

Terms of Agreement

Schedules – Care Needs Assessors

Schedule 1 Key Personnel

Schedule 2 Services

Schedule 3 Fees

Schedule 4 Service Standards

Schedule 5 Performance Management

Schedule 1 – Key Personnel

The following named Key Personnel are approved to deliver the Services under the conditions of this Agreement:

- 1.
- 2.

Any changes to the listed Key Personnel requires pre-approval by Lifetime Care.

Schedule 2 - Services

Definitions

Attendant Care Service Request (ACSR)	The Attendant Care Service Request is a current and comprehensive representation of the care the participant/family would like to have delivered to them by an Attendant Care Provider, including all associated training, travel, or other relevant services
Care and Needs Scale (CANS)	An assessment tool used to measure the level of support needs of older adolescents and adults with traumatic brain injury (TBI).
Care Needs Assessment (CNA)	The Care Needs Assessment is a comprehensive assessment of all current care needs for a Participant across all domains of function, activity, and participation; irrespective of who is providing the care at that time. The assessment is documented in a Care Needs Assessment report (CNAR).
Care Needs Review (CNR)	A brief reconsideration of the current, stable care needs and program by a health professional known to the participant (such as their case manager or icare contact).
Paediatric Care and Needs Scale (PCANS)	An assessment used to measure the types, extent, and intensity of the support needs of young people aged 5-15 years.

The Services for the purpose of this Agreement include any or all of the following:

- Read background material in preparation for a Care Needs Assessment (CNA)
- Travel to/from the Participant /Workershome/school/other appropriate location for the purpose of completion of a Care Needs Assessment. Provider travel needs to be pre-approved by Lifetime Care.
- Liaise/consult with parties relevant to the assessment of care needs
- Clinical analysis of the Participant's care needs
- Report preparation to include the Care Needs Assessment Report and the Attendant Care Service Request (ACSR) (or as directed by the referring officer at icare). Obtain quotes for the Attendant Care Service Request (ACSR) if directed by Lifetime Care.
- Completion of the Care and Needs Scale (CANS) as indicated
- Provide further information or clarification of content/recommendations at the request of icare staff to assist them in making their assessment of care need.

All Services will be within the scope of relevant legislation, statutory guidelines and any policies published on the icare website.

All services are engaged via a direct referral from Lifetime Care.

The Services must be provided by Key Personnel. No actions or services can be delivered by or invoiced from other members of the business or team, including professional, administrative or business support staff.

All Services must be delivered in accordance with the Service Standards.

The Services for the purpose of this Agreement DO NOT include Care Needs Reviews. Where the panel is used for a Care Needs Review, this will be negotiated on a case by case basis.

Schedule 3 – Fees

The Service Provider will invoice Lifetime upon completion of the Services.

The Service Provider will obtain Lifetime Care’s prior written approval to incur or pay any costs, expenses, fees or charges. Lifetime Care will reimburse the Service Provider for those costs, expenses, fees or charges, subject to receiving a correctly rendered Tax Invoice with appropriate supporting evidence upon completion of the Services.

Fees payable

Lifetime Care will reimburse the Service Provider’s reasonable hourly rate in accordance with the Hours Claimable Table below.

The category of assessment will be determined by Lifetime Care. Where exceptional circumstances apply, hours claimable can be negotiated with Lifetime Care.

Hours Claimable Table

Category	Hours Claimable
Care Needs Assessment (Complex)	10 hours plus pre-approved travel
Care Needs Assessment (Standard)	7 hours plus pre-approved travel

Considerations for whether assessments may be funded as complex or standard:

Care Needs Assessment (Complex)
<p>Applications</p> <p>Includes the first home-based Care Needs Assessment following discharge from in-patient hospital or rehabilitation facility.</p> <p>Includes all Care Needs Assessments for children which include completion of Paediatric Care and Needs Scale (PCANS)</p> <p>Includes Care Needs Assessments for Participants with:</p> <ul style="list-style-type: none"> • Multiple injury types (more than 2 domains of function need detailed observational assessment) • Complex functional impairments • Multiple activity/participation locations to be considered (in home, local community, workplace, holidays, other) • Multiple & complex environmental and/or personal barriers to be considered • Rapidly & significantly changing or fluctuating functional capability &/or other circumstances requiring detailed re-assessment • Information & feedback to be obtained from multiple stakeholders <p>Includes Care Needs Assessments where there is a history throughout the preceding care period of multiple complaints or issues identified by any stakeholder regarding the care program.</p>
<p>Inclusions</p>

