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Lifetime Support Authority of South Australia

Attendant Care Obligations

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1 Introduction

The Attendant Care Obligations outlines the service expectations for attendant care and nursing services engaged by the Lifetime Support Authority (LSA) for Lifetime Support Scheme (LSS) Participants.

The Obligations apply to providers engaged under the LSS Attendant Care Panel as well as service providers engaged outside of the Panel.

Unless otherwise stated or in instances where it is not reasonably applicable, the Obligations also applies to attendant care provided under an accommodation service.

The term 'participant' is used throughout the document and refers to all LSS Participants.

Anything in this document that requires the approval or consent of the participant also extends to their guardian or legal decision maker, where applicable.

The term 'attendant care' is used throughout the document to refer to attendant care and support services including nursing services, as per the *Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013* (SA) and the LSS Rules established under the Act.

The term 'service providers' refers to attendant care providers engaged by the LSA for attendant care generally.

The term 'LSA contact' refers to the participant's allocated Service Planner.

2 The Lifetime Support Authority and Lifetime Support Scheme

The Lifetime Support Authority (LSA) delivers the Lifetime Support Scheme (LSS), which was established under the *Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013* (SA) (the Act). The LSA is a statutory authority governed by an independent Board of Directors and a Chief Executive.

Through the LSS, the LSA funds necessary and reasonable treatment, care and support for people who sustain serious injuries in a motor vehicle accident on South Australian (SA) roads, regardless of fault. The services are focused on being person-centred, financially sustainable, innovative and efficient.

Injuries include spinal cord injury, moderate to severe brain injury, amputations, severe burns or permanent blindness. Types of services include medical care, rehabilitation, home modifications, education support, assistive technology and personal and domestic support in the home and community.

The LSA takes a 'person-centred' approach to ensure the LSS Participant is at the centre of everything we do. This means that LSS Participants, family and friends play an active role in their rehabilitation and ongoing support services, including choice of service providers, monitoring progress towards personal goals and outcomes to enhance quality of life and be given the opportunity to participate and contribute to their own social and economic life.

The LSA administers the LSS in accordance with the Act and the LSS Rules which outlines the eligibility criteria and how treatment, care and support needs are assessed and delivered.

3 Attendant Care at the LSA

Attendant Care services support participants to maximise their independence, participate in rehabilitation activities and perform tasks they would normally be able to do for themselves prior to the motor vehicle injuries or what would be expected for their life stage. Attendant care services are person-centred, provide choice and control for the participant and their family (if relevant), support a recovery approach by assisting with the development of functional skills and increased participation, and are as minimally restrictive as possible to meet the participant's goals and needs. Attendant care services can be delivered in a variety of settings including at home and in the community, with the aim of facilitating a return to the participant's former roles, developing new functional roles and skills or providing the support needed to live at home through their life journey.

The LSA has established an Attendant Care Panel for the provision of Attendant Care and related services for participants. The LSA supports participants to identify and select appropriate providers on the Panel. The LSA gazettes and publishes rates for the attendant care services under the Panel.

While the Panel will always be considered in the first instance, there may be a need to approach a provider outside of the Panel to provide services. This could be due to several reasons, such as the linking of care to accommodation, the geographical location of services or the individual requirements of the participant, i.e. language and/or culture, that cannot be met by a panel provider.

The LSA does not engage sole traders to provide attendant care services.

3.1 Service Principles

Attendant care services are:

- person centred so that participants are supported to exercise choice and control in guiding their Attendant Care Programs
- flexible and responsive to changing needs to ensure participants and their families can maintain their preferred patterns of daily living
- Delivered in a manner that supports participants' independence, function and participation, and achievement of their individual goals
- delivered in a manner that respects and is sensitive to the culture, values and beliefs of the participant and their family and where possible, matching of lived experience or skills and knowledge that is compatible with the person's cultural context. This includes participants who identify as First Nations people or who are from culturally and linguistically diverse backgrounds
- culturally safe and delivered through a collaborative approach with the participant, family, the LSA, the participant's treating team and other involved services
- services can only be delivered in a manner and environment that protect the work health and safety of the support workers.

