

## Lifetime Care & Support Scheme (LTCS Scheme) - Fees Policy

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**Functional Sub group** Corporate Administration - Fees

**Summary** Fees Policy for acute care and rehabilitation services provided to persons accepted under the LTCS Scheme.

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Hospitals

**Audience** Administration, Fees/Revenue Officers, BIRP Units, Spinal Units, Burns Units

**Distributed to** Public Health System, NSW Department of Health, Public Hospitals

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

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## LIFETIME CARE & SUPPORT SCHEME (LTCS SCHEME) – FEES POLICY

The LTCS Authority of NSW (level 24, 580 George Street, Sydney 2000 Tel: 1300 738 586) is a statutory authority established under the *Motor Accidents (Lifetime Care and Support) Act 2006*. The Authority is responsible for the administration of the LTCS Scheme.

The LTCS Scheme provides lifelong treatment, rehabilitation and attendant care services to people who sustain a spinal cord injury, a moderate to severe brain injury, multiple amputations, severe burns or blindness from a motor accident in NSW. It applies to children under 16 years of age who are injured in a motor accident from 1 October 2006 and to adults (regardless of who was at fault in the accident) from 1 October 2007.

Detailed information in relation to eligibility for participation in the LTCS Scheme is available on the LTCS Website at <http://www.lifetimecare.nsw.gov.au> under LTCS Guidelines.

The Scheme is a “no-fault” scheme – that is, if the injured person’s injuries are severe enough to enter the Scheme it does not matter if the injured person was at fault in the accident or not. This Scheme also covers vehicles registered in other States/Territories, provided the accident occurs in NSW. LTCS services are paid for as they are required, rather than paying the injured person a one-off lump sum to meet their lifetime needs at settlement of their CTP claim.

Should a person injured in a motor accident whose injuries appear to meet the eligibility requirements (as above) present to a public hospital/facility, the public hospital/facility should contact the LTCS Authority. The Authority will appoint a LTCS co-ordinator who will assist with the completion of an application for participation in the Scheme.

**Fees policy applicable for services provided to persons accepted under the LTCS Scheme is advised under ‘Acute Care Services’ and ‘Rehabilitation Services’ headings, as follows:**

**ACUTE CARE SERVICES** (for the purposes of LTCS, Acute Care Services are defined as ‘other than Rehabilitation Services’)

The bulk billing agreement, under the Compulsory Third Party (CTP) Scheme, will apply for all LTCS injury types (spinal cord injury, moderate to severe brain injury, multiple amputations, severe burns or blindness), including ‘at fault drivers’, while in the acute care phase of their treatment.

### REHABILITATION SERVICES

The LTCS rehabilitation schedule of fees is applicable in relation to all LTCS injury types (spinal cord injury, moderate to severe brain injury, multiple amputations, severe burns or blindness) regardless of who was at fault in the accident. It is consistent with the schedule of fees applicable under the Brain

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Injury Rehabilitation Program (BIRP). The LTCS rates are advised separately via Information Bulletin.

For LTCS patients with **brain injuries** and **spinal cord injuries** the 'LTCS rehabilitation services schedule of fees' applies only in relation to patients admitted to a **designated** admitted patient BIRP Unit or Spinal Injury Rehabilitation Unit or admitted patient Transitional Living Unit and in relation to non-admitted patient services provided by **designated** non-admitted patient units. Accounts should be raised against the LTCS Authority.

**Note that accounts in relation to LTCS patients with Brain Injuries or Spinal Injuries who are patients in a NSW public hospital, other than a designated BIRP/Spinal Injury Rehabilitation Unit or Transitional Living Unit, should be raised against the LTCS Authority at the applicable 'Compensable Patients' rates (for both admitted patients and non-admitted patients).**

For LTCS patients with **multiple amputations, severe burns** or **blindness** the 'LTCS rehabilitation services schedule of fees' applies from the date of commencement of rehabilitation services irrespective of the hospital/facility in which these services are provided. If necessary, discussion should occur with the LTCS Authority on a case-by-case basis as to when the acute care phase completes or the rehabilitation phase commences. Accounts should be raised against the LTCS Authority.

## **Designated Brain Injury Rehabilitation Program Units**

As indicated above for LTCS **admitted patients with moderate to severe brain injury** the 'LTCS rehabilitation services schedule of fees' applies only in relation to the following **designated admitted patient BIRP Rehabilitation units**:

- Westmead Hospital Brain Injury Rehabilitation Service
- Liverpool Hospital Brain Injury Rehabilitation Unit
- Royal Rehabilitation Centre Sydney Brain Injury Unit

For LTCS **admitted patient and non-admitted patient Transitional Living Units** services the 'LTCS rehabilitation services schedule of fees' applies only in relation to the following designated BIRP units:

- Westmead Hospital Brain Injury Rehabilitation Service
- Liverpool Hospital Brain Injury Rehabilitation Unit
- Royal Rehabilitation Centre Sydney Brain Injury Unit
- South West Brain Injury Rehabilitation Service
- Southern Area Brain Injury Service
- Hunter Brain Injury Service
- Dubbo Brain Injury Rehabilitation Program
- New England Brain Injury Rehabilitation Program
- Mid West Brain Injury Rehabilitation Program

For LTCS **non-admitted Brain Injury patient services** the 'LTCS rehabilitation services schedule of fees' applies only in relation to the following facilities:

- Children's Hospital Westmead
- Sydney Children's Hospital
- Illawarra Brain Injury Service
- North Coast Head Injury Service

## **Designated Spinal Injury Rehabilitation Units**

As indicated above for LTCS **admitted patients with spinal injuries** the 'LTCS rehabilitation services schedule of fees' applies only in relation to the following **designated admitted patient Spinal Injury Rehabilitation units:**

- Prince of Wales
- Royal North Shore
- Children's Hospital at Westmead
- Sydney Children's Hospital
- Royal Rehabilitation Centre Sydney.

