family and treating team, have supported a novel solution using services from several providers. The Northcott Society have provided suitable interim accommodation. The Community Integration Program from Royal Rehabilitation Centre provides accommodation management, therapy and attendant care services. The brain injury program is providing case management and medical oversight. In the longer term, housing will be provided by a community housing provider in an area close to his family. This solution brings together providers who in the past have not worked together. At this stage it requires careful monitoring but demonstrates the existence of expertise that can be brought together for an individual.

Financial Matters

6. **The Authority's Annual Report 2007/2008 (p11 and p15) advises that the Authority is working on development of a tool (Life Costing Model) to allow the Authority to estimate the lifetime cost of individual participants, the cost of all participants as well as calculating the cash flow requirements for the Authority. Can you please update the Committee on how this is progressing?**

Response:

The first phase of the implementation of this tool is complete and is to estimate life-cost financial provisions in line with Scheme requirements. Consulting actuaries to the Authority have assisted to this point and the overall project is under the control of the Office of the Motor Accidents Authority's Chief Financial Officer.

The second phase is underway following the recent implementation of financial management systems for the Authority. Achievements with this phase include the enhanced ability to report on actual Scheme costs by participant and cost category, and against budget and forecasts.

The third and final phase of the project will be to overlay the current life-cost estimator tool onto our financial system in order to generate real-time historical analysis and forecasts/predictions of cost variations per participant, group and the overall Scheme.

7. **The Annual Report (p15) indicates that the Authority intends to "review and enhance' the financial management of the Scheme including:**
   a. **A re-examination of the assumptions in the liability valuation to develop a more sophisticated risk management plan**

b. **Setting of a prudential margin to provide the Scheme a buffer against investment downturns or significant increase in participants or injury severity**
c. **Review of the investment strategy for the Scheme**
d. **Implementation of new financial management systems.**

Can the Authority please provide the Committee with an update on the issues and how they will benefit the Scheme and its participants?

Response:

Risk flags have been introduced to the life-cost estimate (phase 1) and considered more broadly in the current annual liability valuation undertaken by the Authority's consulting actuaries.

The Authority's Risk Assessment fits within a standard framework and with supporting risk management policy. A program is in place to manage the movement of risks and to assist management and the Board to mitigate risks. The broader risk set relating to Scheme (revenues and costs) are identified as follows:

- In relation to revenues risk, financial forecasts rely on regular consulting actuarial advice (currently provided by PricewaterhouseCoopers) for levy setting and annual liability valuation including investment return assumptions and indicators. This is correlated to TCorp economic assumptions.

- In relation to overall Scheme and costs risks, financial forecasts rely on actuarial advice (currently provided by PricewaterhouseCoopers and Access Economics). Further, work continues to build a Life-Costing Model to verify individual participant long-range cost profiles and on a consolidated basis, and thereby verifying actuarial estimates.

- In relation to investment management risk and returns, the Authority additionally relies on TCorp to provide Fund Management services and the Board, regular reports on its current diversified portfolio of investments, inclusive of investment durations and movements;

- Mercer Investment Consulting is retained to advise the Board on asset allocation and associated strategies.

The Authority previously outsourced its financial management processing through a third party. Given the nature of the Authority and its functions, management and the Board agreed to implement a customised financial management system in late 2008 to ensure that general financial management, forecasting and budgeting, procurement and various business intelligence functions (including the life-cost estimator and integration with the Authority's critical case management systems) would rest within the control of the Authority's CFO and senior management.

The benefits being or targeted to be achieved include:

- Timely (critical) payment of a burgeoning accounts payable environment.

- Integration of case management system to financial ledgers and forecasting systems for overall scheme management benefit.
- Timely reporting of financial results and trends (within 5 working days).
- Improved processes for the certification and approval of expenditure within delegation limits across the Authority.
- The implementation of strong procurement systems integrated to the general ledger.

8. **The Annual Report (p 21) identifies a substantial surplus for 2007/2008 that has increased from last year to form equity of over $160 million, and indicates that it is mainly due to a significantly lower than expected number of children participants. Can the Authority advise why the number of children participants has been lower than expected?**

Response:

The number of children participants has been less because the number of children being seriously injured in motor vehicle accidents has significantly reduced. This is demonstrated by long term trends in hospital data. The Authority cannot explain this reduction.

9. **Following on from this, the Annual Report advises that the Board of the Authority has reduced the expected number of children for the round of levy setting by 30%. What was this decision based on and could there be any negative impacts for the Scheme funds if there is an increase in children participants over the next few years?**

Response:

The number of children entering the Scheme each year has averaged 10 per year (see age distribution in Attachment 1) compared to an expected 20 to 35 per year.

The reduction in expected numbers reflects this early trend but still leaves an estimate above actual experience in case the experience to date is atypical of long term trends. If the trend continues, then the Authority will continue to reduce projections and lower the levy.

Premiums

10. **Have there been any increases in premiums related to costs of the Scheme?**

Response:

The Authority reduced the levy by 2.8% from 1 February 2009 to offset increases in income due to higher CTP premiums. The Board has also determined to cut the levy by a further 5% early in early 2009/2010. The commencement is to mesh with MAA levy changes.

11. What are your expectations with regard to premiums in the next 5 and 10 years?

Response:

The Authority has determined to put a 10% prudential margin on liabilities. Post this, the income for the Fund will be adjusted annually to reduce the surplus as shown in Table 1 from the PWC Actuarial Report. (Attachment 2)

Service Providers

12. Since the last review, what feedback are you getting from health professionals about their role in the Scheme and your agency's requirements of them?

Response:

The feedback from service providers can be grouped into the following areas:

- Great opportunity to look at service development opportunities – how can we work together?
- Do not like the rigour of having to request services, the associated paperwork and the questioning of their requests; and
- The Scheme should pay for all the participant's needs, not just their treatment and care needs, for example accommodation costs.

13. Following on from this, in last year's review the issue of increased documentation for clinical staff was raised and the Authority advised that a review of documentation and procedures was planned. A number of submissions to the current review still raise the issue of "onerous and repetitive" paperwork/administration for the Scheme (Submissions 2, 7, 8, 9, 10). What plans does the Authority have to address this issue?

Response:

The Authority acknowledges that the requirements on service providers to formally request services and report on progress has increased since the inception of the Scheme as there has been an increase in the number of people with access to a wider range of services. Having funding available for a greater range of services from a mix of public, not for profit and private service providers, services that would not have previously been available, has meant an extra workload both in the time spent in liaising with the additional service providers and in requesting services from the Authority. The Authority notes that while some providers have complained about the paper work required in requesting and justifying services, others have had little difficulty in meeting these requirements.

When publishing its procedures for requesting treatment, rehabilitation and care, the Authority undertook to review these procedures within 12 months. The review of these procedures was delayed at the suggestion of the Brain Injury Directorate for two reasons:

(i) to give service providers more time to become familiar with the Scheme and

(ii) to enable service providers to gain further experience in working within the procedures so that the feedback would be based on practical experience.

The procedures for requesting treatment, rehabilitation and care have now been reviewed. This included a review of all the forms for requesting these services. The Authority called for feedback regarding the procedures and forms from service providers and this was advertised in the E-news. Feedback was received from six service providers all of whom were brain injury units except for one paediatric facility that provides services for children regardless of injury type. Much of the feedback and suggestions received were regarding the format of the forms and the lack of consistency between the forms. This has been addressed in the revised forms.

The format of the forms has been standardised to enable more efficient completion, and repetitious information has been removed. Electronic features (such as check-boxes and drop-down boxes) have been included in the form to reduce the time required to complete the form.

The procedures and form for requesting equipment were developed as part of a joint project with EnableNSW (NSW Health). The Authority worked closely with EnableNSW to develop equipment request procedures and professional criteria for prescribers. The Authority's Equipment Request form was developed with the EnableNSW Equipment Request form so that requesting equipment is consistent across the two funding bodies. Small differences between the forms were required in order for the Authority to ensure that sufficient information regarding the reasonable and necessary criteria is included in the request.

Over the last 18 months, the Authority has had a number of internal audits by the Internal Audit Bureau which have stressed the risk to the Scheme of over-servicing and participants receiving inappropriate or unnecessary services. The Authority requires clear justification and reasoning for the treatment, rehabilitation and care services that are being requested. The plans submitted to the Authority are usually for services costing from $30,000 to $60,000. While the Authority has endeavoured to condense the information it requires as much as possible, there needs to be sufficient information provided for the Authority to determine whether the request is reasonable and necessary and consistent with the Lifetime Care and Support Guidelines. The Authority must also ensure that the Scheme is affordable. Therefore written documentation from service providers is required to ensure that the Authority's funding is being spent in an appropriate way to best meet participant's needs.

14. In last year's review the LTCSA advised that it was going to review the forms, including the Care Needs Assessment and Community Living Plan forms, to ensure providers are assisted in adequately providing information to the Authority. Is this underway and have there been any outcomes as yet?