3.2 Participant Centred Support

The LSA's approach puts participants at the centre of everything we do so that they can play an active role in their rehabilitation, achieve their personal goals and increase their independence and quality of life. The LSA provides treatment, care and support services to support participants to achieve these goals, and they are given the opportunity to make choices and to provide input into how their supports are managed wherever possible.

The LSA's 'MyPlan' process is a person-centred approach that involves the participant in decisions affecting their rehabilitation, return to work or home, goals and ongoing support needs. The MyPlan gives participants a way to document the progress of their main goals, and the steps required to

reach them. The plan is the central reference point for the participant's approved treatment, care and support funded under the Lifetime Support Scheme.

A participant's MyPlan is reviewed with their Service Planner every 1 to 2 years but may be reviewed sooner if there are changes in the participant's life, such as a return to employment, a new home or a change in their health status, which means that the support needs are adjusted to reflect this.

3.3 Care Needs Assessment

A Care Needs Assessment determines the participant's support needs, the attendant care program they require, and the skills and knowledge required by support workers to deliver the services. The assessment also includes information about when and how the participant would like the care to be provided as well as opportunities, strategies and plans for increased independence and capacity building. The LSA has a Specialised Assessment Provider List of highly experienced providers who can provide various assessments for the LSA. One of these are Care Needs Assessments.

Care needs are assessed when a participant enters the LSS and periodically from that time.

The amount and type of attendant care depend on participants:

- injury-related needs
- goals and preferences
- personal and home circumstances

Care is approved for defined periods of time, and reviewed on a periodic basis, depending on the needs of the participant.

Wherever possible, and where they can, the participant is involved in decision-making processes about their attendant care, including the selection of the attendant care provider. The service provider must ensure that any strategies recommended in the MyPlan are implemented to support the participant to increase their independence in care and activities, to the fullest extent possible.

3.4 Panel of Approved Attendant Care Providers

Referrals for attendant care will be directed to the Panel of approved attendant care providers. The Panel list is published on the LSA's website and to support participant choice, the participant's Service Planner will engage with providers based on the participant's requirements to support the participant's decision.

The LSA maintains an internal register of service provider information, and it is the responsibility of the Service Provider to provide the LSA with accurate and current service information. Service providers must advise the LSA in writing if there are changes to the authorised representative, contact information, service scope or capability.

The LSA may periodically reach out to all providers requesting confirmation that provider information is still up to date or whether any updates are required.

4 Attendant Care Services

The Attendant Care Panel provides geographical coverage across South Australia. Some Panel providers may also be able to provide coverage in other states. Where possible, the Panel provides services that respond to the varying level of support needs and injuries experienced by participants.

Attendant care providers are approved by the LSA to deliver services across all or some categories of support. Providers must only accept a referral if it falls within the category of services they are

approved for. Providers must also ensure that they only deliver services within the scope of their NDIS accreditation.

When an attendant care provider accepts and agrees to deliver a service, they must ensure they have adequately trained support workers with the skills required to deliver the relevant support from the time that the services need to commence. It is expected that all support workers have baseline skills required to deliver services to LSS Participant groups (e.g. skills to work with people with traumatic brain injuries (TBI) and spinal cord injuries (SCI) as well participants of all ages (e.g. young children and elderly).

Participant-specific training in addition to the baseline skills may be identified in the Care Needs Assessment or by a health professional involved with the participant. This training is generally provided by the treating health professionals. The LSA will approve, organise and fund the trainer and support worker time to engage in such participant specific training.

Attendant care services include supporting participants with personal care tasks, prompting and guidance with daily living activities and community participation and supporting domestic assistance such as meal preparation and general household tasks.

Specifically, this may include support with:

- bathing/showering
- toileting and continence
- dressing and grooming
- transfers and mobility, including community access
- eating and drinking
- undertaking rehabilitation activities
- health support tasks (bowel care/ basic wound management).

