

LIFETIME CARE AND SUPPORT PATIENTS AT SCHN PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- This document provides an overview on the Lifetime Care and Support process.
- This document provides procedures for staff when participants of Lifetime Care and Support present for admission or outpatient treatment at SCHN.
- Ensure requests to provide services to Lifetime Care and Support patients can be handled efficiently.
- Staff can determine the correct classification of a Lifetime Care and Support patient accessing services provided by the Sydney Children's Hospitals Network (Westmead and Randwick).
- A service approval from Lifetime Care and Support is received for the treatment period and distributed to relevant teams.
- Services provided to a Lifetime Care and Support patient are billed to iCare in a timely manner.
- For additional information and access to the Forms, see the SCHN Intranet page under resources "Lifetime care and Support Patients":
<http://intranet.schn.health.nsw.gov.au/revenue/lifetime-care-and-support>

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st September 2021	Review Period: 3 years
Team Leader:	Revenue Coordinator	Area/Dept: Finance



CHANGE SUMMARY

- N/A - New document

READ ACKNOWLEDGEMENT

- All Outpatient Administrative staff, Patient Liaison Officers and relevant Finance staff involved with the process of admitting or booking patients at SCHN are required to read the procedure.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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Policy Statement

The Sydney Children's Hospitals Network prides itself on delivering high quality medical care to all patients.

To assist us in continuing to provide exceptional care for all our patients, iCare is required to cover all costs associated with the care of Lifetime Care and Support participants received at our hospitals.

The Sydney Children's Hospital Network will provide necessary rehabilitation and treatment services to Lifetime Care participants. An agreement will be reached in advance with Lifetime Care and Support to ensure SCHN is compensated for these services.

In line with the, [Brain Injury Rehabilitation Program \(BIRP\) - Fees Policy and Schedule of Fees, Policy Directive, PD2020_030](#), [Lifetime Care & Support \(LTCS\) Scheme - Charging Policy and Rates for Designated Units PD2020_021](#) and [Lifetime Care and Support Guidelines](#), the following procedure is adopted to ensure that:

- staff can easily determine the correct classification of a Lifetime Care and Support patient accessing services provided by the Sydney Children's Hospitals Network.
- requests to provide services to Lifetime Care and Support patients can be handled efficiently.
- a request is made for a Service Approval to pay for "reasonable and necessary" rehabilitation and treatment services for a Lifetime Care and Support patient as a result of a motor accident injury.
- services provided to a Lifetime Care and Support patient is billed to iCare.

Where relevant, Clinicians and Departments must ensure admission and treatment of these patients must be negotiated with the relevant Case Managers and approved by iCare prior to their admission or outpatient's appointment.

Overview

The Lifetime Care and Support Scheme (LTCS) is run by iCare and its purpose is to support people who have severe injuries as a result of a motor accident in NSW. This is done in partnership with service providers like The Sydney Children's Hospitals Network.

Patients who have been severely injured in a motor accident in NSW from 1 October 2006 (for children under 16) or from 1 October 2007 (for adults), may be eligible for the Scheme.

'Severely injured' can include:

- traumatic brain injury
- spinal cord injury
- amputations
- burns
- permanent blindness