- Review of referral documentation including last Care Needs Assessment (CNA) report if available
- Liaison with stakeholders (any or all of Participant, family, informal carers, attendant care provider, health professionals, icare)
- Clinical assessment on-site (single visit per site)
- Completion of the Care and Needs Scale where requested
- Report preparation
- Completion of the Attendant Care Service Request (ACSR) if required
- Providing any clarification or additional information to reviewing officer

Care Needs Assessment (Standard)
Applications
Participants with: <ul style="list-style-type: none"> • Single injury type (may include some minor co-morbidities if they don't significantly impact care needs) • Consideration of care needs in the home and local community • Injury-related functional impairments • Environmental and/or personal barriers need to be considered • Changing functional capability in response to rehab or to a deteriorating condition requiring detailed re-assessment of care needs • Information & feedback to be obtained from multiple stakeholders OR Intermittent re-assessment of Participants who have a stable care program and have had two previous consecutive Care Needs Reviews
Inclusions
<ul style="list-style-type: none"> • Review of referral documentation including last Care Needs Assessment (CNA) report if available • Liaison with stakeholders (any or all of Participant, family, informal carers, attendant care provider, health professionals, icare) • Clinical assessment on-site (single visit) • Completion of the Care and Needs Scale (CANS) where requested • Report preparation • Completion of the Attendant Care Service Request (ACSR) if requested • Providing any clarification or additional information to reviewing officer

Additional costs

Travel time - Travel time is charged separately at the Service Provider's reasonable hourly rate to be pre-approved by Lifetime Care, at Lifetime Care's discretion. The Service Provider should notify the icare referrer of the anticipated travel time required for an assessment prior to undertaking the travel.

It is expected Care Needs Assessments will be completed in a single site visit.

In exceptional circumstances, additional visits can be negotiated with the icare referrer for pre-approval of associated additional costs.

Time to obtain quotes for ACSR – icare will fund an additional 1 hour of time for both standard and complex assessments **if there is a request** to obtain gardening/domestic assistance quotes for the ACSR. This additional hour of time is billed at the Service Provider’s reasonable standard hourly rate and needs to be preapproved by Lifetime Care, at Lifetime Care’s discretion

Passive time –Every effort must be made to ensure that return travel occurs no longer than one hour after completion of a visit. In circumstances where it is not possible to commence return travel an hour following a visit (e.g. if return flight not available within this time frame and the assessor is required to wait longer than one hour before resuming actual travel), icare will pay up to 3 hours at the Service Provider’s reasonable hourly rate, to be pre-approved by Lifetime Care, at Lifetime Care’s discretion. (exclusive of one hour for lunch/rest break).

Travel costs – Travel expenses such as economy airfares and car hire can be charged separately for reimbursement of the actual cost of the expense on production of receipts. Any accommodation costs will be paid at public sector rates.

Cancellation fees – cancellation (by Participant or their representative or by icare) with more than 48hours notice incurs no cancellation fee. A Cancellation fee of \$180 will be paid to the Service Provider if cancellation occurs within 24-48 hours before the assessment. The Service Provider will be paid \$360 for non-attendance or cancellation by the Participant with less than 24 hours’ notice.

No additional fee is payable if additional work is required as a result of error or omission on the part of the Service Provider or its Key Personnel.

No payment will be made in advance. Any variation to this Schedule of hours claimable will require a written submission and pre-approval from icare.

Hours claimable will be reviewed on an annual basis and any changes will be communicated to the Service Provider.

Invoice to:

The Service Provider will invoice fees in a correctly rendered invoice. For the purpose of this Agreement, an invoice is not correctly rendered unless:

- the invoice is a Tax Invoice*;
- the amount claimed in the invoice is correctly calculated under this Agreement;
- the invoice is addressed to the relevant Scheme, and includes the relevant Participant name and Participant number, e.g. 12/B975
- the invoice includes the relevant Approval (RP) Number, e.g. RP12-3456;
- the invoice includes correct use of service codes as approved on the relevant certificate and Purchase Order
- the invoice includes a clear statement/description of the goods/services provided to the participant/worker including number of units supplied, unit price, date/s the service was provided.
- the invoice includes a SIRA approval/provider number and Medicare provider number for Workers Care only
- the invoice is emailed to careap@icare.nsw.gov.au

*The invoice must clearly show:

- the words ‘tax invoice’ in the title (not just ‘invoice’)
- a unique invoice number
- the date the invoice is issued
- the ABN, registered business name (as registered with the Australian Tax Office) and registered or preferred address of the Service Provider

the cost (including GST where applicable), which must not exceed the pre-approved amount on the certificate (or purchase order).