The support required for these tasks may include hands on physical assistance, supervision and monitoring, cognitive support such as prompting or support to guide behaviour.

The LSA classifies attendant care services into two categories, standard care and high intensity care. The LSA may also engage Panel providers to provide registered nursing services, where these services are available.

4.1 Standard Support

Standard support provides a participant assistance with, or supervision of, personal tasks of daily life to develop skills and to support them to live as autonomously as possible.

Tasks may include:

- physical support and/or guidance for transfers, mobility and personal care
- undertaking complex manual handling support involving the use equipment for transfers and mobility
- providing verbal prompting and/or guidance
- supervision while undertaking tasks
- implementing a cognitive support program as established by the treating team, e.g. memory and organisational strategies

For Panel providers, all standard attendant care support services will be funded at a rate published by the LSA.

The expectation is that non-panel providers also use these rates, but the LSA may accept other standard market rates.

4.2 High Intensity

The high intensity category describes support services provided to a participant with high intensity daily support needs.

The LSA maintains a list of skill descriptors (published on the LSA website) that apply to the following high intensity supports:

- Complex bowel care
- Enteral feeding support
- Dysphagia support
- Ventilator support
- Tracheostomy support
- Urinary catheter support
- Subcutaneous injections
- Complex wound care support
- Positive behaviour support

The skills descriptors provide an explanation of the skills and knowledge expected when high intensity supports are delivered by a competent support worker who is not a qualified health or allied health practitioner. Attendant care providers registered for these should ensure their workers meet the expectations of the relevant skills descriptors.

Where one or more of the above relevant high intensity supports are applicable to a participant, the LSA will consider funding the attendant care service required for provision of that particular support at the LSA high intensity rate, published on the LSA website. This may only apply to the actual service provided, and not necessarily the entire shift. The need for the high intensity support will be assessed regularly, and these rates will only apply to the period for which this level of support is required.

4.3 Registered Nursing Support

The LSA may approach attendant care providers regarding the provision of registered nursing services, where a provider offers these services.

As part of the Panel application process, providers will be asked whether they are willing and able to provide registered nursing services to the LSA.

The LSA reserves the right to source similar services elsewhere where required.

These services may include:

- continence care for a participant with a spinal cord injury including some components of catheter management and complex bowel care such as a high enema
- undertaking complex wound management and pressure care
- undertaking ventilation management, trachea tube care and medication administration
- the oversight, training and credentialling of support workers for the above high intensity care provision

4.4 Cleaning and Home Maintenance

Support workers are expected to do any reasonable incidental cleaning and/or basic home maintenance during the provision of their attendant care services. Specific cleaning and home maintenance services will be engaged separately by the LSA where these are required.

As part of the application process to join the Panel, providers may be asked whether they provide standalone cleaning and home maintenance services.

For attendant care providers, the LSA will fund cleaning and home maintenance at a maximum hourly rate of the LSA published daytime attendant care rate, unless otherwise approved by the LSA in writing.

5 Geographical Coverage

The LSA requires attendant care services to be delivered across South Australia including metropolitan, regional and rural areas. In addition, the LSA has participants who live in other states and wherever possible a Panel provider will be utilised for these services. It is a requirement that attendant care providers make all reasonable efforts to recruit and staff programs in all geographical areas where they have indicated they are able to deliver support. Where local support workers are not available or able to be engaged, the LSA may consider rural or remote allowances to enable a care program to be delivered.

Providers are required to notify the LSA in writing in the event of a change in their service coverage.

The LSA may periodically reach out to all providers requesting confirmation as to whether provider information is still up to date or whether any updates are required.

6 Service Planning and Preparation

6.1 Participant's Treatment Care and Support Needs

The LSA, through its Service Planning function and Service Planner roles, works with participants, providers and the participant's treating team to understand a participant's goals and needs and will update the participant's MyPlan accordingly. The LSA is responsive to participants' changing circumstances and the MyPlan will be updated to support any amendments to the level of care required.