Response:

The Authority's forms were reviewed as part of the review of the procedures for requesting treatment, rehabilitation and care (see Question 13 above). Both the Care Needs Assessment and Community Living Plan (as well as the Community Discharge Plan) forms have been reviewed and the revised forms are now publicly available via the Authority's website. Instructions have been provided to assist clinicians to complete the form so that the required information is provided to the Authority.

A Care Needs Assessment Workshop was held in April 2009 to provide information to care needs assessors about attendant care in the Scheme and how to complete the revised Care Needs Assessment form. Over 60 care needs assessors attended. The workshop was held in conjunction with the Attendant Care Industry Association (ACIA) and positive feedback was received. Another Care Needs Assessment Workshop is planned for November 2009. Service providers have been asked to provide the Authority with any feedback regarding the revised forms. To date, the feedback received has been positive.

As participants' injuries stabilise, care plans are being developed for 6 to 12 months of services, often costing over $100,000. The Authority needs to be sure that these services are meeting participants' needs.

15. **The Committee understands that participants' entry into the scheme, and their individual treatment and care needs, are based on an assessment by treating specialists and approved assessors. Has access to such professionals been an issue to date (for example, in non-metropolitan areas), and if so, how is it being dealt with?**

Response:

Apart from access to rehabilitation physicians in rural areas, access to professionals has not been an issue. The Authority usually arranges for assessments of participants in their local area. Fortunately, the rural brain injury program provides an excellent service and coverage.

Paediatric rehabilitation physicians are only available in the large metropolitan units so children have had to travel to either Sydney or Brisbane for assessments and review. A few rural areas, e.g. Bathurst and Tamworth, have rehabilitation physicians with brain and spinal cord experience. For other areas, the Authority has had find rehabilitation physicians who are prepared to travel or bring the participant to the metropolitan area.

16. **Following from this, the Spinal Cord Injury Service in the Hunter New England area (Submission 2) has suggested that the use of local level skills, instead of statewide private sector assessors may be more timely and effective. What advice can the Authority provide on this issue?**

Response:

The Authority has good coverage of assessors in the Hunter New England area, particularly in Newcastle. When discharging participants home to a rural area the Authority tries to engage a local assessor who will travel to Sydney to meet the participant before they return home.

The Authority recruits approved (specialist) assessors, via an expression of interest, from public, not for profit and private providers. The assessors must meet specified criteria such as the length and type of their experience and commitment to ongoing education.

17. **In the previous review the Authority advised it was currently meeting the needs of participants with existing services. Is this still the case, for example the Westmead Brain Injury Rehabilitation Unit (Submission 6) raised the issue of attendant care being problematic, in terms of availability and training needs of attendants?**

Response:

The Authority is currently meeting the needs of participants with existing services. There have been a few instances where we have used providers who have not been on our list – one is a participant in Perth and the other is for a young aboriginal boy and we are using a local service provider.

To set up an attendant care program, that is, to recruit and train attendant care workers, takes on average six weeks. The Authority conducted a forum in April 2009 for attendant care providers and other services providers, including care needs assessors to inform all parties of the needs other parties, for example, the need for forward discharge planning, the time required to establish an attendant care program and the need for a good assessment. This forum will be repeated in November 2009.

18. **Some service providers have raised a number of issues relating to their contact with the Authority (Submissions 2, 4, 6, 7, 9 and 10). Can the Authority please comment on the following issues:**
    a. Delays in payments for service providers

Response:

Please refer to 7d. The Authority previously outsourced its financial management systems. The Office of the Motor Accident Authority has recently brought theses systems in-house.

b. Service providers not being informed of system/ process changes

Response:

Service providers are informed of any changes to systems or processes through the E-news. The Authority encourages all service providers and other stakeholders to subscribe to this newsletter.

c. Confusion relating to the role of LTCS Coordinators

Response:

The LTCS coordinator is the Authority's representative in a wide range of frontline situations including hospitals, schools, private healthcare providers and government agencies such as the Department of Community Services (DOCS), Office of the Protective Commissioner (OPC), Office of the Public Guardian (OPG), and the Department of Housing. The LTCS coordinator is able to provide information and advice about the Scheme to people with injuries, their families and service providers. The LTCS coordinator monitors and provides information about the quality, reliability and availability of services being delivered to Scheme participants. They report on service gaps and engage assistance to meet identified needs and are the case file owner in the Authority to ensure that the Authority meets administrative requirements. The LTCS coordinator is also responsible for ensuring that contractors, such as attendant care providers, meet their contractual obligations. As participants move beyond their early treatment and rehabilitation phase, the LTCS coordinator will continue to be the contact for participants at the Authority.

All Scheme participants have an LTCS coordinator. For some, the involvement has been in the background but for many the role has provided the oversight and coordination of services that is an essential component of delivering services to people with complex needs. This is often in addition to services from a case manager and other providers as they cannot act as a representative of the Authority. LTCS coordinators are involved with other providers and the relationship works effectively to meet participant's needs.

The involvement of LTCS coordinators in hospitals varies and is dependent on each service's protocols. LTCS involvement at each site has had to be negotiated individually and this negotiation continues.

d. Inflexibility and delays in the approval process for requests/ applications

Response:

The Authority has the obligation to balance the need to provide timely and efficient responses to requests for services with ensuring that its decisions are fair and consistent and that the requested services fall within the ambit of the *Motor Accidents (Lifetime Care and Support) Act 2006*. This is imperative to the ongoing sustainability of the Scheme.

The Authority currently reviews around 50 – 60 requests per week. These may vary from requests for a single piece of equipment to an entire Community Living Plan. To ensure fairness and timeliness for all participants, the Authority has committed to providing a response to participants regarding requests within 10 working days.

This timeframe allows the Authority time to consider each request in its individual circumstances against the test of 'reasonable and necessary' treatment, rehabilitation or care within the framework of the LTCS Guidelines. It also allows time for the Authority to communicate its response to the participant including providing reasons as to why a particular request may not be considered to be a reasonable and necessary treatment, rehabilitation or care cost.

In order to prioritise urgent requests, the Authority has ensured its LTCS Coordinators have sufficient financial delegation such that they can approve any reasonable and necessary services where the participant may be at risk of imminent harm or adverse outcome, outside of the usual 10 day process.

From time to time, if a request for services is unsubstantiated and there is insufficient information for the Authority to make a decision, the Authority may take longer to make a decision. This is usually dependent on how long it takes the service provider to provide the additional information required. Once the additional information is provided to the Authority, the Authority commits to taking no more than 10 days to make the decision.

19. What has the Authority done to increase community awareness of the Scheme, including for potential service providers?

Response:

The Authority continues to conduct education programs targeting specific networks e.g. spinal cord occupational therapy network, Brain Injury Directorate, the Attendant Care Industry Association and Home Modifications Clearing House.

20. The Westmead Brain Injury Rehabilitation Unit (Submission 6) advise that the outcome to a request or application is via a receipt of a copy of the certificate/letter from the Authority to the participant. The Unit suggests that it would be helpful for a system of providing formal direct feedback to the service provider be established, allowing the service provider to liaise with the participant, family and supplier regarding the outcome. What current processes are in place for notifying service providers/participants and suppliers of the outcome of approvals? How can they be improved?

Response:

Section 28 of the *Motor Accidents (Lifetime Care and Support) Act 2006* provides that the Authority must certify in writing as to its assessment of the treatment and care needs of participants including its reasons for any finding on which the assessment is based and must give a copy of the certificate to the participant. The Authority writes a letter to the participant (a certificate) informing them of what the Authority has agreed to fund, and where appropriate, why services are being refused. A copy of this certificate/letter also goes to the case manager who role is to inform all the services providers. To minimise confusion, the Authority prefers that all communication goes through one person.

The Authority includes on the certificates, unless requested not to by the coordinator or case manager, the cost of the services being provided. This is done to inform participants about the cost of the services, for example, how much a wheelchair costs. Some providers are not comfortable with participant knowing how much their services cost. Examples of where the cost of the services have not been included are participants who because of the cognitive problems of brain injury would overly focus on the cost, or in one case a generous participant who offered to receive half the services we agreed to pay for if we would provide the rest of the money to the Victorian Bush Fire Appeal.

The next phase of the development of the Authority's case management system will include document production. A review of the certificates and other letters will be undertaken as part of that work.

21. The Committee has been advised that the Authority does not accept a request for purchase and (in the interim) hire on the same request form, which appears to result in unnecessary duplication of work. Can the Authority please advise why this is the case and what can be done to reduce the amount of paperwork for clinicians?

Response:

This occurred on one occasion over six months ago and the provider has been informed that they do not have to do this.