Schedule 4 – Service Standards

Care Needs Assessor Expectations

The Care Needs Assessor Expectations should be used in conjunction with the Terms of Agreement (TOA) and Schedules for icare Care Needs Assessors.

Expectation	Evidence care needs assessor meets the expectations
Assessment	
<p>Has clinical knowledge and expertise to deliver quality care needs assessments</p>	<p>Makes clinically appropriate decisions and recommendations in line with latest best practice and evidence-based data.</p> <p>Uses and appropriately applies resources such as Spinal Cord Injury Guidelines (SCI) Guidelines and International Classification of Functioning(ICF).</p> <p>Only accepts referrals for adults if approved for care needs assessment for adults.</p> <p>Only accepts referrals for children if approved for care needs assessment for children.</p> <p>Demonstrates the ability to complete an objective assessment of care need across all domains of function and considering all potential barriers and facilitators impacting activity participation.</p> <p>Provides accurate and sufficient information in reports and request for Lifetime Care to make an assessment of care against reasonable and necessary criteria.</p>
<p>Care Needs Assessments are completed using a person-centered approach</p>	<p>Care Needs Assessment includes the Participant perspective & reflection regarding capability, changes, current care program delivery/effectiveness and potential future needs.</p> <p>Incorporation of My Plan content (where participant has a My Plan)- any roles and/or training for support workers to help achieve goals</p> <p>Awareness and incorporation of programs to improve quality of life and other outcomes that impact care needs - for example, Positive Behaviour Support (PBS) Plans; and any training required by Support Workers to provide specialty support</p> <p>Demonstrates understanding of the needs of the Participant in terms of their disability, life roles, and community participation.</p> <p>Demonstrates sensitivity to personal preferences, cultural and religious considerations of the Participant, and the impact on Lifetime Care.</p> <p>Care formulation includes appropriate incorporation of feedback from others - for example family members, care provider, Lifetime Care contact.</p>

	<p>Care Needs Assessment Report includes the person/family's perspective while remaining an objective assessment of their current circumstances.</p> <p>Assessment approach is adapted to each participant's unique circumstances – e.g. needs on a large, rural property; needs when living near the ocean/bushfire zone; property type; standards/preferences/priorities; size of dwelling; people living at the dwelling; roles (e.g. 'parent').</p> <p>Attendant Care Service Request (ACSR) includes informed choices made by the participant regarding care delivery options. There is evidence that the care needs assessor has provided enough support to the Participant to enable them to exercise choice.</p> <p>ACSR demonstrates appropriate utilisation of informal supports as requested/preferred by the Participant and their family.</p>
<p>Applies relevant legislative guidelines appropriately</p>	<p>Demonstrates appropriate management of situations where the Key Personnel's recommended care is different to what is requested by the Participant.</p> <p>Hours recommended to support the completion of specific tasks/activities are reasonable in the circumstances and recorded accurately.</p> <p>Incorporates normal expectations of parental roles and responsibilities and knowledge of increased parental personal support vs domestic task support in lieu of care.</p>
<p>Risk management</p>	<p>Provides the Participant (and family if appropriate), with enough information to ensure Participant choices are fully informed.</p> <p>Demonstrates understanding of the difference between an active, well informed choice regarding high risk behavior, and inherent vulnerability when the Participant lacks insight, has compromised judgement, is a child or other factors which might influence their capacity to be the decision-maker in regard to their care.</p> <p>Where risk to a Participant is identified, appropriate actions are taken to minimise risk of harm. Some actions may include, but are not limited to:</p> <ul style="list-style-type: none"> • Guides Participants in finding ways to mitigate or manage risk within their choices related to care • Liaises with other stakeholders (such as icare contact, case manager, care coordinator, family, FACS,) to ensure the appropriate people are aware of and manage identified risks <p>Knows when to refer to appropriate bodies for high risk behavior management or child protection issues – e.g. FACS, guardian.</p> <p>Where risk has been identified and advice/actions taken, appropriate documentation is provided to Lifetime Care as soon as practicable. Safeguarding recommendations are included within the Care Needs Assessment report.</p>

