

## **STANDING COMMITTEE ON LAW AND JUSTICE**

### **FIFTH REVIEW OF THE EXERCISE OF THE FUNCTIONS OF THE LIFETIME CARE AND SUPPORT AUTHORITY PRE-HEARING QUESTIONS ON NOTICE**

#### **Scheme Administration**

##### **Participant satisfaction survey**

**Q1. Please provide the Committee with the results of the 2011 and 2012 annual surveys of Scheme participants.**

##### **Response**

The 2011 and 2012 Executive Summary: Participant Satisfaction Survey Reports are provided at Attachment A. A summary table of results from the 2012 survey is provided below. The summary provides comparisons across the last four years. The 2013 survey was conducted in October and November 2013. The report is due by the end of February 2014.

Overall satisfaction with how the Scheme meets participant's needs is consistently high, above 80 per cent, which meets and exceeds the standard benchmark of 75 per cent for customer and staff satisfaction surveys. For each of the 11 services tested in 2012 (e.g. case management, physiotherapy), at least 83 per cent of participants reported they were satisfied. (Appendix 1.0)

The approved Lifetime Care and Support Case Manager initiative introduced in 2011 and 2012 resulted in increased participant satisfaction with the role of the case manager and relationship with the case manager, and has also increased the availability and capacity of rural case managers.

The suggested improvements to the Scheme identified in the surveys primarily relate to systems and practices, which are being addressed through various projects in progress such as increasing the list of pre-approved equipment; increasing the range and amount of pre-approved services; and developing communication protocols for Lifetime Care and Support Coordinators.

## Summary Table

Key Measure	2012	2011	2010	2009	2012/2011 Comparison
Overall Satisfaction with Scheme	83%	80%	83%	84%	Stable
Problems with service providers in the last 3 months	32%	35%	28%	27%	Stable
- Some or all problems sorted out	40%	43%	39%	40%	Stable
Problems with the Authority in the last 3 months	15%	23%	20%	21%	2012 decrease from 2011
- Some or all problems sorted out	40%	10%	19%	17%	2012 increase from 2011
Unprompted Awareness of Coordinators	89%	80%	84%	85%	2012 increase from 2011
Per cent with CLP Goals	61%	57%	53%	71%	Stable
Per cent Agree 'I need more information from the Lifetime Care and Support Authority'	40%	40%	38%	42%	Stable
Per cent Agree 'There are now long delays waiting for services to be approved by Lifetime Care and Support'	38%	36%	42%	44%	Stable
Per cent Agree 'I feel part of a community'	74%	67%	76%	64%	Stable
Per cent Agree 'I feel I have enough time with friends'	78%	68%	73%	60%	Stable
Per cent Agree 'I feel I'm progressing too slowly with my goals (in my Community Living Plan)'	31%	29%	37%	29%	Stable
Per cent Agree 'Considering my stage of rehabilitation, I am happy with how much I get out into the community'	84%	76%	84%	80%	Stable
Per cent of qualifying adults for whom work/study issue has been raised	89%	82%	-	-	Stable
Per cent of qualifying adults who have worked/ studied since accident	68%	58%	-	-	Stable
Per cent of qualifying adults for who the issue of work/ study was raised too early	36%	23%	-	-	2012 increase from 2011
Per cent who have at least fortnightly contact with their case manager	39%	45%	-	-	Stable

## **Participant representation**

**Q2. During the third and fourth Reviews of the Lifetime Care and Support Authority, the Committee discussed and recommended participant representation on the Lifetime Care and Support Advisory Council (LTCSAC). Given that the Council has since been abolished, how does the Authority propose to ensure participant representation is achieved?**

### **Response**

The Authority has now established the Participant Reference Group to ensure participant representation. This group will be consulted on the results and recommendations of the 2013 survey and on specific projects such as the direct funding trial.

**Q3. Section 10 of the *Safety, Return to Work and Support Act 2012* makes provision for the establishment of advisory committees.**

- a) Are you aware of any plans to establish any advisory committees for the LTCSA?**
- b) If so, please provide details including when they will be established and information regarding the proposed makeup of the committee/s?**
- c) Is there a proposal to include participant representatives on any advisory committee?**

### **Response**

The Lifetime Care and Support Authority has convened an advisory group with an expanded membership. Members are consulted in relation to guidelines, assist with identifying gaps in service delivery and inform the Authority of new initiatives in their areas of expertise. Members include representatives from Physical Disability Council of NSW, Brain Injury Association of NSW, ParaQuad, Attendant Care Industry Association, the Trustee and Guardian, Rural Brain Injury Services and the Brain Injury and Spinal Cord Injury Rehabilitation Services.