6.2 Selection and Appointment of Attendant Care Provider

The participant's Service Planner works collaboratively with the participant to plan and arrange care with an approved attendant care provider.

The participant will select a provider from the list of Panel providers and may wish to approach one or more to discuss their individual needs. Their Service Planner will assist the participant through this process and will reach out to prospective providers.

Service providers must acknowledge an enquiry within the provided timeframe if they are considering/have capacity to accept the referral based on the information provided. The proposed timeframe for service commencement should be discussed and agreed with the LSA contact.

Service providers must only accept referrals:

- that are within their National Disability Insurance Scheme (NDIS) accreditation scope
- for service categories that they are approved to deliver, as part of their Panel status with the LSA, if applicable
- for services where they have the capacity to deliver and manage the specific service requirements including the capability to deliver direct services and provide appropriate clinical oversight and/or training for support workers.

The proposed timeframe for commencement of the program is agreed through discussion between the provider, the LSA contact and participant.

Where possible, there will be a proactive and planned approach to involving the service provider as early as possible in establishing an Attendant Care Program.

6.3 Recruitment of Staff and Participant-focused Training

The participant is required to be actively involved in the recruitment or selection of support workers wherever possible. However, it is recognised that recruitment or choice of specific support workers may not always be possible due to workforce challenges, so the skill level of the support worker to meet the participant's needs should be the primary focus.

The service provider must ensure that all relevant personnel can develop appropriate skills, experience and capabilities, and are provided the training required to meet the individual participant's needs. This includes senior or care coordination personnel having the capability to manage the level of complexity of the care program, including providing appropriate clinical oversight.

The LSA will pay for training time for support workers to develop specific skills, where required, to meet individual participant's needs. This training is for skill development over and above the baseline level of capability expected of a support worker and is specific to the delivery of an individual participant's care plan. The approved training or training hours will be identified in the service approval. A training plan may be developed for a participant's Attendant Care Program to assist in ensuring services meet individual needs.

When a program is established, the service provider is responsible for ensuring that new staff have the skills to deliver the services, through the cascading of the information and instructions delivered at the original training. Where the training is addressing a complex participant need, consideration can be given by the LSA to fund additional training as a refresher or to upskill new staff coming onto the program.

The LSA may identify specific requirements to support attendant care service delivery where particular skill levels are required due to changing needs.

If a participant's circumstances or needs change, additional training may become necessary. In such circumstances the service provider can discuss this with the LSA contact on a case-by-case basis.

7 Service Commencement and Delivery

7.1 Timeframes for Commencement

Timeframes required for commencement of a program vary depending on the individual participant's needs. The timeframe required will be specified on the enquiry documentation and/or a Service Contract raised by the LSA and can be discussed directly with the LSA contact. For example:

- a participant who is either being discharged following a brief period of hospitalisation, or who has experienced a sudden deterioration in health and whose needs are known or less complex may require services to commence within a few days.
- a planned discharge of a participant with complex support needs from a rehabilitation unit or hospital may need longer to establish the Attendant Care Program to allow for recruitment and training of support workers. The timeframe may vary according to the complexity of the program, the individual participant's needs and their geographical location.
- a participant elects to change their service provider and the care program is to be transitioned to a new attendant care provider, selected by them from the Panel. There is a 4-week notional timeframe to support a smooth transition. Both incoming and outgoing providers will work together in conjunction with the participant and the LSA contact during this period

7.2 Panel Agreement and Service Contracts

Where a service provider is a Panel provider, there exists an executed Panel Agreement between the provider and the LSA. The Panel Agreement acts as the overarching primary governing document that establishes the broad principles, roles, responsibilities, and high-level terms between

the parties involved, such as payment methods, dispute resolution processes, confidentiality, and liabilities.

Where a provider is not a Panel provider, they are typically engaged via a modified Standard Goods and Services Agreement, prepared by the LSA Procurement Team.