	<p>Adverse Events In the event of becoming aware of an adverse event or change in situation that has caused or poses an immediate or serious risk of harm, Lifetime Care-is to be informed immediately by telephone and follow up email/other written correspondence.</p> <p>Adverse Change in Situation Advises Lifetime Care in writing as soon as the Key Personnel becomes aware of an adverse change in situation for a Participant where their safety or wellbeing will or may be significantly affected.</p>
--	--

Documentation and requests	
Acceptance of referral and timeliness	<p>While Lifetime Care does not make a guarantee for the number of referrals offered to each Care Needs Assessor, there is an expectation that Key Personnel; will demonstrate a commitment to accepting at least 5 referrals per annum if offered and within their scope of practice.</p> <p>Completes the assessment and provides the report to Lifetime Care in the timeframe outlined in the referral (as per Schedule 3 in the TOA or as negotiated).</p>
Provides a clear and logical assessment and explanations	<p>Reports and request forms include enough information to enable an assessment of care against the reasonable & necessary criteria</p> <p>Hours of care recommended and being requested are reasonable in the circumstances and consistent with representation of the Participant's needs in the Care Needs Assessment report.</p> <p>Where the Attendant Care Service Request (ACSR) includes care not identified in the Care Needs Assessment report (CNAR), the Care Needs Assessor has adequately explained these circumstances in the request</p> <p>Alternatives to care have been considered and discounted (for example, alternatives to inactive overnight care such as emergency call systems have been considered).</p>

Professional conduct and continuous improvement	
Professionalism	<p>Adheres to professional boundaries regarding the role of an independent assessor. Delivers only services which fall within this role and as requested.</p> <p>Demonstrates clear understanding of the distinct roles of support workers, registered nurses, care coordinators, case managers, to ensure the right provider is delivering the right care.</p> <p>Remains within the scope of care needs assessment during and following the care needs assessment. Does not make recommendations to the Participant/family which are outside the role as care needs assessor (and especially which other members of the treating team might have responsibility for).</p> <p>Any out-of-scope issues/needs which become evident during the care needs assessment are reported back to the case manager/Lifetime Care contact for their attention and are not discussed directly with the Participant/family.</p>

Terms of Agreement	Adheres to all sections of the Case Manager and Care Needs Assessors (Lifetime Care) Terms of Agreement and related Schedules.
--------------------	--

Working relationships	
Working effectively with Participants	<p>Uses appropriate communication strategies to suit the Participant needs.</p> <p>Explains the purpose of the Care Needs Assessment to enhance Participant's understanding of their rights and responsibilities with regard to care under the Scheme.</p>
Working with other service providers	Integrates information from others into the report while maintaining an objective balanced assessment.
Working cooperatively with icare	<p>Understands the extent and limit of Lifetime Care's role in meeting the Participant's requested care where this does not match the care needs assessor's recommendations or Lifetime Care's assessment of care</p> <p>Responds constructively to feedback from Lifetime Care regarding assessments, reports and requests, and is able to understand Lifetime Care's perspective when further information is requested or where Lifetime Care's assessment of care differs from the assessor's recommendations</p> <p>Makes contact with Lifetime Care and provides a reasonable written explanation when a report will be delayed.</p>

Business management	
Ability to provide services efficiently	Sufficient skills in technology to use templates provided by Lifetime Care i.e. interactive PDFs, Word, Excel.
Efficient invoicing systems	Invoices are sent in a timely manner and include all information required by Lifetime Care as documented in the Schedule.

Schedule 5 - Service Provider Quality Assurance

Provider Quality Assurance

To ensure quality outcomes for our Participants, Lifetime Care will undertake routine quality monitoring of Service Providers who are on approved provider panels. Service Provider Quality Assurance activities seek to ensure contracted expectations are being met and that any issues or concerns identified by Lifetime Care can be identified and managed, in order to achieve the best outcomes for our Participants as well as support positive partner relationships with Service Providers.

The Lifetime Care Provider Engagement and Performance team will provide direct feedback to the Service Provider during and after delivery of Services in relation to compliance with the Service Standards and any areas where performance improvement is required.

Lifetime Care has established mechanisms for responding to complaints raised by Participants. More information is available [here](#).

In addition, an annual cycle of provider monitoring activities will be undertaken by Lifetime Care including qualitative file reviews and provider interviews to review;

- the Service Provider's compliance with Service Standards
- currency of relevant insurances
- review of complaints history

Key Personnel will be given feedback about the outcome of Service Provider Quality Assurance activities including any remedial actions that Lifetime Care may require to address identified gaps in Service provision.