

**Submission  
No 11**

## **INQUIRY INTO FIRST REVIEW OF THE LIFETIME CARE AND SUPPORT SCHEME**

**Organisation:** NSW ACI Brain Injury Rehabilitation Directorate

**Date received:** 2 June 2017

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## Submission to Law and Justice Committee – First review of Dust Diseases and Lifetime care and Support Scheme: 2 June 2017

I write as the Co-Chair of the NSW ACI Brain Injury Rehabilitation Directorate and as a clinician working in the Liverpool Brain Injury Rehabilitation Unit.

My submission is to expand on the issues raised in the submission by Ms Rachel Morris, Hunter Brain Injury Service and to explain that the interface between LTCS (Lifetime Care and Support) and NDIS (National Disability Insurance Scheme) has created difficulties and apparent inequities arising from the decision between the 2 agencies that a participant of LTCS is excluded from NDIS.

These fall into several categories arising from different eligibility criteria; differences in services provided and differences in the operation of funding arrangements.

### Eligibility:

1. A disabled person who incurs a severe TBI due to a motor vehicle accident will move to the LTCS.

This example is highlighted in Rachel's submission

2. An individual covered by LTCS for an injury sustained in a MVA who then develops significant disability from a second injury not covered by LTCS. I have been informed that this will be looked at on an individual basis.

A verbal example will be given.

3. An individual covered by LTCS who exits the scheme at the interim mark but continues to have a disability that would enable entry to NDIS. This poses an additional problem for a patient who is 63 when injured but turn 65 and then exits the LTCS with no opportunity to enter NDIS. Rachel also mentions this issue and the delays to be expected by the participant in changing schemes.

### Differences in services provided:

NDIS is based in the disability sector and does not pay for medical treatment but will pay for supports which improve daily living, provide core supports and provide equipment. Included in the support is flexible funding to provide for social supports and avocational/recreational activities. LTCS will pay for reasonable and necessary medical and rehabilitation supports in addition to care and equipment. However if a support or care requirement is not accident related then the service is not provided. Also there is no provision for avocational and recreational support other than meeting a care need to attend such a support.

There is stricter clinical oversight of the LTCS processes and service provision than with NDIS. Case managers must be accredited, individual plans are assessed by LTCS staff with clinical knowledge and carer services are accountable to LTCS.

### **Differences in the operation of funding arrangements:**

While self-management of a funding package is possible in in LTCS for the majority of cases this does not occur. Funding may be for a plan period as short as 3 months or up to 12 months. Specific services are approved and there is limited flexibility in the use of funds approved.

### **Summary:**

While in many situations LTCS can provide additional, more comprehensive and a better quality service, difficulties have arisen as the 2 schemes operate differently and for certain individuals a loss of a previously provided service has occurred or a service necessary for a participant is denied as it is not injury related.

LTCS and NDIS need to work together to ensure that the different schemes and their operation do not leave participants without a service or deprived of necessary supports.

Dr Adeline Hodgkinson

Co-Chair ACI Brain Injury Rehabilitation Directorate

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