The Authority has also established a Participant Reference Group to advise the Authority on its policies, procedures and service initiatives. The Group membership represents participants with brain injuries, spinal cord injuries and their families.

## **Carers**

**Q4. Carers NSW state in their submission that the LTCSA has not voiced an adequate commitment to meet the requirements of the *Carers (Recognition) Act 2013*. What is the LTCSA's response to these concerns?**

### **Response**

While the Authority's primary responsibility is to its participants, it acknowledges the important role of carers in supporting the participant. When assessing the treatment and support needs of participants, the role and support of carers is always taken into account. The Authority provides funded services to meet its participant's needs so that family members and friends are able to participate fully in their lives (e.g. maintain their own employment). The Authority will fund the total assessed care need of a participant and does not expect family members or friends to provide this support.

The Participant Reference Group includes family representatives.

**Q5. Carers NSW state that ‘there is still limited reference to, and information for, carers on the LTCSA and MAA websites, and that the references and information that do exist are difficult to find’. What is the LTCSA’s response to this assertion?**

**Response**

The Authority’s website currently includes links to the Brain Injury Association of NSW and other websites related to the Scheme’s injury groups as they both provide good information for carers. The website also includes a link to Carers NSW that has resources for families and carers, and is found in the section for ‘Scheme Participants’ under the heading “information for families/carers”.

**Q6. The NCOSS submission suggests that there may be appropriate exceptions to the rule not to pay family members as carers, such as where the person is from an Aboriginal or Torres Strait Islander community, or from a culturally and linguistically diverse background, or for families living in rural or remote areas where there may be limited choice of providers. What is the LTCSA’s view on this?**

**Response**

In exceptional circumstances, the participant’s attendant care workers are family members. The family member is employed by an attendant care agency to ensure that the worker is appropriately trained and supported and that both the worker and the participant have the appropriate insurances in place.

**Q7. What is your view on the recommendation in the Carers NSW submission that the LTCSA should ‘include carer awareness training in their skills development initiatives for attendant care workers and case managers’?**

**Response**

The Authority runs a series of free workshops for case managers throughout the year. The “Care Needs Review in the Scheme” workshop provides case managers with information on how to assess care needs for Scheme participants. This includes providing information on assessing participant’s overall care needs and acknowledging the choice of family and participants in how much paid attendant care they wish to receive and how this care is to be delivered.

The Authority is also reviewing the Community Living Planning process and documentation and will provide training to Case Managers in 2014. The new process will acknowledge the role of family and informal supports.

**Q8. In their submission, Carers NSW noted that although some reference is now being made to ‘carers’ in LTCSA documents and webpages, there is still limited use of the term. Carers NSW recommend that the LTCSA continue to implement the use of the term ‘carer’ in their publications and websites to recognise the support provided by family members. What is your response to this suggestion?**

**Response**

The Authority uses the term “carer” in its publications. Lifetime Care and Support publications are primarily directed at its participants and service providers.

**Q9. Carers NSW recommend that the LTCSA continue to expand its initiatives to support the carers and families of LTCS Scheme participants. Does the LTCSA have any plans to do so?**

**Response**

The Authority assesses the needs of each participant individually including their family circumstances and provides services to meet the needs of each participant in his or her individual circumstances.

The Authority has also provided funding to develop and implement a resilience program for families of people with serious injuries and for support camps for children with brain injuries.

**Q10. Carers NSW recommend that the LTCSA enable carers employed by the Authority to balance work and care by exploring more flexible working practices. What is your view on this suggestion?**

**Response**

The Lifetime Care and Support Authority recognises and supports the important role of carers in providing assistance and care to people with disabilities, including people recovering from injury and mental illness. The Authority is committed to meeting its obligations under the *Carers (Recognition) Act 2010* and the NSW Carers Charter. The Authority supports employees who have carers' responsibilities by providing flexible work practices including leave entitlements and flex time.