When a service is contracted by the LSA, whether a Panel provider under the Panel Agreement, or an alternative agreement for a non-panel provider, the LSA may engage the provider for specific services for an individual participant by raising a Service Contract under that agreement.

The Service Contract issued addresses the specific scope of work, performance expectations, deliverables, timelines, and other particulars related to the service being provided. This will include the relevant hours, fees and any specific instructions. By commencing services, the service provider is agreeing to the terms and conditions of the Service Contract.

Service Contracts are not necessarily aligned to financial or calendar years and can be varied where agreed upon by both the provider and the LSA.

7.3 Validation of Service Provided to the Participant

The service provider must have systems in place to confirm that services have been delivered as per the Service Contract. This information should be made available if the LSA requests it as part of the quality assurance process.

7.4 Service Interruptions and Cessation

The LSA expects participants, wherever possible, to provide service providers with notification of any cancellation of a rostered shift or shifts. The LSA will advise participants of this requirement. Service providers must provide the participant with appropriate contact details so they can advise of any cancellation.

A cancellation may be for one shift or for a period. When it is not possible to give advance notice due to the unexpected nature of the reason for the cancellation, e.g. hospital admission, and notice of a cancellation is provided with less than 24 hours' notice, the service provider can still submit an invoice to the LSA for the cancelled shift.

When a service provider is unable to provide the regular support worker for a shift, they are required to identify options to provide suitable cover arrangements, notify the participant as early as possible (at a minimum before the commencement of the shift) and inform the participant of the details of the support worker proposed to deliver the service instead.

Where all attempts to secure cover arrangements have been explored and are not possible, and where the service gap may present a safety risk to the participant, the provider must notify the LSA contact as soon as possible, so that alternative options can be explored.

The provider must inform the LSA contact of the reason behind any cancellation.

Where the participant declines the offered service on three consecutive occasions, this must also be reported to the LSA contact.

7.5 Provision of Attendant Care in Hospital

The LSA does not fund attendant care services when the participant is in hospital. The LSA will fund attendant care, as needed, to support the participant to attend the emergency department and whilst awaiting admission, however funding will cease upon the participant being admitted to the hospital as care will become the responsibility of SA Health. The service provider may liaise with SA Health regarding any potential arrangement. The service provider may still invoice the LSA in line with a cancellation with less than 24 hours' notice in line with *7.4 Service Interruptions and Cessation*.

7.6 Emergency Care Provision

In situations where the service provider considers a participant to be at risk of injury, rapid health deterioration or non-planned significant change in circumstances that requires the provision of additional care, and the service provider is unable to contact the LSA, the service provider is required to respond by providing the additional support and notify the participant's LSA contact as soon as possible with information on the specific reason(s) and the level of additional care required. If this occurs outside of LSA's business hours the provider must notify the LSA contact on the next business day.

The service provider should consider contacting Emergency Services where most appropriate.

7.7 Overnight Support - Sleepover

A sleepover provides on-call support to a participant. The sleepover shift is a continuous period of 8 hours incorporating up to two wake-up calls or hours of work.

If the support worker is required to undertake active care amounting to more than 2 hours, but less than 4 hours in total, within the sleepover period, the rate is paid at the hourly rate for the additional time spent providing the active care (excluding the initial 2 wake-up calls or hours) in addition to the sleepover fee. Where the active care period exceeds 4 hours, the entire shift is converted to active.

Where the hours worked during the sleepover indicate a conversion to active shift, the overnight sleepover rate is not payable, as the whole shift is paid at the hourly rate for that time of day. As this is due to the immediate needs of the participant no prior approval is required, however, the service provider is required to notify the LSA contact the next business day.

Where the pattern for overnight sleepover shifts towards increased provision of active care and is based on a participant's ongoing changed circumstances (i.e. not just because the participant is temporarily requiring additional care due to illness), the LSA will arrange for the care needs assessment to be reviewed. The type of care required will continue to be delivered pending the outcome of any review.