- A patient involved in a car accident, and admitted to a public hospital, must be classified as “Motor Vehicle Accident” (MVA).
- If a patient is determined to be eligible for Lifetime Care and Support, it is recommended that Hospital Clinical Staff or Social Workers complete a Severe Injury Advice Form (SIAF) and email the document to iCare.
- The LTCS contact will help the patient choose a Case Manager to support the patient with their treatment, rehabilitation and care needs.
- Until a patient’s assessment as an ***interim participant*** of Lifetime Care and Support is approved, their financial classification must remain MVA.
- Once a patient is accepted as an ***interim participant*** in the Scheme, their treatment, rehabilitation and care related to their motor accident injuries is covered for the first two years from date of approval. The patient must be classified as **LTCS** from date of approval.
- Towards the end of the two years, the patient will be re-assessed to determine if they are eligible to become a ***lifetime participant*** and a further application is required to be lodged with LTCS.
- A child will not be assessed for lifetime participation before the age of 5 years. For a child, who becomes an interim participant under the age of 3 years, their interim participation may be longer than 2 years.
- Once approved, the patient will become a ***lifetime participant*** - and iCare will pay for all reasonable and necessary treatment, rehabilitation and care needs that relate to the motor accident injury for the rest of the patient’s life.
- ***All rehabilitation and treatment services require prior approval in writing from iCare.***
- It is the responsibility of the Case Manager to ensure the Service Approval is obtained prior to treatment and rehabilitation care. Case Managers must ensure information is communicated to relevant Departments’ and Clinical staff so that the clinical care and billing process is handled efficiently.
- It is the responsibility of the Administrative staff to ensure LTCS patients are interviewed and classified correctly and to ensure the correct billing process is followed.

For further information please click on the following link

<https://www.icare.nsw.gov.au/#gref>

1 Lifetime Care and Support Contact and Case Manager

Each participant will have a contact within iCare and allocated a Case Manager (CM). For further information on the role of the Coordinator and Case Manager refer,

<https://www.icare.nsw.gov.au/injured-or-ill-people/motor-accident-injuries/case-managers/working-with-a-case-manager/>

2 Reasonable and necessary care

Services must be related and/or due to the motor accident injury and be considered “reasonable and necessary care”, with the intention of enabling a patient to live a relatively normal and independent life.

Services may include:

- medical treatment, pharmacy, diagnostic, accommodation and doctor's appointments
- rehabilitation, e.g. Allied Health including physiotherapy, occupational therapy and speech therapy
- appliance and equipment, e.g. wheelchairs

3 Service Approval

- After services are requested by the Case Manager and approved by LTCS, a Service Approval is issued. The Service Approval and Treatment Plan is emailed to the Parents, Case Manager and Service Providers.
- The Service Approval specifies the details of services to be provided,- including the cost within a nominated time frame.
- If services are provided outside the agreed period,- it is the responsibility of the Case Manager to contact the LTCS contact and arrange for an amended Service Approval.

4 Fees and Charges

Scheduled fees and charges are set out in the appropriate schedules and advised annually by the NSW Ministry of Health.

For further information on Motor Accident (Lifetime care and Support) Act 2006 No 16 please Refer the following link

<https://www.legislation.nsw.gov.au/#/view/act/2006/16/full>

5 Funding Arrangement

In line with the [NSW Policy Directive PD2020 021](#) the LTCS charging policy states that the Funding arrangement applies to all LTCS patients except for patients who are treated in a designated Spinal and Brain unit. Patients with lifetime injuries relating to **Burns**, **Amputation** and **Permanent Blindness** must be classified **MVA** when presenting to SCHN for treatment.

5.1 Burns

- The Children's Hospital at Westmead is a designated major Trauma Centre in NSW.
- Financial class must be MVA
- Patients who have sustained burns as a result of the motor accident are eligible for LTCS if they have met the required criteria. Refer to page 11 of the [LTCS guideline](#).

5.2 Amputations

- A person, who as a result of the motor accident has had amputations, is eligible for LTCS if they have met the required criteria. Refer to page 9 of the [LTCS guideline](#).
- Financial class must be MVA

5.3 Permanent Blindness

- A person, who has lost sight in both eyes as a result of the motor accident, is eligible for LTCS if they have met the required criteria Refer to page 11 of the [LTCS guideline](#).
- Financial class must be MVA

At SCHN all LTCS patients are covered under the Funding arrangements with the exception of the admitted Spinal designated unit and non-admitted Spinal & Brain rehabilitation services.

5.4 Spinal Injury

- The Sydney Children's Hospital Randwick (SCH) and The Children's Hospital at Westmead (CHW) **are designated admitted Rehabilitation Units**.
- Financial Classification must be "LTCS".
- Charges for Accommodation and Specialist Billing must be raised to LTCS.
- Diagnostic (Pathology and Radiology), Pharmacy and Allied Health Services are inclusive in the Accommodation charges.