**National Injury Insurance Scheme**

**Q11. Please update the Committee on the role the LTCSA has had in preparing for the implementation of the National Injury Insurance Scheme.**

**Response**

The Lifetime Care and Support Authority currently meets the minimum benchmarks for the National Injury Insurance Scheme (NIIS) in relation to motor vehicle accidents. Minimum benchmarks for the other types of accidents intended to be covered by the NIIS are still under development. The Authority has input into the design of the NIIS through Safety, Return to Work and Support's participation in the NIIS design process reporting to the Standing Council on Federal Financial Relations. All current business improvement projects and any other work undertaken by the Authority take account of the effect the NIIS may have on its operations.

The Authority's current direct funding pilot and review of the community living plans, reflect the philosophy which underpins the National Disability Insurance Scheme and the National Injury Insurance Scheme. Both these projects aim to provide the participants with greater choice and control over their services.

**DisabilityCare Australia**

**Q12. What preparation has the MAA undertaken for the implementation of DisabilityCare Australia?**

**a) What implications does the program have for the MAA?**

**b) Has the MAA had any specific involvement in the roll-out of the program in the Hunter Region?**

## **Response**

It is not anticipated that the National Disability Insurance Scheme (NDIS) will impact the Lifetime Care and Support Scheme significantly. NDIS is designed to provide long-term care and support to people who would not be covered by existing insurance arrangements such as the Lifetime Care and Support Scheme. The Authority has not had any specific involvement in the roll-out of the NDIS in the Hunter.

Safety, Return to Work and Support Division (SRWS), on behalf of the Lifetime Care and Support Authority and other SRWS agencies, has input through a range of inter-agency and inter-Government channels regarding both the NDIS and National Injury Insurance Scheme (NIIS). The Authority is working to align its service delivery policies and practices to contemporary best practice being championed by the NDIS.

## **Medical Care and Injury Services levy**

**Q13. Please provide the Committee with a summary of the review undertaken into the Medical Care and Injury Services levy.**

### **Response**

The Motor Accidents Authority and Lifetime Care and Support Authority conducted a review of the Medical Care and Injury Services Levy, which led to an overall average levy reduction of 2.0 per cent.

The MAA component of the MCIS levy was revised in 2013 to incorporate an increase to the amount paid to the Ministry for Health for public hospital and ambulance services, reflecting new activity based costing model applying as part of the national health reforms.

This was more than offset by an average decrease to the Lifetime Care and Support Authority component of the levy following a re-evaluation of its liabilities. The new levy rates came into effect from 1 July 2013.

## **Organisational capability**

**Q14. Please provide the Committee with more detail regarding the GROWing Our Culture Framework as it applies to the LTCSA, including the impact of GROW initiatives on the operation of the Scheme since 2011.**

### **Response**

In 2011, Safety, Return to Work and Support Division (SRWSD) developed a cultural growth framework using data from staff engagement surveys, a study on 'best practice' employers, a literature study on contemporary well-being theories and research on public sector culture. The framework is entitled 'GROW' and provides a single approach for supporting staff across all of SRWSD. The GROW framework supports the Authority to improve its organisational capability and productivity.

The framework consists of seven key elements – wellness, safety, achievement, innovation, capability, leadership, and customer experience - that support the desired workplace culture. For example, the leadership component is providing current managers with the skills required to lead their staff and assisting to identify future leaders in a growing organisation. As the organisation further develops its participant-centred programs the capability element will assist identify additional competencies and skills required to deliver the new programs.

## **Financial management**

**Q15. The Australian Lawyers Association assert in their submission that ‘there are serious concerns about the efficiency of the LTCS scheme. It appears to be collecting far more in premium than the level of benefits being paid out would justify. However, only very limited data is publicly available about this’. The Association submits that ‘a comprehensive review of the scheme is warranted to ascertain whether premiums can be reduced further and/or whether the benefits that are being provided to participants of the scheme can be improved. What is your response to this suggestion?**

### **Response**

Scheme valuations are conducted twice a year. Each valuation is undertaken by the independent Scheme actuary and takes account of what costs have been incurred and the anticipated costs for each participant over their lifetime and ensures the Scheme remains “fully funded” to cover the care and support for each participant for the remainder of their life.

The full amount needed to pay for services for a participant is collected in the year of the accident but it will be gradually paid out over many years. As a result, the funds collected to date represent the full amount needed to look after current participants for the rest of their lives.