Service Provision

22. In last year's review the Authority advised it was addressing a number of service gaps in relation to the following issues:
a. Supported accommodation guidelines (also raised as an urgent need in Submission 6)

Response:

The Authority is currently using a range of supported accommodation models. For example, two men with brain injuries requiring 24 hour care each are currently residing in accommodation provided by the Northcott Society. Other supported accommodation is being provided by Supported Housing Association and the Community Integration Program. Opportunities for further development are being explored with providers of this accommodation traditionally not used by the Brain Injury Units, for example the Community Integration Program at the Royal Rehabilitation Centre. .

People with spinal cord injury are being transitioned in accessible accommodation found on the rental market and the Authority funds the attendant care.

b. Clinical governance in equipment prescriptions to persons with a disability.

Response:

See response to Question 25 below.

23. The Annual Report (p13) highlights the *Interagency Agreement on the care and support pathways for people with acquired brain injury* with NSW Health and DADHC and Housing NSW. Can you please provide the Committee with further information about this agreement and how it impacts on the Scheme and its participants?

Response:

This agreement has little impact on the Scheme and its participants. It is hoped that the agreement will lead to a greater sharing of information with other agencies about the needs of people with brain injury.

24. The Westmead Brain Injury Rehabilitation Unit (Submission 6) raises issues relating to provision of supported accommodation for participants, and the need for urgent action in this area. In addition to the agreement noted above, can the Authority please advise the Committee when solutions for such participants will be available?

Response:

See response to Question 22 above.

25. How has the establishment of EnableNSW impacted on the Scheme?

Response:

A collaborative equipment project with EnableNSW commenced in late 2006. One of the aims of this project is to improve the prescription of equipment so that the equipment meets the needs of participants and reduces wastage of equipment. As part of this project, new equipment procedures were piloted from April to September 2008 in the Brain Injury and Spinal Cord Injury Units. The Pilot consisted of standardised forms and standardised procedures across the two equipment Schemes (NSW Health and LTCS). It also recommended a specified level of experience and qualifications for those prescribing the equipment. After an evaluation of the pilot, changes were made to streamline the procedures. A forum was held in January 2009 with the staff from the brain and spinal cord units to present these changes.

EnableNSW and the Authority have jointly convened a working party to develop clinical practice Guidelines for the prescription of wheelchairs for people with a brain and spinal cord injury. The two agencies are currently looking at procurement of equipment, including loan pools, hiring and purchasing of equipment.

A Memorandum of Understanding (MOU) exists between EnableNSW and the Authority. Under the MOU, if EnableNSW purchases equipment for an injured person who then becomes a participant, the Authority will refund the purchase price of the equipment to EnableNSW.

The Authority anticipates a few participants a year will have amputations and does not have the skills or expertise to review requests for prostheses. A Memorandum of Understanding with NSW Health's Artificial Limb Service (ALS) has therefore been developed. This Service currently accredits people and services who can prescribe and supply prostheses to NSW Health patients and Department of Veterans Affairs' clients. They will also review the componentry used in the prostheses.

26. In Chapter 9 of the Annual Report (p15) there are a number of issues highlighted for the year ahead for the Scheme. Please update the Committee on the following issues:

a. Community integration for Scheme participants, in particular the development of guidelines and policies in areas such as home modifications, travel, vocational training, employment, recreational activity and community participation.

Response:

In May 2009 the LTCS Council approved new Guidelines for home modifications and revised Guidelines on treatment, rehabilitation and care needs assessment as well as reasonable and necessary decision making. Draft Guidelines on recreation and leisure activity have been released for comment. Guidelines on travel expenses of family members while the participant is in hospital have been approved by the LTCS Council and a regulation is currently being prepared.

Vocational training and employment programs are covered by the current Guidelines on treatment and rehabilitation services.

The Guidelines on eligibility to the Scheme will be revised to take account of the recent legislative amendment providing that children will not be assessed for lifetime participation until they reach 5 years of age.

b. Implementation of a case management system

Response:

The Authority successfully implemented the first phase of its case management system in a 16 week timeframe, July to October 2008. Work undertaken during this time included the configuration and customisation of the system, user acceptance testing, user training and integration of the system into day to day business operations. The system contains the following functional requirements:

- Initial notification of injury capture
- Application form capture
- Eligibility determination
- Requests for treatment, rehabilitation and care
- Service approvals and reserves management
- Document management
- Provider management
- Workflow and case management

Ongoing development of the system is planned to improve further administrative efficiencies in the management of treatment, rehabilitation and care services for Scheme participants. Areas highlighted for development include document production, integration with financial payment systems and reporting.

Quality Assurance

27. In the previous review the Authority advised that no decision has been made as to which quality assurance system will be used. Has this decision been made as yet? If so what is the system? If not, what measures are being implemented in the meantime and when will the decision be made?

Response:

The Authority is currently engaging in a number of quality improvement activities. The participant survey discussed in Question 28 is one of these activities. The Authority undertook a review of its home modifications procedures and identified a number of areas of improvement and is working through the revisions. The Authority has met with its home modification providers to seek advice on the processes and the proposed changes. The Authority's current quality assurance activity is a review of its internal management of attendant care.

The Authority has also established a working party to look at the Disability Services Standards and review the Authority's policies, procedures and information against those Standards.

28. The Authority also commented that it was planning to undertake a participant satisfaction survey to monitor the Scheme's quality and effectiveness from a participant perspective. Has this occurred and what were the outcomes? How else are participant outcomes monitored?

Response:

The Authority will be conducting a survey to measure participant's satisfaction with the Scheme and to gather information regarding Scheme performance. This survey will be conducted on an annual basis to measure Scheme performance over periods of time or between participant groups. The key themes for the survey are:

- Treat me as an individual
- Resolve my issues
- Keep me up to date

A core set of questions will be developed, which will be the basis of the yearly survey. Each year, questions on a specific topic or theme will be included, for example, attendant care or equipment provided to participants as well as information on how new participants heard about the Scheme. The Authority has asked for input from the LTCS Council regarding the proposed data items for the survey.

The Authority has advertised a tender to engage an external organisation with experience in both survey design and surveying people with a disability to develop the survey. The successful organisation will also conduct the first yearly survey.

The tender was advertised in the press on Monday 1 June 2009 and closes on Friday 26 June 2009. The survey will be predominantly via telephone however there will also be a small number of face to face interviews (approximately five) to gain detailed information on specific topics. Interpreters will be used for participants who prefer to communicate in a language other than English. The survey will be conducted in October each year with the results to be presented to the Authority by the end of November each year.

To cater for the individual needs of all Scheme participants (people with a brain injury, children and people with a physical disability), a Responsible Adult style survey will be developed. Every participant, except those who have already participated in a Lifetime Care and Support survey, will be surveyed within their interim participation period. Following the interim period, sampling will be used to minimise the burden on participants and/or their families.

The information gained from the survey will be kept anonymous to the Authority. Part of the tender process will include the provider suggesting mechanisms by which the Authority can maintain ownership of the survey data, without compromising anonymity. It is anticipated that the data will be held by a third party, to allow comparisons from year to year.

Other participant outcomes, such as FIM and CANS (Care and Needs Scale) scores, are collected via the Community Living Plan and Care Needs Assessment forms and are recorded in the case management system.

29. What is your data telling you about the Scheme's performance to date, and how do you intend to use such data as the Scheme matures?

Response:

A system to compare expected against actual expenditure is currently being built into the life costing model and the case management system. The actuaries examine this data when calculating their valuation of the Scheme. It appears that the data on the costs of attendant care are reasonably accurate, with the Scheme spending less that anticipated. In contrast, the actual rehabilitation costs and home modification costs are higher than the expected costs.

30. In the Authority's December 2008 issue of the LTCS E-News it is indicated that a review of the procedures for requesting treatment, rehabilitation and care services in the Scheme was undertaken. What have been the outcomes of this review?

Response:

Please refer to the response to Question 13 above.

31. The October 2008 issue of the LTCS E-News suggested that an audit of attendant care providers was to be undertaken to ensure participants of the Scheme are receiving a quality service that meets their individual needs and to provide recommendations for performance improvement in

attendant care services. Has the audit been completed? And if so, what have been the outcomes and recommendations for the Scheme?

Response:

The audit of attendant care providers is currently underway. All of the Authority's attendant care providers have completed a self assessment against the audit tool. Providers who are currently providing services to participants will be audited between June and August 2009.

The Attendant Care Industry Association (ACIA) has now developed and trialled its attendant care standards and have enrolled attendant care providers in its certification program. It is anticipated that the LTCS audit will be a one off audit as it is a condition of attendant care providers' contracts with the Authority that they enrol in ACIA's certification program.

32. A review participant (Submission 6) has raised concerns with the way evaluation and review processes are carried out. There were concerns relating to delays in proposed reviews, unstructured review processes and lack of feedback on results. Can the Authority please respond to this issue and advise how it conducts reviews and evaluations of its processes?