5.5 Brain Injury

- The Sydney Children's Hospital Randwick (SCH) and The Children's Hospital at Westmead (CHW) **are not designated Brain Injury Rehabilitation Units**.

- Accommodation and Diagnostic services will be covered under the Funding Arrangement.
- Medical Billing must be raised billed to LTCS (debtor).
- Financial class must be “MVA”

NOTE: A Brain Injury Patient who is a participant of LTCS must be classified MVA and Debtor must remain LTCS.

6 SCHN Charging guidelines for Lifetime Care and Support

6.1 Charging guideline for admitted Brain Patients

- Funding arrangement is applicable twelve months from date of injury for Brain Injury Patients (includes accommodation, pharmacy and diagnostics costs).
- Specialist invoices to be raised to LTCS.
 - After the twelve months, if a Brain Injury patient is admitted to other wards including ICU within the hospital, SCHN must raise compensable (NWAU) rates to LTCS (includes accommodation, pharmacy and diagnostic costs).

6.2 Charging guideline for admitted Spinal Patients

- Below is a guideline to assist SCHN staff to determine the correct classification for Spinal Injury Inpatients.

Category	Description
A	<ul style="list-style-type: none"> • Initial admission for patients admitted to a designated Rehabilitation Unit who is undergoing rehabilitation treatment. • All SCHN Spinal patients must be classified as category A.
B	<ul style="list-style-type: none"> • Patients who are not accessing rehabilitation treatment e.g. Allied Health and waiting to be discharged. • No relevant treatment required.
X	<ul style="list-style-type: none"> • Patients who require very high level support or monitoring with constant close supervision, generally requiring temporary additional staffing.

6.3 Charging guideline for Outpatients and Allied Health Services

- SCHN must raise accounts to LTCS for both Spinal and Brain Injury outpatient services.
- All LTCS patients attending an Outpatient Clinic should be charged at either the AMA or agreed service approval rate. Refer to the AMA benefit schedule.

Service	Rate	Note 1	Note 2
Rehabilitation Services	Fee per half-hour***	Do not charge more than 5 hours per day of non-inpatient care	Includes Outreach services
Initial AMO Consultation	Fee per consultation***		
Subsequent AMO Consultation	Fee per consultation***		
Reports in relation to Rehabilitation process	Fee per half-hour***	Do not charge more than 5 hours per day	Include Rehab plans, progress reports, case closures
Other reports	Charge in accordance with HIU and Medical/Clinical Reports – Rates IB2017_035		
Allied Health Group Activities	Fee per half-hour***	Qualified*	
Allied Health Group Activities	Fee per half-hour***	Unqualified**	

* Applies to those group activities directly supervised by a qualified Allied Health clinician

** Applies to those group activities not directly supervised by a qualified Allied Health clinician

*** Refer to PD2020_030 for rates

7 Procedure

The following procedures are required to be adhered to in relation to the acceptance for treatment and admission of Lifetime Care and Support participants at The Sydney Children's Hospitals Network - Westmead and Randwick.

7.1 Approval Process

- When a patient is determined to be a LTCS participant and presents to SCHN, all services provided at CHW and SCH will be covered by LTCS.
- It is assumed that a service approval has been forwarded by the Case Manager to the relevant teams and departments prior to treatment commencing.
- Service approvals must not be a reason to deny a LTCS patient access to outpatient treatment at SCHN.