## **Entering the Scheme**

### **Eligibility**

**Q16. In its response to Recommendation 3 of the Committee’s Fourth Review, the Government advised that it was supportive of reviewing the medical assessment tools applied in the Scheme to determine eligibility, but noted that the introduction of the National Disability Insurance Scheme (NDIS) would influence this process.**

- a) Has there been an evaluation of these tools?**
- b) If so, can you update the Committee on the outcomes of this evaluation?**
- c) Have you have identified any alternative or additional tools that may be appropriate?**

### **Response**

It is understood that the National Disability Insurance Scheme implementation included an extensive review of existing assessment and planning tools, which did not identify a tool or set of tools for determining eligibility.

The disability requirements under the NDIS are the following:

- The person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments, or to a psychiatric condition.
- The impairment is likely to be permanent.
- The impairment results in substantially reduced functional capacity to undertake one or more of the following activities – communication, social interaction, learning, mobility, self-care or self-management.
- The impairment affects the person’s capacity for social and economic participation.

The Lifetime Care and Support Scheme and other like schemes, require a more definitive eligibility definition and assessment tool because of their interaction with compensation schemes. Like the LTCSA, the minimum eligibility benchmarks for traumatic brain injury for motor vehicle accidents in the National Injury Insurance Scheme will be based on the FIM (Functional Independence Measure). FIM is appropriate for severe injuries but is not sensitive enough for less severe injuries. No better tool has been identified by or recommended to the Authority to date.

**Q17. Please provide the Committee with information regarding the average length of time for a determination of eligibility for the Scheme in each of the years of the Scheme's operation.**

**Response**

The eligibility decision is usually made within weeks of the injury, prior to discharge from hospital. This has not changed since the commencement of the Scheme. The usual process is that the trauma hospital or the rehabilitation unit will notify the Authority when they have a patient likely to meet the eligibility requirements for the Scheme. The Authority assists the participant with their application by gathering the police and ambulance reports and the units will provide the medical certificate. Either the Lifetime Care and Support coordinator or the social worker will assist the patient and family with completing an application form.

While the Authority does not capture this specific data, a small number of decisions on eligibility require further information due to causation or co-morbidity issues or questions about whether the accident was a motor accident and take a longer period of time to determine.

**Accessibility of information**

**Q18. The Physical Disability Council of NSW put forward the view that 'many of the resources on the [LTCSA] website are geared towards the professional rather than participants' and believes that 'more resources need to be available to participants in electronic and printed format'. Could you provide the Committee with a response to this suggestion?**

**Response**

The Authority published a range of information sheets in 2012 to provide information about the Scheme to participants. These information sheets were edited into plain English for participants. They are available in electronic format (PDF and RTF) on the website and are provided in a printed format to all new participants. The Participant Reference Group will be consulted on the development of any new information sheets.

The Lifetime Care and Support Authority's website will also be reviewed in 2014. Consideration will be given to the presentation and location of information for participants.

**Operation of the LTCS Scheme**

**Life costing model**

**Q19. During the Fourth Review of the LTCSA, the Authority advised the Committee that the latest version of the Life Costing Model was implemented in August 2011.**

- a) Can you update the Committee on how effective the model has been since its implementation?**
- b) What further developments, if any, might be required to improve the model?**

**Response**

The Life Costing Model is revised annually based on actual experience. It was originally developed based on predicted costs. The valuation of the Scheme utilises the Life Costing Model. The Model works well for a cohort of participants as it is based on average costs. Work is ongoing on refining it to smaller participant cohorts, for example, participants with extensive medical needs or participants who have pre-existing disabilities.



## **Self-management of care**

**Q20. The Law Society of New South Wales state in their submission that they have ‘observed an increased tendency of the Authority to impose further restrictions on the participant's decision making through the Lifetime Care and Support Guidelines. This is demonstrated by the new Part 18 of the Guidelines ... [which state] that only care providers who have been appointed as approved attendant care providers can be paid under the Scheme’. What is your view on this statement?**

### **Response**

The Authority maintains a list of approved attendant care providers. Service providers on the list have demonstrated their disability expertise, the quality of their service provision and the ability to cover specified areas in New South Wales. There is a set fee schedule for panel providers, which has been negotiated to ensure cost effectiveness.

Participants are able to choose their attendant care provider from this approved provider list. In special circumstances (e.g. specialist health needs, geographical isolation, specific cultural needs), the Authority will approve an attendant care provider that is not on the approved provider list.