Response:

The Authority's reviews are usually announced in the E-News and feedback is sought from interested providers. In some instances, feedback may be specifically sought from the Brain Injury and Spinal Cord Directorate. The feedback is usually varied with different views expressed, for example, feedback from providers of inpatient services will differ from that of providers in the community. The results of the reviews are announced in a variety of ways. For example, to disseminate the results of the review on the care needs assessment, the Authority invited all brain and spinal cord injury units and assessors to attend a half day forum. The results of the review of the equipment forms with EnableNSW were disseminated at a joint forum to which all relevant units were invited. The revised procedures are usually disseminated in the E-News and incorporated into ongoing training.

Submission 6 talks of the delay in the review of the forms. As noted in the response to Question 13 above, the review was delayed at the specific request of the Brain Injury Directorate, of which submission 6 is a member.

<u>Dispute Resolution</u>

33. The Committee is aware of the dispute resolution mechanisms in relation to eligibility, injuries and participants treatment and care needs, as set out in the LTCS Guidelines. Have there been any disputes to date? If so, what were the outcomes?

Response:

There have been no disputes relating to eligibility or motor accident injury to date. There have been two disputes in relation to participants' treatment and care needs to date.

The first dispute about a participant's treatment and care needs was received in December 2008. The dispute was lodged by a participant with a brain injury. The participant disputed the Authority's decision not to approve a new road bicycle. The Authority's decision was based on the fact that there was no medical clearance for the participant to ride the bicycle nor any indication as to how much more recovery would occur and whether the participant would be able to ride his existing bike.

The participant was assessed by a dispute assessor in mid January 2009. After the assessment, the dispute assessor requested additional information in the form of an assessment and quotation as to whether the participant's current bicycle was able to be modified. The decision of the dispute assessor was that the requested new road bicycle was not reasonable and necessary. The participant's existing road bicycle has been modified and the participant is satisfied with this outcome.

The second dispute over a participant's treatment and care needs was received in late February 2009. The dispute was lodged by a participant with a spinal cord injury. The participant disputed the Authority's decision not to approve extensive workplace modifications estimated at approximately $100,000. The reasons for not approving the modifications included the fact that the participant did not have paid employment at the company, a possible change in ownership of the business and the possibility of modifications being funded under the Federal Government's Workplace Modifications Scheme. The participant had indicated that he was looking at purchasing the business and the Authority offered to pay for business advice on the purchase of the business.

The Authority suggested a meeting before activating the dispute resolution process to explain the reasons for its decision. At this meeting, the Authority was informed that the participant had since purchased the business. Because of this change in circumstances, it was recommended that the request be resubmitted to address the issue of ownership of business, length of lease on property, expected time to retirement and why the business could not be relocated. It is anticipated that the dispute will be resolved without need for external assessment because some form of workplace modification will be approved.

34. The Westmead Brain Injury Rehabilitation Unit (Submission 6) suggests that the dispute resolution process relating to the non-approval of services fails to take into account the significant cognitive, communication and psychological difficulties of some participants, limiting their ability to understand, initiate and engage in the dispute resolution process. What processes and systems are in place to allow these participants adequate and appropriate access to dispute resolution?

Response:

The Authority acknowledges that a participant's motor accident injury may affect their ability to independently initiate and participate in dispute resolution, particularly those with a brain injury. The Authority's dispute resolution process incorporates the following elements to assist access and participation:

- The Authority has recently established processes for promoting participant access to individual advocacy services. This allows participants to obtain assistance independent of Authority staff and any individuals involved with the participant, such as their treating service providers. Individual advocates can assist participants to lodge a dispute and continue to assist them throughout the process of dispute resolution.

- The Authority has chosen not to have forms to complete for a participant to lodge a dispute. Participants or individuals on the participant's behalf (such as a family member) only have to make telephone contact with the Authority to be provided with assistance to lodge a dispute.

- The Authority's Guidelines for resolving disputes about treatment and care needs include an informal meeting with the participant. The aim of this meeting is to discuss and clarify the issues in dispute, ensure the participant understands the reasons for the Authority's decision and to explore other avenues for the early resolution of the dispute or to make arrangements for the assessment by an independent dispute assessor so that the participant's individual needs can be considered.

- The Authority's internal procedures for management of disputes are individualised according to the needs of the participant and family. This includes, for example, consideration of the time and location of an assessment to resolve the dispute that best suits the participant. It is acknowledged that participants may need assistance during the assessment such as an attendant care worker, or emotional support from the presence of a support person or advocate.

The only person who can raise a dispute is the participant. It is assumed that due to the participant's individual needs, this includes individuals who act on the participant's behalf with their consent, such as a parent, spouse, carer or independent advocate. A service provider cannot lodge a dispute; however the provider can request that the Authority review its decision.

Innovative Service Models

35. In the previous review the Authority highlighted a number of innovative service models/projects to meet participant needs, including the Young Adults Transition Study and the School Support for Adolescents with Brian Injury Study. What are the outcomes of these studies and how have they impacted on the Scheme and its participants?

Response:

The Young Adult Transition Study (YATS) is progressing. The aim is to determine if Coaching intervention undertaken during the transition from school and paediatric services to post school and further study or work is beneficial. In the past year, Ethics approval from four study sites was granted. Study participants have been identified by the brain injury children's services and contacted by the Rehabilitation Studies Unit (RSU). The RSU is now undertaking baseline assessments before randomly allocating the young person to the control or intervention group. The RSU will continue to assess independently both groups of young people on a range of measures related to their well being and community participation. In 2008/2009, the Authority recruited and trained three staff to provide the Coaching intervention. The intervention aims to develop a young person's sense of direction and future hopefulness. The Coaches will be working with the young people over the next 2 years. At this stage there are no outcomes to report.

The School Support for Adolescents with a Brain Injury study is in the commencement phase. Ethics approvals from the participating paediatric brain injury units involved in the project are being finalised. The process of Ethics approval has involved several area health services and the NSW Department of Education and Training. Recruitment to the study is expected to commence in mid 2009 after recruitment to the Young Adults Transition Study concludes.

36. Please provide the Committee with information on the Scheme's Grant projects including:

- **a. How much was allocated to each project**
- **b. Length of project**
- **c. Outcome of the project and their impact/contribution to the Scheme.**

Please see Attachment 3.

Emerging Issues

37. What challenges are emerging within the operation of the scheme?

Response:

An unexpected challenge has been the number of participants over 65 (23 participants). Previously most of these individuals would have been cared for by aged care services. They may be inappropriately diagnosed as demented. Accessing brain injury services for people over 65 is difficult because the units do not admit patients over 65.

A significant proportion of the paediatric participants live in families and circumstances that require advice from and the intervention of the NSW Department of Community Services. A significant number have parents with a psychiatric condition or drug and alcohol problems.

A significant number of participants have pre-existing mental health or drug and alcohol problems.

As the number of participants in the community increase and their involvement with the specialised rehabilitation units decreases, it is anticipated that challenges will emerge over the next 12 to 24 months in engaging participants in their community and accessing community based services.

38. In last year's review the issue of opting out of the Scheme and undertaking self-management for participants was raised. Has there been any further development in relation to developing processes to enable participants to self-manage their care, including self-purchasing arrangements?

Response:

The Authority is discussing the option of self management with one of the overseas participants who lives in Holland. The Authority is identifying participants who are competent and capable and may be interested in exploring self management. All of these participants have a spinal cord injury.

39. In the March 2009 E-News the Authority indicated it was considering funding of leisure and recreation activities for Scheme participants. Can you provide the Committee with information on this issue and how it will impact on the Scheme?

Response:

Refer to Question 26.a. above.

The Authority has issued a consultation paper on leisure and recreation activities and draft Guidelines have been released for consultation. The Guidelines propose that the Authority pay for access to recreation and leisure, for example, adapted equipment or an attendant care worker to assist with the activity, but not for the cost of the recreation or leisure activity unless it is part of a rehabilitation program.

40. Have there been any new initiatives to ensure appropriate support for family carers of Scheme participants?

The Authority has not funded any new initiatives for family carers. The Authority is, however, paying for family support for its participants. Refer to Question 41 above.

41. Submissions from social workers in the field of brain injury (Submissions 3 and 8) have highlighted the need for improved support for family carers, including siblings, of participants in terms of the type supportive and specialist counselling services (LTCS Code 403). What is the Authority's view on the:

a. interpretation of "families and significant others" being too narrow, for example, not always including siblings?

The Authority recognises that families are unique to each individual participant and values the important role family plays following serious injury. As such, the Authority consistently interprets "families and significant others" broadly when considering each request for services related to family support. This can be evidenced by a range of examples where the Authority has funded reasonable and necessary services to family members including: adjustment counselling to assist siblings; before and after school care; counselling for a de facto partner; support and education to a participant's sister and brother-in-law.