For the support worker to provide a sleepover shift they must be provided with an appropriate place to sleep, as per the applicable Award or Enterprise Agreement. Generally, this is provided by the participant, however the LSA can pay for the cost of a single bed and mattress where there is none available. However, it is the responsibility of the service provider to provide bed linen. The bed must be in a place that allows for privacy of the support worker. Where the care is being provided within an accommodation service, responsibility of any carer office, including bedding, is that of the provider.

7.8 Holiday or Away from Home Support

The LSA can provide attendant care support for a participant's injury-related needs when they are away from home e.g. on holiday. In preparation for this, an assessment of their travel care needs must occur due to the change in environment.

Where possible and appropriate, an attendant care provider local to the destination should be engaged, although it is recognised this may not always be possible or appropriate due to the specific nature of the participant's needs. When this is the case, and a local provider cannot be engaged, the LSA will consider paying for the cost of a support worker from the existing service provider to travel to provide the service. This includes consideration for payment of the support worker accommodation, travel (tickets or mileage), and the hours of service delivered, which will be paid at the Fee Schedule Rate.

The participant's requirements will be assessed on a case-by-case basis and the LSA contact will discuss the potential to provide the services required with the service provider.

7.9 Subcontracting

It is the responsibility of the Panel provider to ensure they have appropriate resources assigned to meet the needs of the participant's care program. There may be times when staff and support worker disruption, supply, or unique circumstances occur that may jeopardise the ability to deliver the support required by the participant. While it is always preferable that services are delivered directly by the service provider, there may be times in which time-limited subcontracting arrangements may need to be explored. In these situations, other Attendant Care Panel providers should be explored by the service provider in the first instance to support service quality.

Approval for any subcontracting arrangement needs to be requested in writing/via email to the LSA contact detailing the reasons and anticipated timeframe for subcontracting. The service provider must provide details regarding the specific issues that are impacting the sustainability of the current Attendant Care Program and the proposed approach to resolving the service delivery issues.

The primary attendant care service provider engaged by the LSA retains responsibility for service delivery, and payment for services will be made to that provider at the rate identified in the Fee Schedule. Any payment to the subcontracted provider must be managed by the subcontracting provider.

7.10 Participants with Children and Parental Responsibilities

Where a participant has children or for child participants, the role of a support worker is to meet care needs related to the injury and does not replace parental responsibility to supervise or provide non-injury related care to a child participant.

The purpose of paying for the participant to receive support and attendant care services is to enhance their autonomy and support them in their pre-existing role as a parent or caregiver or both. Services provided to the participant under the Scheme do not replace the participant's parental or caregiver responsibility.

For example, an attendant support worker may assist a participant to travel with their children to and from school but is not solely responsible for the children's general care and safety.

8 Monitoring and Program Reviews

On commencement of a new Attendant Care Program, the participant's LSA contact will initiate a review of the program, either by phone or in person, (approximately one month after commencement) to ensure the program is meeting the participant's needs and the appropriate supports are in place.

Following the review, the LSA contact will arrange regular review of the participant's care needs as indicated by their individual needs and situation. This may occur, for example:

- every 6-12 months where the Participant's situation is improving or likely to change,
- 12 months or longer where the Participant's injury and situation have stabilised and their needs are unlikely to change
- through regular monitoring, where someone's health needs are deteriorating rapidly and services need to be adjusted accordingly.

As part of the care needs assessment review, the service provider can expect to be consulted to provide input into the assessment of the participant's care needs.

The service provider must work collaboratively with the participant to ensure services are implemented and reviewed within the agreed timeframe and that all program activities are consistent with the goals, tasks and activities outlined in the documentation about care needs.

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The service provider must only organise and deliver services that have been approved in writing by the LSA except in emergency situations in accordance with section 7.6.

The service provider is required to have ongoing monitoring in place to ensure the quality of service, identify and resolve issues and identify changes that may need to be made to the current program. Feedback on the program contributes to any review of care needs. If anything raises cause for concern through this monitoring, the LSA contact should be advised in writing.