To increase participant choice and control, the Authority is running a direct funding pilot from March 2014 to March 2015. Participants on the pilot will be able to purchase attendant care services of their choice. It is envisaged that the direct funding option will become more widely available following the evaluation of the pilot. Those who do not want or are not able to manage all of the responsibilities of direct funding will be able to receive ongoing support to self manage their attendant care.

**Q21. Carers NSW recommend that the Case Manager and Attendant Care Finder tools be provided in alternative formats and languages to make choice and control accessible to older people, people with disabilities and people from culturally and linguistically diverse backgrounds. What is your response to this suggestion?**

### **Response**

The Case Manager and Attendant Care Finder tools are on the Authority's website. Their ease of use will be reviewed as part of the Lifetime Care and Support Authority's website review.

**Q22. In the Committee's Fourth Review the LTCSA advised that guidelines were being developed to ‘govern how participants can manage their own care through periodic payments to fund approved services’. Can you provide an update on the progress of these guidelines and the current and future options available for self-managing care?**

### **Response**

*The Motor Accidents (Lifetime Care and Support) Act 2006* allows the Authority to provide direct funding to meet reasonable and necessary treatment and care needs. The Authority has a current Australian Tax Office class ruling, which states that direct funding of attendant care will not be considered as income. The Authority also has a Social Security determination under section 35A of the *Social Security Act 1991* that states that direct funding of certain services including attendant care is not considered as income. The Authority is in the process of applying for an extension of both of these rulings so they cover all services that the Authority funds.

Two participants already receive direct funding for their attendant care.

The Authority is running a formal direct funding pilot from March 2014 to March 2015. The aim is that 15 participants will receive direct funding for their attendant care by the end of the pilot period. Guidance for participants and staff, standard letters and an eligibility and risk assessment criteria have been developed.

The participants selected to be in the trial will represent participants with brain and spinal cord injuries across rural and metropolitan regions. Governance of the pilot will include an internal staff steering group, an external expert advisory group and use of the Lifetime Care and Support Participant Reference Group.

The pilot will be externally evaluated to ensure that the roll out of direct funding for attendant care is informed by learning from the pilot. Concurrent to the pilot, the Authority will be considering the roll out of direct funding to services other than attendant care (pending the extension to the ATO and Social Security rulings).

### **Decision-making capacity**

**Q23. The NCOSS submission notes that for people requiring assistance with decisions, supported decision-making processes should be used. However, NCOSS state they have received feedback that substitute decision-making may not always produce the best outcomes, and recommend that the LTCSA undertake research into the role and appropriate use of substitute decision-making to ensure best practice. What are your thoughts on this suggestion?**

#### **Response**

The Authority is currently working on a draft Supported Decision-making Position Statement, as this was one of the resources identified to assist the direct funding pilot. This will be available internally to staff and externally on the website to participants and service providers. The Authority is researching supported decision making guidelines available within Australia and internationally. This position statement will provide guidance about supported decision making on reasonable and necessary treatment and care services.

### **Disputed claims and complaints**

**Q24. In each of the years of the Scheme's operation:**

- a) How many disputes have there been regarding eligibility to enter the Scheme?
- b) How many disputes have there been regarding type of treatment and rehabilitation?
- c) How long did it take to resolve each dispute?

#### **Response**

Eligibility Disputes

<b>Number of eligibility disputes per year and dispute resolution times</b>			
<b>Financial Year</b>	<b>No. of Eligibility Disputes</b>	<b>Actual Days to Resolve*</b>	<b>Average Days to Resolve</b>
<b>2006</b>	Nil	N/A	N/A
<b>2007</b>	Nil	N/A	N/A
<b>2008</b>	1	282	282
<b>2009</b>	3	37, 140, 182	120
<b>2010</b>	5	84, 120, 131, 169, 170	135
<b>2011</b>	8	79, 124, 134, 141, 165, 236, 282, 308	184
<b>2012</b>	5	113, 139, 147, 219, 251	174
<b>2013 – Jan 2014</b>	5	67, 139, (3) currently in progress	103

\* Actual days to resolve is inclusive of weekends

\* Time to resolve = (certificate date – dispute lodgement date)

The variance in time taken to resolve eligibility disputes is a result of the following factors:

- Assessment Panel requesting further medical information or clinical notes before making a decision.
- Assessment Panel seeking legal advice before making a decision.
- Assessment Panel arranging or undertaking further clinical assessments before making a decision.
- Time taken for the Authority to receive submissions from the dispute respondent.
- Participants requesting a delay in the assessment for personal reasons.
- The complexity of the dispute.