In each of these examples the Authority has recognised the need to support the participant to maintain effective relationships and ultimately sustain their support network and family functioning. As families are unique in nature, the Authority is reliant on service providers to describe the impact of injury on the participant's family functioning in order to identify if the requested services are reasonable and necessary in the circumstances.

The Authority's Guidelines on the payment of travel and accommodation expenses for family allows for one support person to have their expenses met. The Authority is not prescriptive on who this may be and it is expected that the participant is instrumental in deciding who that person is.

The Authority notes that in the examples provided in submission 8, the requested services were funded. The issue appears to be that the Authority required some evidence that the requested services were required.

The codes quoted in this submission are accounting codes required for payment of accounts of costing of the Scheme. They are not used in defining services or deciding what services are required.

b. wording of "supportive and specialist counselling services" being too narrow to incorporate a range of interventions such as peer support, carer/spouse/sibling support, and support for maintenance of friendship networks?

The Authority acknowledges that the impact of severe injury can be different for each individual, their family and friendship network. It also recognises that those individuals respond differently to the range of assistance available when it comes to supportive and counselling services.

In *Procedures for requesting treatment, rehabilitation and attendant care in the Lifetime Care and Support Scheme* (July 2007), the Authority lists adjustment to disability counselling, family counselling, sexual counselling and behaviour management as examples of counselling and behaviour management under the costing code LTCS403. However, this list does not limit other supportive interventions the Authority may fund in order to support and sustain a participant's support network. In the past, the Authority has approved requests for various types of support where they have been justified and there is evidence that the requested support will ultimately be of benefit to the participant, support their family functioning or maintain their social network. In addition to the examples cited above (see response to Question 41.a above) the Authority has funded education to a group of

friends of a participant around brain injury and a participant's involvement in and indigenous mentoring program.

42. The NSW Bar Association (Submission 1) suggested in their submission that participants with a spinal cord injury should be accepted into the Scheme as lifetime participants' not interim participants, due to the nature of their injuries. This would then reduce delays in cases involving persons with compensable rights. Does the Authority consider this to be appropriate?

Response:

The Authority is reluctant to accept people with a spinal cord injury as lifetime participants and not interim participants. Due to the incomplete nature of many spinal cord injuries it is possible that at two years the person may not be eligible for lifetime participation. Because spinal participants are entering the Scheme so quickly, sometimes within a few weeks of the accident, the spinal classification is not definitive.

In all but one case, the Authority has agreed to bring forward the lifetime participant decision when asked by solicitors. In these instances the participant has a complete spinal cord injury and would not recover.

43. The NSW Bar Association also raised the issue of the LTCS Guidelines potentially limiting a participant's entitlement to treatment and care set out under the *Motor Accidents (Lifetime Care and Support Scheme) Act 2006*. Can you please advise if:

- **a. Are any parts of the guidelines inconsistent with the obligation under Section 6 for the Authority to pay the reasonable and necessary treatment and care needs of scheme participants?**
- **b. Has the Authority sought legal advice as to whether the guideline making power is being properly exercised?**
- **c. Are any of the caps or prohibitions contained within the guidelines *ultra vires* the Act?**

The NSW Bar Association provided this feedback to the Authority on the draft Home Modification Guidelines. Their submission was taken into account when finalising the Guidelines and this issue was addressed.

The Bar Association has also suggested that the restriction on overseas participants receiving payment of services capped to what they would be entitled to in NSW is ultra vires the Act. The Authority will seek advice on this, but also seeks a recommendation from the Committee that the Authority is only liable to pay what the person would have been entitled to if they lived in Australia.

44. The Department of Rehabilitation at the Children's Hospital at Westmead (Submission 9) raised concerns regarding the limitations in using the WeeFIM assessment tool in determining lifetime participation in the Scheme for children with brain injuries and suggest the need for additional tools to aid in this assessment. What is the Authority's view on this issue?

Response:

Refer to Question 3 above.

Submission 9 refers to the PCANS assessment tool. The testing of this tool for reliability and validity is one of the Authority's current research projects. The tool's development has been at the request of the MAA and the Authority.

45. The Spinal Cord Injury Service in the Hunter New England area (Submission 2) indicated that the area of "Return to Work" has not been fully explored. Can the Authority provide the Committee with information on the policy or guidelines for participants returning to work?

Response:

Return to work and employment programs are funded under the Authority's treatment and rehabilitation services Guidelines. The Authority is funding a number of programs for participants ranging from support to return to work, workplace modifications, purchasing of computers and software, transport to and from work, retraining programs and TAFE courses.

The Authority has begun service development activities in the area of assisting people to return to work following injury. The first step in this work has been an extension to the Community Participation (CPP) Employment project. CPP was a two year pilot project that provided assistance to people with a newly acquired spinal cord injury. The project aimed to improve coordination of services, improve participation in the community, prevent duplication of services and facilitate cross agency collaboration. A recommendation of the CPP project evaluation was that vocational rehabilitation programs need to be further explored to improve return to work following SCI.

This extension project aims to

- assist participants of the CPP project to return to vocational activity, including paid employment, unpaid employment or study;
- encourage the development of skills and experience in vocational rehabilitation for people with a spinal cord injury, and develop networks of service providers who would be able to provide services to current and future participants of the Lifetime Care and Support Scheme.

Phase one of the project involved a comprehensive initial assessment with an experienced Rehabilitation Counsellor. The Rehabilitation Counsellor met with the participant, assisted the participant to identify goals in relation to returning to vocational activity and a plan to address the barriers to achieving the goals. Phase two of the project is currently underway and involves the funding of individual activities identified in the initial assessment to assist the participants to return to vocational activity. Services that are currently being funded include vocational training, assistive technology and job seeking skills training.

Phase three of the project will include a review progress of funded services, project outcomes and project completion. The findings from this project will be used to inform future service development, policy and guidelines.

46. **The Westmead Brain Injury Rehabilitation Unit (Submission 6) had concerns relating to participants with severe brain injuries, in particular that LTCS Certificates impair comprehension by these participants and can have a potentially negative impact on their rehabilitation. Would the Authority consider redesigning the LTCS certificate?**

Response:

Refer to Question 20 above.

47. **The Westmead Brain Injury Rehabilitation Unit (Submission 6) indicated in its submission that a procedural conflict exists for those participants on a Centrelink payment who have been assessed as ready for vocational rehabilitation. Although LTCSA has approved this rehabilitation and will fund them, Centrelink still demands a Job Capacity Assessment. Will the Authority consider liaising with Centrelink to establish an agreed way of dealing with participants on the scheme to avoid unnecessary assessments and processes?**

Response:

The Authority has not had any issues with this to date, but will review this if it becomes an issue.

Attatchment 1

Scheme participant numbers

as at 04 June 2009

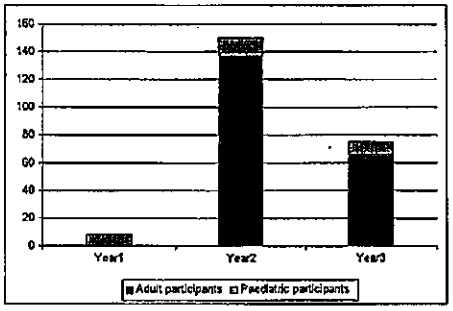
- **233 participants** in the Scheme
  - 4 lifetime participants
- 30 paediatric participants (under 16)
  - 17 male (1 not a lifetime participant)
  - 13 female
- 203 adult participants
  - 145 male (2 deceased)
  - 58 female

lifetime care & support

Scheme participant numbers

	Accident year			
	Year1	Year2	Year3	All
Paediatric participants	8	13	9	30
- Lifetime participants	*4*			*4*
- Not Lifetime participants	*1*			*1*
Adult participants		137	66	203
- Deceased participants		*2*		*2*
All	8	150	75	233

Accident years: 01 Oct - 30 Sep
Data as at 4 June 2009



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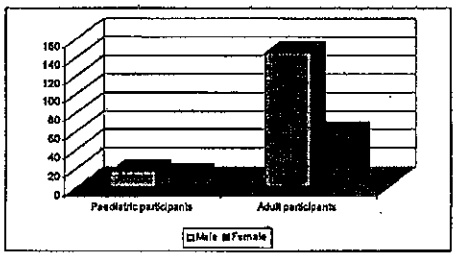
Scheme participant numbers

	Gender		
	Male	Female	All
Paediatric participants	17	13	30
Adult participants	145	58	203
All	162	71	233