For LTCS **admitted patient and non-admitted patient Transitional Living Units services** the 'LTCS rehabilitation services schedule of fees' applies only in relation to the following **designated Spinal Injury Rehabilitation units:**

- Prince of Wales
- Hunter Spinal Injury Service
- Royal Rehabilitation Centre Sydney.

For LTCS **non-admitted Spinal Injury patient services**, the 'LTCS rehabilitation services schedule of fees' applies only in relation to the following facilities:

- Children's Hospital Westmead
- Sydney Children's Hospital
- Illawarra Spinal Injury Service
- Royal North Shore
- Spinal Outreach Service
- Rural Spinal Injury Service

## **LTCS Rehabilitation admitted patient Fee Categories**

There are three fees categories that apply to LTCS patients receiving rehabilitation admitted patient services:

**Category A** applies to patients who are being assessed for or receiving active rehabilitation.

**Category B** applies to patients who are not on an active rehabilitation program. This category includes but is not limited to patients who are

admitted for respite care or patients who have finished their rehabilitation program and are waiting for a transfer, placement or appropriate accommodation elsewhere.

**Category X** is for the rare patient who requires an extremely high level of support or monitoring. It is only to be used in very specific circumstances that cannot be managed without constant close supervision, generally requiring temporary additional staffing.

The unit/hospital will nominate the appropriate category classification for a patient and identify the proposed classification on the rehabilitation plan, and update the classification in the progress reports. The LTCS Authority may seek clarification of the classification if necessary in the course of reviewing the rehabilitation plans and progress reports.

## DOHRS ACTIVITY REPORTING

LTCS admitted patient Acute and Rehabilitation Services, including admitted patient BIRP Units/Spinal Injury Units and admitted patient TLU activity will be classified as Institution Type G (General Hospital) for all separations.

## LTCS - FEES

### LTCS Acute Care Services

The bulk billing agreement, under the current Compulsory Third Party (CTP) Scheme, will apply for all LTCS type injuries (including “at fault drivers”) for both admitted patient and non-admitted patient acute care services.

### LTCS Rehabilitation Services

The ‘LTCS rehabilitation services’ fees are advised separately **via Information Bulletin** under the following headings:

- 1. Admitted patient BIRP/Spinal Injury Rehabilitation designated units and hospitals/facilities in relation to LTCS patients with multiple amputations, severe burns or blindness receiving rehabilitation admitted patient services.**

Category A, B or X per diem rates apply as appropriate.

It is reiterated that accounts in relation to LTCS patients with Brain Injuries or Spinal Injuries who are patients in a NSW public hospital, **other than** a designated BIRP/Spinal Injury Rehabilitation Unit or a Transitional Living Unit, should be raised against the LTCS Authority at the applicable ‘**Compensable Patients**’ rates.

## 2. Admitted patient Transitional Living Units in relation to BIRP/Spinal Injury Rehabilitation designated units only.

Category A or B per diem rates apply as appropriate.

## 3. Non-Admitted patient Rehabilitation Services, including Outreach

Are charged at the cumulative half-hour rate.

These services will be detailed in the rehabilitation plan submitted by the unit to the LTCS Authority. Where the time for the services is accumulated eg for telephone calls the date of the service on the account will be the last occasion of service to make the half hour period. The services may include but are not limited to monitoring of the patient, case management, conferences with outside parties and travelling.

Where patients are effectively receiving a transitional living program but are resident in the community rather than a TLU/facility, the fee for the service will be at the half hourly rate but the fee shall not be greater than the equivalent of 5 hours per day of non-admitted patient care.

## 4. Outpatient Medical Clinic Appointments

Outpatient medical appointments for LTCS patients will be charged at a standard rate per consultation type and will cover an occasion of service by an attending medical officer.

- **Medical Consultation – (New)** applies to a new patient referred for medical assessment by an attending medical officer, which are charged at the standard rate.
- **Medical Consultation – (Review)** applies to follow-up appointments of a patient by an attending medical officer, which are charged at the standard rate.

## 5. Reports

The charging for reports is in accordance with the rates set out in NSW Health Information Bulletin IB2008\_041, subject to the fees policy set out in NSW Health Policy Directive PD2006\_050, both as those rates or fees policy are amended or revised from time to time.

Reports that are part of the rehabilitation process such as rehabilitation plans, progress reports and case closures will be charged at the same half hourly rate as non-admitted patient services.

## 6. Group Activities

Group activities that form part of the rehabilitation plan will be charged at a standard half hour rate per group type and will cover an occasion of service.

**Group activities - qualified** applies to those group activities directly supervised by a qualified allied health clinician and are charged at the cumulative half hour rate.

**Group activities - unqualified** applies to those group activities not directly supervised by a qualified allied health clinician and are charged at the cumulative half hour rate.

Professor Debora Picone AM  
**Director-General**