## Treatment and care disputes

Disputes about treatment and care needs				
Financial Year	Nature of Dispute	No. of disputes	Actual days to resolve	Average days to resolve
<b>2008</b>	Equipment: road bike	1	78	78
	Home modifications	1	35	35
	<b>Total</b>	<b>2</b>		<b>Average days to resolve in 2008 = 57 days</b>
<b>2009</b>	Attendant care	3	23, 33, 56	37
	Equipment: tennis chair, footwear	2	24, 52	38
	Vocational courses	1	148	148
	Surgery	1	46	46
	Hydrotherapy treatment	1	22	22
	<b>Total</b>	<b>8</b>		<b>Average days to resolve in 2009 = 51 days</b>
<b>2010</b>	Attendant care	4	44, 59, 93, 3	50
	Equipment: standing frame, recliner chair, diabetes consumables	3	41, 55, 244	113
	Home modifications	2	76, 76	76
	Physiotherapy treatment	2	94, 94	94
	Personal training	1	76	76
	Electricity reimbursement	1	120	120
	<b>Total</b>	<b>13</b>		<b>Average days to resolve in 2010 = 83 days</b>
<b>2011</b>	Attendant care	4	41,84,90,109	81
	Equipment: 2x FES cycles, Iphone	3	56, 343, 77	159
	Domestic services	2	64, 64	64
	Home modifications	1	86	86
	Vocational services	1	63	63
	Hospital day program	1	50	50
	<b>Total</b>	<b>12</b>		<b>Average days to resolve in 2011= 94 days</b>
<b>2012</b>	Equipment: footwear, personal alarm, muscle stimulator	3	68, 139, 77	95
	Attendant care	2	58, 95	77
	Home modifications	2	47, 84	66
	Domestic services	1	54	54
	Physiotherapy treatment	1	48	48
	Case management	1	72	72
	Teeth whitening	1	15	15

Consumables	1	48	48
<b>Total:</b>	<b>12</b>		<b>Average days to resolve in 2012= 67 days</b>
<b>2013</b>			
Attendant Care	3	10, 24, 37	24
Home modifications	1	103	103
Physiotherapy treatment	1	66	66
Exercise physiology treatment	1	43	43
Equipment: Motomed	1	In progress	
Speech pathology treatment	1	In progress	
Dental treatment	1	In progress	
<b>Total</b>	<b>9</b>		<b>Average days to resolve in 2013= 47 days</b>

\* Actual days to resolve is inclusive of weekends

\* Time to resolve = (certificate date – dispute lodgement date)

The variance in time taken to resolve treatment and care disputes is a result of the following factors:

- Dispute assessors requesting further medical information or clinical notes before making a decision
- Dispute assessors arranging or undertaking further clinical assessments before making a decision
- Availability of participant for clinical assessment
- Availability of treatment providers for consultation
- Participant's response regarding dispute assessor selection, given that they may request the Authority reallocate the dispute to a different assessor on the basis that they are unsuitable.
- The complexity of the dispute

**Q25. Please provide the following information regarding the 15 complaints received in 2010/2011, 18 the 26 complaints received in 2011/2012, 19 and the 34 complaints received in 2012/2013:**

**a) The nature of each complaint**

**b) The resolution time of each complaint.**

### Response

<b>Complaints received by the Authority in 2010/2011</b>			
<b>Nature of Complaint</b>	<b>No. of Complaints</b>	<b>Actual Days to Resolve</b>	<b>Average days to resolve</b>
<b>Service providers</b>	5	10, 23, 29, 40 232 (resolved at ombudsman)	67
<b>Communication with the Authority</b>	3	6, 7, 15	9
<b>Requests and approval processes for services</b>	3	1, 17, 32	17
<b>Home modifications</b>	1	10	10
<b>Not approving funding for services</b>	3	8, 14, 27	16
<b>Total</b>	<b>15</b>		<b>Average days to resolve in 2010/2011 = 31 days</b>