Data as at 4 June 2009



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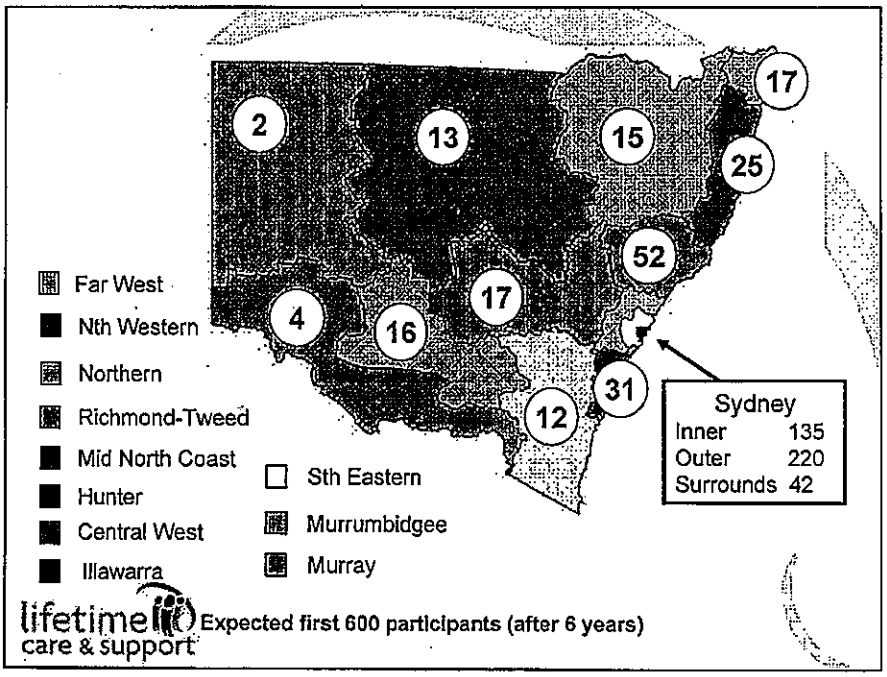
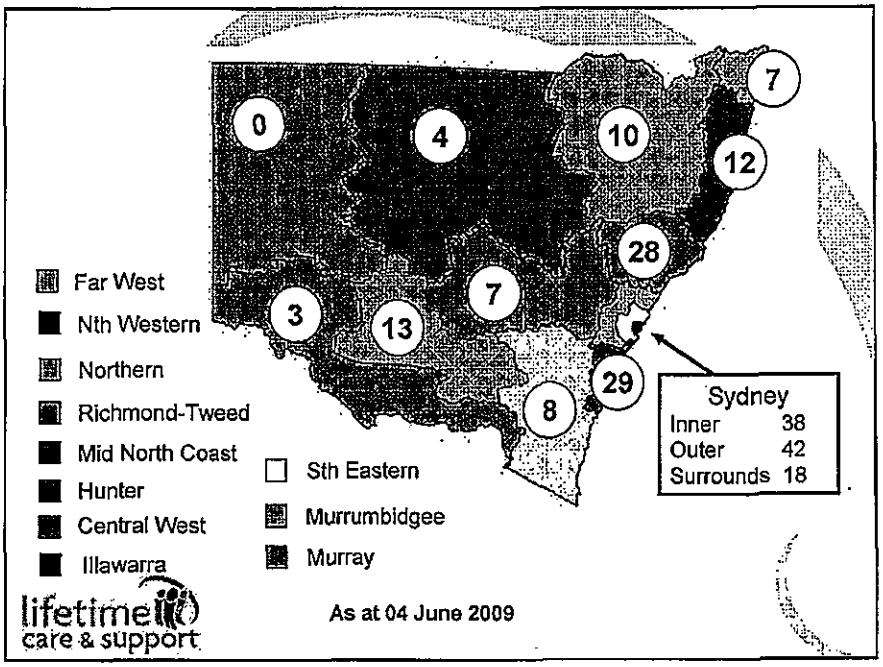


lifetime care & support Expected first 600 participants (after 6 years)



Scheme participants: injury type

as at 04 June 2009

- Paediatric (30)
  - 25 traumatic brain injury
  - 4 spinal cord injury
  - 1 traumatic brain & spinal cord injury
- Adult (203)
  - 155 traumatic brain injury
  - 44 spinal cord injury
  - 2 traumatic brain & spinal cord injury
  - 1 multiple amputations (bilateral LL amputee)
  - 1 severe burns (with spinal cord injury)

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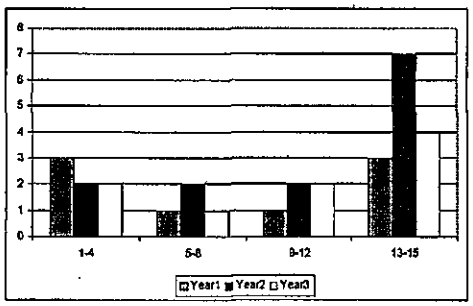
Age distribution: paediatric participants as at 04 June 2009

Age at injury	Accident year Year1	Year2	Year3	All
1 - 4 years	3	2	2	7
5 - 8 years	1	2	1	4
9 - 12 years	1	2	2	5
13 - 15 years	3	7	4	14
All	8	13	9	30



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Participant role in accident

as at 04 June 2009

- **Paediatric**
  - Passengers 16
  - Pedestrian 9
  - Cyclist/other 5 (incl. 1 driver)
- **Adults**
  - Motorbike 56 (incl. 4 pillion passengers)
  - Driver 61
  - Passengers 45
  - Pedestrian 37
  - Cyclist/other 4

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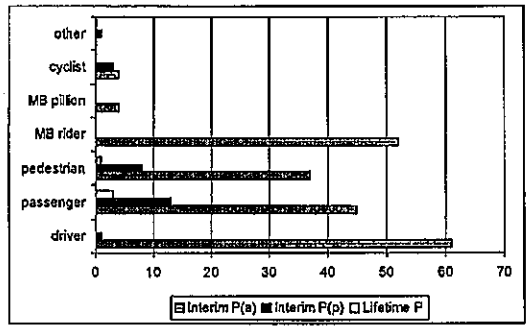
Participant role in accident

as at 04 June 2009



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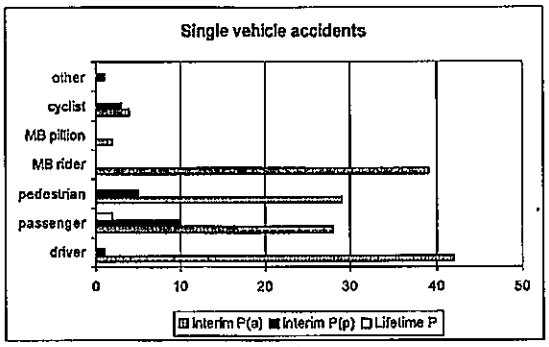
Participant role in single vehicle accidents as at 04 June 2009



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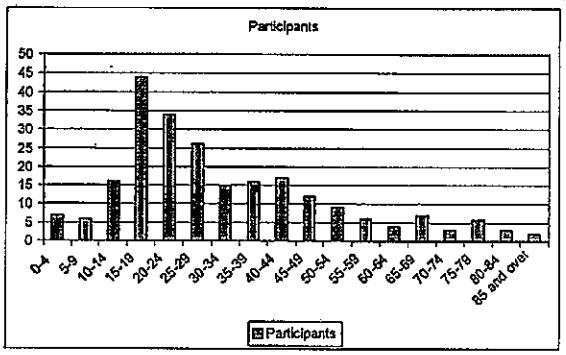
Scheme participants: Age

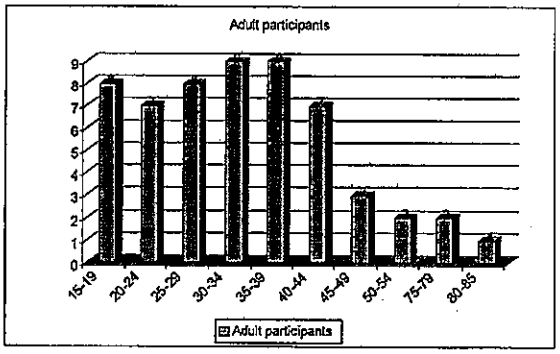
as at 04 June 2009



lifetime care & support

Motorcycle riders

as at 04 June 2009



lifetime care & support

Participants with brain injury

as at 04 June 2009

It is expected that the CANS level for most participants with a brain injury will improve. Participants with an initial CANS level of 7 (24 hours of care a day) may improve to CANS level 4 (up to 11 hours of care a day). Those with CANS level 0 to 3 may no longer be eligible for the Scheme at 2 years.