Any significant issues relating to service delivery, organisational operations or service quality must be reported in the half yearly report. If the issue is related to an Adverse Event and is likely to affect the sustainability of the care program or impact the operation or reputation of the LSA, the issue must be reported to the LSA in writing.

Service providers must inform the LSA, as soon as practical, but within 24 hours of an incident occurring. All incidents need to be reported and submitted using LSA Incident Reporting Form, available on the LSA website.

In circumstances where there are complexities likely to impact the smooth delivery of care or the ability to sustain a stable program, for example where there are a significant number of support workers involved, the location of the program or complexities around the participant or the environment, consideration can be given to other funding to support program maintenance. Requests for funding can be submitted to the LSA with an outline of the activities, challenges and reasoning.

9 Change in Approved Attendant Care Provider

It is accepted that there are times when it is appropriate to change from one Panel provider to another. Such a change could be due to participant choice, a change in the participant's individual needs, advice from the participant's treating team or the LSA, or because the current attendant care provider can no longer provide the service required.

If the Attendant Care Program is to be transferred, regardless of the reason for the transfer, the service providers must work respectfully and collaboratively with the incoming/exiting provider to ensure continuity of care for the participant. The exiting service provider will provide a discharge report/care plan outlining information pertinent to the provision of attendant care for the participant, including information about the participant's specific needs, any considerations of delivering a service and any risks they have encountered.

10 Service Termination by an Attendant Care Provider

The service provider must immediately notify the participant and their LSA contact if they are no longer able to provide attendant care services to the participant on an ongoing basis. The service provider must provide the participant/LSA with a minimum of 4-weeks' notice prior to planned service termination to ensure service continuity. Where this is not feasible, the service provider should work with the LSA to plan alternative options to ensure the participant is not adversely impacted.

The service provider must work cooperatively with the incoming attendant care provider as specified in the agreement.

As each Attendant Care Program is determined by the individual participant's needs, there may be a need to vary the above timeframes in some cases. In these instances, clear lines of communication must be maintained between the service provider, the participant and the LSA to ensure all parties agree with any variation to timeframes. If the service provider is unable to provide the minimum 4 weeks' notice, the service provider must contact the LSA immediately.

11 Service Termination by the Participant

If the participant is instigating a change in service provider, as much notice as possible will be given to the outgoing attendant care provider. Generally, it is expected that a minimum of 4 weeks' notice be given to allow time for alternative arrangements to be made unless a shorter timeframe is requested by the participant or the LSA and where this can be negotiated with the incoming provider.

12 Communication Requirements

12.1 Participants

The service provider must be respectful and responsive to all participants and have open and flexible communications systems. Providers should be accessible on a twenty-four hour, seven-day basis.

The service provider must have policies, procedures and systems in place to ensure timely and effective communication with the participant, including:

- involving the participant (to their level of ability) in decision making regarding their care; and
- receiving regular participant feedback and demonstrating the actions taken to improve processes as a result.

Written information must be provided to each participant clearly explaining:

- who to contact regarding their services, including clearly specifying the appropriate phone number and regular hours of work. Any changes must be notified to the participant and the LSA contact to ensure lines of communication are clear
- who to contact out of business hours
- details of the service to be provided as per the specific service or care program requirements
- how to provide feedback and/or make a complaint to the service provider.

12.2 Specialist Support Service

The LSA has a Specialist Support Service that provides oversight and advice for attendant care, accommodation and home modification and assistive technology service provisions, including an Attendant Care Specialist.

The team oversees and supports the Panel of approved attendant care service providers.

Queries regarding a specific participant should, in the first instance, be directed to the participant's Service Planner.

The Specialist Support Service is available to troubleshoot or provide advice and support to internal LSA staff and service providers as needed.

Service providers are required to have a key contact person identified within their organisation to liaise with the LSA in relation to the Panel. Any change to the key contact should be notified in writing to the LSA Specialist Support Unit within 1 week of the change.