<b>Complaints received by the Authority in 2011/2012</b>			
<b>Nature of Complaint</b>	<b>No. of Complaints</b>	<b>Actual Days to Resolve</b>	<b>Average days to resolve</b>
Service providers	6	3, 7, 10, 25, 50, 53	25
Invoicing and payment	5	7, 7, 9, 25, 67	23
Communication with the Authority	5	1, 6, 7, 25, 32	14
Requests and approval processes for services	4	1, 3, 26, 202	58
Home modifications	3	19, 44, 58	40
Choice of service provider	2	2, 12	7
Not approving funding for services	1	1	1
<b>Total</b>	<b>26</b>		<b>Average days to resolve in 2011/2012 = 27 days</b>

<b>Complaints received by the Authority in 2012/2013</b>			
<b>Nature of Complaint</b>	<b>No. of Complaints</b>	<b>Actual days to resolve</b>	<b>Average days to resolve</b>
Requests and approval of services	16	1, 1, 1, 3, 7, 7, 8, 8, 14, 18, 23, 24, 27, 31, 43 (became a dispute) 54 (internal review)	17
Service providers	6	0, 13, 13, 14, 23 51 (third party response required)	19
LTCS coordinator	5	2, 9, 13, 22, 34	16
Communication with the Authority	3	4, 7, 9	7
Application to scheme	2	4, 20	12
Other/complaint not defined	2	1, 1	1
<b>Total</b>	<b>34</b>		<b>Average days to resolve in 2012/2013= 15 days</b>

\*One matter not included in the above data as it involved providing advice to the Minister's office.

Complaints taking more than 40 days to resolve were due to the following factors:

- A third party response was required to resolve the complaint;
- The complaint turned into a dispute;
- An internal review was undertaken to resolve the complaint;
- The complaint was resolved after investigation by the NSW Ombudsman.

**Q26. NCOSS state in their submission that complaints handling by LTCSA is not as 'thorough as desirable' and that the complaints handling processes could be improved by the involvement of external advocates where appropriate. What are your views on this suggestion?**

**Response**

Participants and their families are welcome to use external advocates to assist them to make a complaint and for other aspects of their participation in the Lifetime Care and Support Scheme.

The Authority has published an information sheet about advocacy with information on how advocates could be used and contact details for advocacy organisations.

The Authority's complaints information sheet advises that advocates can be used for assistance to help make complaints. The Authority has worked with external advocates who have made complaints on a participant's behalf.

**Q27. The Law Society of New South Wales asserts that there should be an 'external system of review available to participants in appropriate cases to test whether a treatment or care regime is truly reasonable and necessary'. Do you agree?**

**Response**

The existing process for resolving disputes about treatment and care needs provides an external mechanism for participants to dispute the Authority's assessment about whether an item or service is reasonable and necessary. Such disputes are required by the Act to be resolved by one dispute assessor, whose decision is legally binding on the Authority and participant.

Dispute assessors are practising clinicians with expertise in the relevant area such as medical and allied health professionals.

**Administrative burden**

**Q28. The Fourth Review of the LTCSA noted concerns regarding the administrative burden of the Scheme for participants and health professionals caused by excessive paperwork and duplication of information.**

**a) What measures have been taken to reduce paperwork and/or other administrative burdens?**

**b) Can you update the Committee on the development of online applications for client services?**

**Response**

The Authority has worked with the brain injury and spinal cord rehabilitation units to identify problem areas and ways of streamlining processes. For example, an equipment position statement is currently being trialled in the rehabilitation units to guide decisions about when to hire or purchase equipment for people with newly acquired spinal cord injuries. Further information, guidance material and training has been provided to all providers, and specifically case managers, on the Authority's procedures and forms.

The Authority is not working on online applications for client services, however it is working with its attendant care providers to simplify invoicing for services and is currently working with them to explore the option of an electronic portal for attendant care providers.

## **The Scheme and medical professionals**

**Q29. In the Fourth Review of the LTCSA, concern was expressed about a perceived limited understanding that general practitioners and acute treating teams have of the LTCS Scheme. The Committee recommended that the LTCSA employ effective mechanisms to better inform both general practitioners and acute treating teams about the Scheme (Recommendation 8). Can you update the Committee on what is being done to improve awareness of the Scheme among these stakeholders?**

### **Response**

The Authority runs free training for service providers on a regular basis to assist in their understanding of the Scheme, which is also open to acute treating teams. The Authority has a range of resources and information sheets available on the website, which can also assist acute treating teams in their understanding of the Scheme.