CANS level (incidence)	Expected*	Actual Yr2	Yr3
7 - 24 hour care / day	9	13	17
6 - 20 - 23 hour care / day	5	7	5
5 - 12 - 19 hour care / day	8	13	8
4 - 11 hour care / day	21	22	20
3 - Can be left alone for few days a week	23	32	11
2 - Can be left alone almost all week	7	19	0
1 - Can live alone	10	8	0
0 - Community living	28	1	0
All	111	115	61

* Actuarial valuation of outstanding claims liability as at 30 June 2009 - PWC

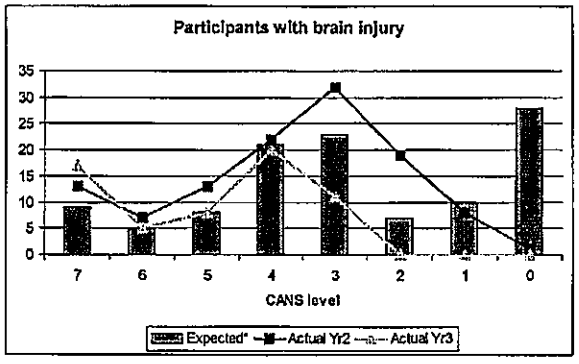
Actual numbers for Year 2 (01/10/2007-30/09/2008)

Year 3 (01/10/2008-30/09/2009)

lifetime care & support

Participants with brain injury

as at 04 June 2009



CANS level (incidence)
7 - 24 hour care / day
6 - 20 - 23 hour care / day
5 - 12 - 19 hour care / day
4 - 11 hour care / day
3 - Can be left alone for few days a week
2 - Can be left alone almost all week
1 - Can live alone
0 - Community living

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Participants with SCI
as at 04 June 2009

Level (incidence)	Expected*	Actual Yr2	Yr3
C1-3	1	0	4
C4	4	4	3
C5	6	1	5
C6	6	0	1
C7	1	1	1
C8	1	0	1
T1	1	0	1
T2	1	0	1
T3	1	3	1
T4	1	1	2
T5	1	1	1
T6	1	0	0
T7	3	0	0
T8-T12	3	4	8
L1+	5	0	6
All	36	15	35

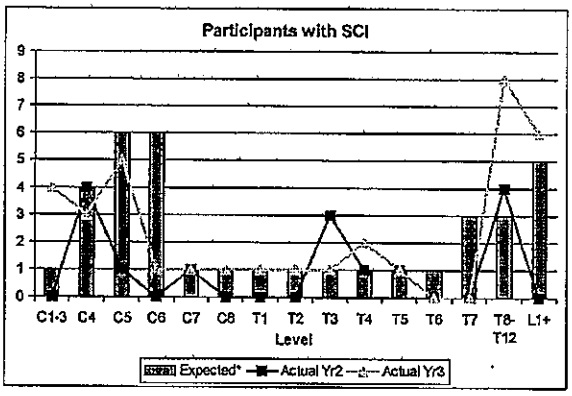
* Actuarial valuation of outstanding claims liability as at 30 June 2009 - PWC

Actual numbers for Year 2 (01/10/2007-30/09/2008)

Year 3 (01/10/2008-30/09/2009)

lifetime care & support

Participants with SCI
as at 04 June 2009



lifetime care & support

Attachment 2

Table 1 Alternative table 67 showing surplus result with 10% risk margin

Attachment 2

	Cash flows				Benefits paid and liability						With 10% risk margin		
Qtr	Cashflow ($000s, uninfl) (c)	$ per renewal (uninf)	Cashflow ($000s, infl) (b)	$ per renewal (inf)	Benefit payments in qtr ($'000) (b)	Net asset balance ($000) (b)	New liability in qtr ($'000) (b)	O/S Liab at end ($'000) (b)	Funding surplus ($'000)	Funding surplus (% liab)	O/S Liab at end including 10% risk margin($'000) (b)	Funding surplus ($'000)	Funding surplus (% liab)
Mar-09	74,564	69.58	74,564	69.58	4,812	656,478							
Jun-09	88,382	71.45	88,382	71.45	10,031	745,035		609,826	135,209	22%	670,809	74,227	11%
Sep-09	88,370	76.19	88,370	76.19	7,616	837,312	83,591	695,305	142,007	20%	764,836	72,477	9%
Dec-09	84,352	77.70	84,352	77.70	9,939	924,556	84,414	780,527	144,029	18%	858,580	65,976	8%
Mar-10	83,165	76.03	83,165	76.03	10,037	1,011,786	85,246	867,740	144,046	17%	954,513	57,272	6%
Jun-10	96,149	76.14	96,149	76.14	10,136	1,113,274	86,086	956,978	156,296	16%	1,052,676	60,599	6%
Sep-10	90,222	76.19	92,009	77.70	10,236	1,211,981	86,934	1,048,279	163,701	16%	1,153,107	58,873	5%
Dec-10	86,120	77.70	87,826	79.24	13,126	1,305,011	87,791	1,138,872	166,139	15%	1,252,759	52,252	4%
Mar-11	84,909	76.03	88,305	79.07	13,256	1,399,759	88,656	1,231,535	168,223	14%	1,354,689	45,070	3%
Jun-11	98,164	76.14	102,091	79.19	13,386	1,509,651	89,529	1,326,307	183,345	14%	1,458,937	50,714	3%
Sep-11	92,072	76.19	97,651	80.80	13,518	1,616,552	90,412	1,423,224	193,327	14%	1,565,547	51,005	3%
Dec-11	87,886	77.70	93,212	82.41	16,545	1,717,500	91,302	1,519,412	198,088	13%	1,671,354	46,146	3%
Mar-12	86,650	76.03	93,720	82.23	16,708	1,820,278	92,202	1,617,754	202,524	13%	1,779,530	40,748	2%
Jun-12	100,177	76.14	108,351	82.36	16,873	1,939,136	93,111	1,718,288	220,848	13%	1,890,117	49,019	3%
Sep-12	93,917	76.19	103,592	84.04	17,039	2,054,776	94,028	1,821,054	233,722	13%	2,003,159	51,617	3%
Dec-12	89,647	77.70	98,883	85.71	20,420	2,163,964	94,955	1,922,855	241,109	13%	2,115,141	48,823	2%
Mar-13	88,386	76.03	99,422	85.52	20,621	2,275,095	95,890	2,026,890	248,205	12%	2,229,580	45,516	2%
Jun-13	102,184	76.14	114,943	85.65	20,824	2,403,287	96,835	2,133,199	270,088	13%	2,346,519	56,768	2%
Sep-13	95,762	76.19	109,852	87.40	21,029	2,528,025	97,789	2,241,822	286,202	13%	2,466,005	62,020	3%
Dec-13	91,409	77.70	104,858	89.13	24,527	2,646,039	98,753	2,349,486	296,552	13%	2,584,435	61,604	2%
Mar-14	90,122	76.03	105,430	88.94	24,769	2,766,118	99,726	2,459,467	306,650	12%	2,705,414	60,704	2%
Jun-14	104,192	76.14	121,890	89.08	25,013	2,904,292	100,708	2,571,806	332,486	13%	2,828,986	75,306	3%

Attachment 3

Attachment 3

LTCSA Ref.	Project Title	Expected Outcomes	Grant Recipient Organisation and Lead Investigator	Target participant or stakeholder	Grant Type	Completed or Projected Project Completion Date	Status	Funding
07/15	Attendant Care Industry Association accreditation System.	This project developed a set of generic service standards (Incorporating HACC and Disability Service Standards) for the attendant care industry to improve the quality services, develop measurable outcomes and encourage continual improvement of quality care.	The Attendant Care Industry Association	Attendant Care Service Providers	Service Development	May 2007	Completed	$50,000
07/182	Systematic review of treatment for bladder, bowel and sexuality	A review of the available evidence by leading academics to inform best practice and guide decision about what is reasonable and necessary.	Prof Cameron and A/Prof Middleton Rehabilitation Studies Unit - University of Sydney.	SCI	Research	October 2008	Completed	$17,000
06/10091	Calibrating tests of post-traumatic amnesia in patients with Post Traumatic Amnesia (PTA) less than 4 weeks	This study aims to identify the best criterion for determining the end of post-traumatic amnesia. The study will also evaluate the potential of electrophysiological measures and blood markers as surrogate indices of the presence of PTA.	A/Prof Tate Rehabilitation Studies Unit - University of Sydney.	TBI	Research	January 2010	In progress	$103,335
06/10092	Functional Independence Measure -Cognitive Validation Study	The primary aim of the study is to examine the validity of the cognitive items of the Functional Independence Measure (FIM).	A/Prof Tate Rehabilitation Studies Unit - University of Sydney.	All	Research	January 2010	In progress	$92,725
06/10093	Normative study of the Paediatric Care and Needs Scale	This project will obtain data from non injured children for items on the Paediatric Care and Needs Scale (PCANS) to provide a benchmark for using the PCANS to measure support needs of children with brain injury. Thus improving the validity of the PCAN scale.	A/Prof Tate Rehabilitation Studies Unit - University of Sydney.	Children	Research	March 2010	In progress	$162,000
07/36	Attendant Care Industry Association Executive Officer 2008-2009	During 2008-2009 ACIA undertook the development and implementation of an accreditation system. This project funded the ongoing and additional administration required during this period.	Attendant Care Industry	Attendant Care Service Providers	Education	June 2009	In progress	$75,000