7.2 Services rendered and no service approval received

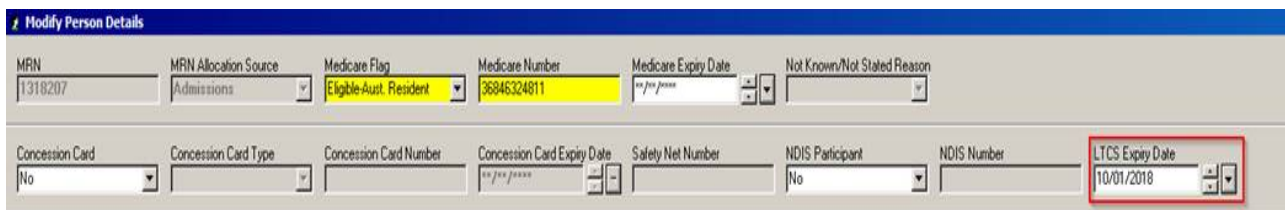
- In the event no service approval is received and/or awaiting approval, staff must ensure treatment is provided to participants and services billed to LTCS.
- It is the responsibility of the Case Manager to obtain a service approval from the LTCS contact.

- Department or clinician must contact the Case Manager to request for a service approval.
- It must be noted that LTCS will pay for all services rendered to a LTCS participant and will not reject any claim.

7.3 SCHN Revenue Team

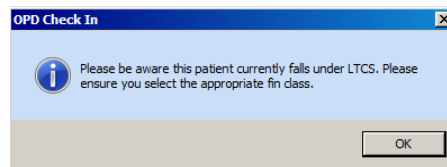
On receiving the service approval, the Revenue Team must:

- Update Scheduling with the “LTCS Expiry Date” for each LTCS participant in order to activate the “OPD” pop-up message below.
- Email the service approval to the relevant Clinicians and Departments.



MRN	MRN Allocation Source	Medicare Flag	Medicare Number	Medicare Expiry Date	Not Known/Not Stated Reason		
1318207	Admissions	Eligible-Aust. Resident	36846324811	*** / ** / ****			
Concession Card	Concession Card Type	Concession Card Number	Concession Card Expiry Date	Safety Net Number	NDIS Participant	NDIS Number	LTCS Expiry Date
No			*** / ** / ****		No		10/01/2018

- When the Administrative Staff enters the patient’s medical record number in the system, the pop-up message will alert the staff that patient is a LTCS participant.



- It is the responsibility of the Admin Staff to:
 - Interview the patient,
 - Determine that treatment is relevant to the MVA injury,
 - Ensure patient is classified correctly.
- Revenue Team to monitor services and liaise with Departments, to ensure services are invoiced to iCare.

Please note the above screen captures is relevant to SCHN Patient Management

8 Outpatient Services including Allied Health Services

When an outpatient service is rendered to a Lifetime Care and Support Participant, example,

- Consultation with a doctor, nurse and/or consultant
- Diagnostic services i.e. Pathology and Radiology
- Public Allied health services

- Pharmacy e.g. Botox
- Appliance Centre Equipment purchase/hire costs

Staff at SCHN must ensure written service approvals have been received when confirming outpatient appointments for Spinal and Brain injury patients who are participants of LTCS.

It must be noted that services provided in the outpatient clinics which are not related to the injury the patient sustained in the motor vehicle accident must not be classified LTCS.

On receiving the Service Approval from the LTCS contact or Revenue Team, it is the responsibility of each Department Head to ensure a departmental process is implemented to monitor Service Approvals.

SCHN Westmead and Randwick are designated **non-admitted Spinal Injury facilities** and designated **non-admitted Brain Injury facilities**.

- When a patient presents to an outpatient clinic, the Admin staff must interview the patient to identify and classify the patient accurately.
- Financial classification must be as follows:-
 - CHW - "LTCS Compensation – NAP"
 - SCH - "LTCS Compensation – NAP"
- Admin staff must ensure the service date is within the approval period. If services are provided outside the agreed period it is the responsibility of the Case Manager to liaise with the LTCS contact and arrange for an amended service approval.
- After service is provided, Admin Staff must complete relevant billing log sheet,
 - [Billing log sheet for Lifetime Care and Support Patients](#)
- Admin staff must forward the form via internal mail to SCHN Finance or email to schn-revenue@health.nsw.gov.au for processing.
- Billing to LTCS must be completed in line with the Service Approvals.