The Authority responds to requests from acute treating teams to provide specific formal training in the workplace. Lifetime Care and Support Coordinators also provide informal training and information to acute treating teams when a potential participant is identified in an acute hospital.

The Authority met with the Australian Medical Association in July 2012. This meeting did not identify the need for any changes to the existing mechanisms of informing General Practitioners about the Scheme. The medical certificate for eligibility must be completed by a medical specialist such as a rehabilitation physician or neurosurgeon.

**Q30. In its Fourth Review the Committee recommended that the LTCSA consult with the Children's Hospital at Westmead to develop a protocol to enable discussion of a participant's appropriate treatment options with clinicians prior to any discussion with a participant's family (Recommendation 10), to which the Government agreed. Has this protocol now been established?**

### **Response**

The Authority and Children's Hospital at Westmead have been meeting regularly and collaboratively to improve communication, resolve issues and develop protocols for working collaboratively. The Authority and the Children's Hospital at Westmead have regular discussions prior to developing service plans for the child participants. The young person and their family are included in these discussions at an appropriate time.

## **Accommodation**

**Q31. In its Fourth Review the Committee recommended that the LTCSA investigate options for permitting participants to be discharged from hospital to interim accommodation, prior to long-term accommodation having been secured (Recommendation 11). Can you update the Committee on what suitable interim accommodation for Scheme participants is available and what information is provided to participants regarding such accommodation?**

### **Response**

The last 12 to 18 months has seen an increase in the availability of supported accommodation services for participants, as not-for-profit and profit organisations enter or expand into this area. Community Housing providers also have more accessible housing stock available. The LTCS Scheme pays for all the support services required, but does not cover rental and other accommodation expenses. When the injured person is eligible for public housing a percentage of their disability support pension covers their rental costs. The participant's case manager and treating team will assist the participant and their family source this accommodation.

While a participant's home is being modified, the Authority will pay for the participant's interim accommodation. While there has been some increase in interim or short term accommodation places for people with serious injury it has not been to the same extent as longer term accommodation places.

**Q32. The Physical Disability Council of NSW raises concerns that the 'decline in admissions nationally and within NSW to aged care residential facilities for people less than 65 years has only been minimal'. The Council encourages the LTCSA to 'actively avoid any future admissions to aged care residential facilities for younger people with disability, and adopt this as a key performance indicator'. What is your view on this recommendation?**

**Response**

The Authority does not have any younger people in aged care residential facilities and it is not anticipated that this would occur.

**In-Voc Program pilot**

**Q33. Please provide the Committee with an update on the In-Voc Program pilot.**

**Response**

The Lifetime Care and Support Authority funded the In-Voc pilot program for a two-year period that ceased on 31 May 2013. The pilot was very successful with an increase in return to work rates, increased engagement of in-patients in the pilot and positive support from the three spinal units. The Authority agreed to continue to fund the In-Voc intervention for a further 18 months until 30 November 2014. CRS Australia has continued to provide the In-Voc intervention. These intervention services have continued to be offered to all in-patients in the three New South Wales spinal injury units- Prince of Wales Hospital, Royal North Shore Hospital and Royal Rehabilitation Centre Sydney.

The Rehabilitation Studies Unit of Sydney University is continuing to evaluate the pilot program with preliminary reports of positive outcomes for program participants. The In-Voc pilot was provided to 162 in-patients, of which 101 were eligible for involvement in the research evaluation. The preliminary findings indicate a high return-to-work rate following spinal cord injury, and that the intervention within the spinal cord injury units has been perceived positively by staff from all departments. Data collection and evaluation is continuing to review all eligible participants' employment status and wellbeing at 12, 24 and 30 months following their spinal cord injury. Data collection has continued at the South Australia control site in the spinal unit.

Over the next two to three years, two vocational programs will be trialled for people with a brain injury. One will be an early intervention program and the other for people with a more serious brain injury who have been out of work for a longer time.

**Funding of capital costs**

**Q34. The Australian Lawyers Association raise concerns that the LTCSA Scheme does not provide funding for the capital costs involved with purchasing a suitable house, car or computer equipment or increased rental payments. The Association states that those who can prove fault may be able to claim capital costs via the CTP claim, but those who cannot prove fault are 'left without any remedy'. Does the LTCSA believe greater funding for capital costs should be available for Scheme participants?**

**Response**

That is a decision for Government and not appropriate for LTCSA to comment on.