LTCSA Ref.	Project Title	Expected Outcomes	Grant Recipient Organisation and Lead Investigator	Target participant or stakeholder	Grant Type	Completed or Projected Project Completion Date	Status	Funding
07/177	Burn Rubber Burn 2	Burn Rubber Burn is Australia's first community based not-for-profit exercise facility for people with spinal cord injured and other like conditions. This grant developed a safe, affordable and effective exercise program that is integrated within the PCYC.	Prince of Wales Spinal Cord Injury Unit (NSW health)	SCI and like conditions	Service Development	June 2009	In progress	$49,400
07/181	Transitional and respite accommodation - feasibility, demand, business case, cost	This project will investigate best practice models in the provision of transitional and respite accommodation for LTCSA participants. The project will develop and articulate a service and operational model/s and provide indicative costs and analysis of its ongoing financial requirements.	KPMG Risk Advisory Services Pty Limited	All	Service Development Consultancy	December 2009	In progress	$60,000
08/104	School support for adolescents with traumatic brain injury	This project will survey current practice in school support for adolescents with traumatic brain injury. Data from the survey will be used to develop LTCSA best practice guidelines	A/Prof Tate Rehabilitation Studies Unit - University of Sydney.	TBI Children	Service Development	June 2010	In progress	$185,385
08/136	International Classification of Functioning (ICF) Core Sets for Traumatic Brain Injury	This project will assess and collate information on people with severe TBI using a set protocol. The data will be used to develop a minimum core set of International Classification of Functioning (ICF) codes. These codes will capture the functioning of people with TBI within the ICF classification: body functions (impairments), activities and participation, environmental and personal factors.	A/Prof Tate Rehabilitation Studies Unit - University of Sydney.	TBI	Research	March 2010	In progress	$58,660
08/157	Long-term mortality trends following severe traumatic-brain injury	This multi-centre epidemiological study will investigate long-term mortality trends in patients with severe TBI. Life expectancy tables may be constructed from this database providing evidence for service planning.	Dr Ian Baguley Brain Injury Rehabilitation Program, Westmead Hospital	TBI	Research	July 2010	In progress	$36,000
08/072	Five year evaluation of Community Participation Program	This project will follow up participants with Spinal Cord Injury in the Community Participation Project five years after discharge from hospital. Measures will include health outcome, community participation and a cost	Prof Cameron Rehabilitation Studies Unit - University of Sydney	TBI and SCI	Research	December 2009	In progress	$19,250

LTCSA Ref.	Project Title	Expected Outcomes	Grant Recipient Organisation and Lead Investigator	Target participant or stakeholder	Grant Type	Completed or Projected Project Completion Date	Status	Funding
		effectiveness analyses.						
08/212	Effects of dual diagnosis Spinal Cord Injury and Traumatic Brain Injury on medical and functional outcomes five years post-injury	This study will identify adults with a dual-diagnosis of SCI and TBI. The current and ongoing health and rehabilitation needs of this group will be compared to people with single diagnosis SCI or TBI to develop a bester understanding of the effect of dual-diagnosis on health outcomes. Recommendations will be made for Service Development, staff training, and information provision.	Dr Ian Baguley Brain Injury Rehabilitation Program,, Westmead Hospital	TBI and SCI	Research	October 2010	In progress	$66,701
08/209	Psychosocial aspects of spinal cord injury (SCI) rehabilitation: best practice assessment and intervention	This project will develop and pilot a standardised psychosocial assessment schedule that can be used to monitor progress, set goals and detect psychosocial risks in people with SCI It will also assess the efficacy of a multilayered psychosocial cognitive behavioural therapy self management rehabilitation package to be run as a service programme during inpatient rehabilitation i	A/Prof J Middleton and Prof A Craig Rehabilitation Studies Unit - University of Sydney	SCI	Research and Service Development	March 2011	In progress	$264,755
08/210	Building resilience: Equipping families to support people with Traumatic Brain Injury and or Spinal Cord Injury	The project will adapt an existing Resilience Skills program for use as an intervention to build resilience in families providing long-term support to people with traumatic brain injury (TBI) and/or spinal cord injury (SCI). Evaluation will involve a prospective design incorporating pre-, post- and follow-up measures and results for a Treatment group will be compared to a Control (standard care) group. Finally, a dissemination strategy will be established for the ongoing training of relevant rehabilitation and community agencies in the provision of family support.	Dr Graham Simpson Rehabilitation Service, Sydney	SCI and TBI	Service Development	September 2010	In progress	$95,357
08/211	Supporting Families in Rural Areas Through Education and Behavioural	The aim of this project is to determine the efficacy of a clinical intervention to support families of children and young people with an acquired brain injury in rural and remote area.	Dr Fiona Petersen John Hunter Children's Hospital- Kaleidoscope's	Carers / Family	Service Development	January 2011	In progress	$87,766

LTCSA Ref.	Project Title	Expected Outcomes	Grant Recipient Organisation and Lead Investigator	Target participant or stakeholder	Grant Type	Completed or Projected Project Completion Date	Status	Funding
	Intervention	The target clients are children up to 12 years at risk for the development of disruptive behaviours or exacerbation of pre-existing behavioural difficulties.	Paediatric Brain Injury Rehabilitation Team					
08/213	A comprehensive manual for treating emotion processing deficits after Traumatic Brain Injury	This project will provide an empirically validated treatment manual to clinicians for use in remediating emotion perception difficulties in people with traumatic brain injury	Dr Cristina Bornhofen University of New South Wales	TBI	Service Development	December 2009	In progress	$57,437
08/214	An innovative bimodal approach in the management of contracture.	Contracture is a common problem following brain injury. Its presence is undesirable because it restricts movements of the joints and impedes functional recovery of the limbs. This study will determine the effectiveness of splinting combined with electrical stimulation in maintaining the length of the extrinsic wrist and finger flexors in adults with acquired brain injury.	Joan Leung. Royal Rehabilitation Centre Sydney	TBI	Research	October 2010	In progress	$74,900
08/215	Cognitive recovery patterns and early prognostic indicators in severe Traumatic Brain Injury.	The main aim of the project is to examine cognitive recovery in the first 12 months following a severe traumatic brain injury (TBI) to determine the rate of recovery for cognitive functions, whether specific functions recover at different rates, if the recovery pattern is linear, and early predictors of outcome.	Regina Schultz Rehabilitation Studies Unit, University of Sydney	TBI	Research	December 2010	In progress	$46,257
08/234	The real cost of 24 hour care in NSW.	This project aims to determine the real cost of attendant care (paid and unpaid) and care configurations used, as well as other services and equipment used by adults in NSW with traumatic brain (TBI) and spinal cord injury (SCI).	Prof I Cameron Rehabilitation Studies Unit, University of Sydney	SCI and TBI	Research	December 2011	In progress	$67,852
08/235	Attendant Care Association Quality Certification.	This project is aimed at achieving: • The development of the Certification Program fro attendant care in NSW • Education and resource development to assist organisations to achieve certification	The Attendant Care Industry Association	Attendant Care	Service Development	December 2011	In progress	$181,600

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		• Monitor the Certification Program and; • Evaluation of the Certification process and outcomes						
08/105	Young Adults Transition Study [Evaluation	This project will evaluate an intervention program based on life coaching model that assists young adults with TBI to transition from school to post-school life. The project will focus on evaluation of the program at the end of the last year of school (after receiving support during the year) and at 12 months after leaving school	A/Prof R Tate Rehabilitation Studies Unit - University of Sydney.	TBI Children	Service Development	January 2011	In progress	$106,885
09/189	Development of the Australian New Zealand Spinal Cord Injury Network (ANSCIN) web site.	The following primary objectives of this project were identified: • Facilitate enhanced capacity and capability within the Australasian spinal cord injury research community, as well as facilitating national and international links • Provide improved ways to communicate and translate research findings through the ANZSCIN network. • Assist in identifying and addressing research priorities through an online forum	Dr S Williams CEO ANZSCIN	SCI	Service Development	September 2009	In progress	$50,000
08/217	Spinal Cord Injury & Physical Activity Victoria Neurotrauma Initiative partnership grant.	Multi-centre randomised controlled clinical trials will examine the effectiveness of very early intervention in intensive care where appropriate for the lower limbs, task-specific training for the arm and hand, and an intensive activity-based therapy program for the whole body including the paralysed limbs. The program will be evaluated using a comprehensive suite of functional, quality of life, community participation outcome	Prof M Galea, Melbourne University Prof G Davis and A/Prof L Harvey Sydney University	SCI	Research	2015	In progress	$1,218,171

LTCSA Ref.	Project Title	Expected Outcomes	Grant Recipient Organisation and Lead Investigator	Target participant or stakeholder	Grant Type	Completed or Projected Project Completion Date	Status	Funding
		measures. Economic analyses will be conducted to evaluate cost-effectiveness.						