8.1 Paediatric Rehabilitation Department

Kids Rehabilitation provides inpatient, outpatient and outreach services.

- Brain Injury Service
- Spinal Cord Injury Service

Refer to [Rehab2Kids](#) process at SCH.

Refer to [Kids Rehab](#) process at CHW.

8.2 Pharmacy Department

The Children's Hospital at Westmead

- Medication (eg: Botox) is dispensed to a LTCS patient in the outpatient clinic.
- Pharmacy Data Manager must identify the patient to be LTCS and will raise an invoice to LTCS via PBRC in accordance with the Service Approval.

Sydney Children's Hospital at Randwick

- Transactional Services Team will email Pharmacy a copy of the Service Approval.
- Rehab2Kids Manager to advise the Pharmacy Department when a LTCS patient is likely to receive Botox.
- Pharmacy to raise an invoice to LTCS directly for cost of Botox.

8.3 Diagnostic Services (Pathology and Radiology)

- Transactional Services Team to notify Diagnostic Services at both CHW and SCH when a service approval is received.
- When a LTCS patient presents to the Diagnostic Department, the Admin staff must classify the patient to LTCS.
- At CHW Pathology department must raise an invoice to LTCS for approved services, at the AMA or agreed rates.
- NSW Pathology and the POW Radiology Department must raise an invoice to LTCS directly for services provided.

8.4 Appliance Centre

- Transactional Services Team and/or Department to notify Appliance Centre when a LTCS patient presents.
- Pre-approval from LTCS is required when equipment is issued to a LTCS participant.
- At CHW, Occupational Therapy (OT) will email LTCS, details of equipment required including cost and duration.
- LTCS will forward a Service Approval to OT.
- OT must email a copy of the Service Approval to the Appliance Centre and Revenue.
- After the equipment is issued to a participant, Appliance Centre Admin staff must raise an invoice to LTCS. A [LTCS billing log sheet](#) to be completed and forwarded to the Revenue Dept.
- One week prior to the return date, Appliance Centre Admin staff must email OT to confirm if loan of equipment is to be extended. If so, an additional invoice is to be raised to LTCS.

9 Inpatient Services

All requests to admit a LTCS Participant does not require prior approval from iCare.

9.1 Spinal Injury

- The Children's Hospital at Westmead (CHW) and Sydney Children's Hospital Randwick (SCH) **are** designated admitted Rehabilitation Units.
- Financial Classification must be one of the below:-
 - LTCS/BIU/SCI Rehab-Cat A
 - LTCS/BIU/SCI Rehab-Cat B
 - LTCS/BIU/SCI Rehab-Cat X
- Charges for Accommodation and Medical Billing must be raised to LTCS.
- Diagnostic services and Prosthesis are inclusive in the Accommodation charges and must not be billed to LTCS.

9.2 Brain Injury

- The Children's Hospital at Westmead (CHW) and Sydney Children's Hospital Randwick (SCH) - **are not** designated Brain Injury Rehabilitation Units.
- Accommodation and Diagnostic services will be covered under the Funding Arrangement.
- Medical Billing must be charged to LTCS.

A Brain Injury Patient who is a participant of Lifetime Care and Support must be classified MVA and Debtor must remain Lifetime Care and Support.

10 Procedure for admitting an inpatient

- Clinical Support Administrator (CSA) must interview the patient to identify and correctly classify the patient.
- Admission paperwork must be completed and signed.
- CSA must forward all admission paperwork to the Patient Liaison Officers (PLO).
- PLO must forward the completed admission paperwork to the Transactional Services Team.
- Transactional Billing Team will raise invoices to LTCS for the admission.

10.1 Staff Specialist / VMO

- Service providers must ensure invoices are raised against the LTCS for services provided to an inpatient identified with a LTCS financial class.
- Billing must be completed either via iBill or by completing an SCHN Inpatient billing log sheet.
- Forms can be emailed to schn-revenue@health.nsw.gov.au for processing.

Need help or assistance?

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