

STANDING COMMITTEE ON LAW AND JUSTICE

THIRD REVIEW OF THE EXERCISE OF THE FUNCTIONS OF THE LIFETIME CARE AND SUPPORT AUTHORITY AND THE LIFETIME CARE AND SUPPORT ADVISORY COUNCIL

ADDITIONAL QUESTIONS ON NOTICE

Eligibility

1. The Lifetime Care and Support Authority's response to pre-hearing questions on notice states that, in relation to eligibility of cyclists, pedestrians struck by cyclists and people struck by a projectile while driving a motor vehicle, the definition of a motor accident used in the *Motor Accidents Compensation Act 1999* has not changed. Does this mean that these categories of people injured on the roads are still excluded from the Scheme? Can you update the Committee on any debate about including these categories of people under the Scheme and your position in any such debate?

Response

There has been no change to the definition of motor accident used in the *Motor Accidents Compensation Act 1999*. This issue has been referred to the Motor Accidents Authority for consideration. The LTCSA considers it appropriate for such accidents to be included in the Scheme.

NSW Health Review of the impact of the LTCS Scheme on health services' resources

2. During the Committee's Second Review, the impact of the LTCS Scheme on health services' resources was examined. The Committee was advised that NSW Health would conduct a review on this issue and Recommendation 3 of our report related to that review. The Committee has recently received a copy of the review report and would appreciate your comments on the report (*copy attached*).

Response

All the Area Health Services are now able to raise invoices for services provided by Brain and Spinal Cord Injury Units. However, the problem remains for the units that the money the Authority pays for the services does not return to the units but to the Area Health Service.

The current Bulk Billing Arrangements works well for the Authority.

Results of satisfaction survey of Scheme participants – delays in services and equipment

3. The satisfaction survey of Scheme participants raised the issue of delays in

approval for services by the Lifetime Care and Support Authority. Can you explain the nature of the delays in the delivery of services and equipment that can occur after the LTCSA has approved a request? Are there any mechanisms in place to monitor these delays? To whom do participants direct their inquiries if there is a delay in service and equipment delivery after the Lifetime Care and Support Authority has approved the request?

Response

Delays in the delivery of services and equipment may occur for a number of reasons. With regard to equipment, the delivery time will depend on the supplier and the level of customisation that is required. Most equipment suppliers estimate a 6-8 week delivery time for customised equipment.

The provision of services will depend on the availability of the participant and the provider. For services that are provided on a regular basis, there is little (if any) delay in provision. A delay may occur if a specialist provider needs to travel (for example to a rural area) to assess or review a participant. However this is negotiated between the provider, the participant and their case manager.

It should be noted that there is an overall lack of specialist services and equipment suppliers to meet the needs of people with brain and spinal cord injury. This is particularly so in rural and remote areas. As such, some delays in the delivery of equipment or services are unavoidable.

The Authority requests that case managers advise the LTCS Coordinators if there has been an unforeseen delay in the delivery of equipment or a service. The Coordinator may request that the case manager source a different supplier or provider if it is determined to be in the best interest of the participant.

The Authority's panel of attendant care providers are regularly monitored to ensure that participants receive the care they need in a timely manner.

Participants direct their inquiries to their case manager. If this is not appropriate (for example if they do not have a case manager), their inquiry is directed to the LTCS Coordinator.

Notifying service/equipment providers of LTCSA approvals

- 4. The Lifetime Care and Support Authority's response to pre-hearing questions on notice states that the Authority will, when requested, forward a copy of the participant's 'certificate' or a 'purchase order' to the service provider informing them of the Authority's approval for their services to be provided. The Brain Injury Rehabilitation Directorate submission expresses concerns with having to make a request to the LTCSA – as it increases their workload – and with the LTCSA providing a certificate to suppliers, as the certificate may contain confidential clinical information. What is your response to the suggestion that the LTCSA should automatically provide providers formal notification of its approvals?**

Response

The Authority issues the certificate to the participant to notify them of the outcome of the request – whether it is approved or not approved. A copy of this certificate is automatically sent to the participant's case manager and it is the case manager's role to inform individual providers of the outcome. In cases where the case manager has not submitted the request, a copy of the certificate is sent to the requestor and the case manager. Only when a participant does not have a case manager will the Authority forward the "purchase order" directly to the supplier.

Supported accommodation

- 5. The Lifetime Care and Support Authority's response to pre-hearing questions on notice states that in 2009 the LTCSA Board approved funds for the purchase of accommodation for participants in order to address the shortage of supported accommodation in NSW. How many participants are currently residing in accommodation purchased with these funds? How many participant places in supported accommodation would be required in order to meet the current shortage in NSW? Is the funding approved by the Board sufficient to purchase this amount of supported accommodation? What other actions could be undertaken by the LTCSA or other agencies to address the current shortage of supported accommodation?**

Response

The Authority currently has two houses, one at Revesby and one at Rosemeadow. Two participants reside in each house. The Authority has purchased land at Liverpool and is currently looking for land in Penrith and the Mount Druitt / Blacktown area. These proposed purchases should meet the Authority's immediate needs for accommodation for people requiring 24 hour care because of their physical and medical needs. The Board has approved sufficient funding.

The Authority is currently reviewing its need for accommodation (either transitional or permanent) for people with behavioural and cognitive problems. It is not known at this stage what the exact demand is, however feedback from the stakeholders, particularly those with brain injury experience, indicates that a "building" is not what is required, but rather different models of service delivery.

- 6. The Committee is aware that there is an issue concerning people who live in flood plain areas not being able to modify their homes. Are you aware of this issue and, if it does relate to your work, can you tell us more about it?**

Response

The Authority has not had any issues with home modifications and people who live in flood plains. The Authority will only fund modifications where appropriate council approval has been obtained.

Processing requests

7. The Lifetime Care and Support Authority's response to pre-hearing questions on notice highlights the importance of the Authority having sufficient information in relation to a request for services to determine whether it falls within Scheme guidelines. However, the Kids Rehab at Westmead have noted that 'there is apparently no provision for the LTCSA to draw on the long and detailed cumulative history of the client from previous submissions and requests', which leads to a great deal of repetition of information in relation to the current request. What happens to the information contained in participant's submissions and requests? Is there scope for this information to be stored as a cumulative history that need not be repeated in each subsequent request?

Response

All information relating to a participant, including requests and correspondence, is stored in the participant's file within the Authority's case management system. The Authority is currently exploring options to prevent providers having to repeat information that is already on the Authority's file. The more information that is provided on a request, the quicker it can be processed by the Authority.

Medical Care and Injury Service (MCIS) levy

8. Does the MCIS levy cover more than the LTCS Scheme and if it does, how is it that the LTCSA can decide to reduce the total levy, as stated in the LTCSA's response to pre-hearing questions on notice?

Response

The MCIS levy includes the LTCSA levy to cover costs of providing care and support to participants plus the costs of the Authority. This levy is set as a percentage of the CTP insurance premium but has variable amounts depending upon zone and type of vehicle. The calculation of these percentages is to be close to the "real cost" for those zones and vehicle classes subject to affordability limits that restrict increases in any one zone or class to 5% above natural growth in any one year.

As the scheme is still new and the incidence is low, this is mainly based on actuarial projections using prior scheme data. A copy of the levy table for LTCSA is attached.

The MCIS levy also includes an amount collected by the MAA to cover the following

- bulk billing payment for ambulance and acute care services at public hospitals for motor vehicle accident victims;
- RTA costs associated with processing CTP insurance policies as insurance is a requirement for registration;
- MAA costs

This is set as a flat levy across all zones and vehicles.

- 9. The Lifetime Care and Support Authority's response to pre-hearing questions on notice states that 'actuarial estimates for future liabilities based on current and predicted experience' formed part of the basis for the recent reduction in the MCIS. Can it be assumed that the estimate of future liabilities was lower than previous estimates? If so, what are the factors that have lead to this lower estimate?**

Response

The reduction in the levy in August 2009 reflected the fact that the increase in CTP premiums was delivering higher income to the LTCSA than was required to maintain full funding. The LTCSA was therefore able to lower the levy and still receive the same total income as required to meet the actuarial projection of costs for people injured in that year.

- 10. The Lifetime Care and Support Authority's response to pre-hearing questions on notice states that the MCIS levy is a percentage of the insurer premium [excluding GST] for each vehicle class and region rating. Is this a fixed percentage? What is the current percentage? How is the appropriate percentage arrived at?**

Response

See the response to question 8 above.