The LSA will convene a forum for all Panel attendant care providers annually. The purpose of this forum is to:

- facilitate communication between Panel attendant care providers and the LSA
- address any generic service delivery issues
- review procedures and definitions in the Handbook

- provide information regarding new developments impacting attendant care service delivery and/or the Panel.

All Panel attendant care providers are required to have at least one representative attend each forum.

The service provider is required to meet with the LSA from time to time to evaluate and monitor performance, review performance and/or to discuss issues. The frequency of these meetings will depend on whether the provider is a Panel provider or not, the number and complexity of participants with the provider, as well as any outstanding or emerging issues that need to be addressed.

12.3 Other Providers Funded by the LSA (i.e. treating health professionals)

The service provider is required to work collaboratively with any other service providers involved in delivering treatment, rehabilitation or care to the participant including, but not limited to, other health professionals. This includes:

- supporting the implementation of the participant's rehabilitation plans, including positive behaviour support plans; attending case conferences when requested and ensuring staff are available for training sessions
- providing feedback when requested as part of a care program regarding the monitoring of service provision or the progress of rehabilitation plans.

13 Media

When it is anticipated or known that there is likely to be any media coverage in any medium regarding the service provider and/or a participant, the approved service provider must advise the LSA in writing of the potential or actual media coverage.

If a participant is participating in media coverage for the service provider, it is expected that the service provider obtains prior written approval from the participant or their decision maker, including an explanation to the participant of the purpose of their involvement and how the media coverage will be used.

14 Incidents

The LSA is committed to managing and responding to incidents and complaints involving participants quickly and effectively. Service providers can obtain information regarding the LSA's expectation in managing incidents and complaints on the LSA website.

<https://www.lifetimesupport.sa.gov.au/section-three/managing-incidents-and-complaints>

14.1 Restrictive Practices

The LSA is committed to delivering person-centred support to all participants, including those who have complex needs such as behaviours of concern.

A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of a person. Restrictive practices include:

- seclusion
- chemical restraint
- mechanical restraint
- physical restraint
- environmental restraint

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It is an expectation that relevant service providers funded by the LSA will have a restrictive practice policy and/or procedure in place to inform and monitor their safe use of restrictive practices.

A restrictive practice must be:

- Used in accordance with State and Territory legislative requirements and consent arrangements.
- Assessed as a last resort, the least restrictive practice type and included in a positive behaviour support plan (PBSP). This includes detailing a “fade out” plan and strategies for the elimination of restrictive practice over time.
- Reviewed and monitored as part of implementation of the PBSP.

LSA funded service providers are required to report participant incidents in line with the Feedback and Incident (FAIR) Framework.

The Incident and Complaint Form is available on the LSA website.

Reports to the LSA Quality Service Improvement and Safety team should be made when:

- Restrictive practice is not used in accordance with State and Territory legislative requirements.
- A restrictive practice is not included within a PBSP.
- The PBSP does not include information on the assessed need for the type of restrictive practice used.
- Continued use of restrictive practice when the PBSP is out of date or has not been reviewed.

If a LSS Participant is also a National Disability Insurance Scheme (NDIS) Participant, the service provider should follow the NDIS reporting requirements on use of restrictive practice.

If a provider uses restrictive practices (or any prohibited practice) in the course of service delivery that is not in line with the Restrictive Practices Policy, it is considered an incident and must be reported to the LSA within 24 hours of the event occurring via email to LSAFeedback@sa.gov.au or reported via the online incident report located on LSA website.

If a participant is also a NDIS Participant, the service provider should follow the NDIS reporting requirements on use of restrictive practice. A service provider may not need to use the Restrictive Practice again, however, where it is anticipated it may be needed again, it must be included and monitored in a Positive Behaviour Support Plan.

If the service provider believes that restrictive practices would assist in the management of behaviours of concern, they should notify the LSA and a Positive Behaviour Support Practitioner can be engaged to review the participant. The practitioner will seek feedback from the provider in assessing the management plan for the participant.

The LSA's Restrictive Practice Policy is published on the LSA website.

15 Staffing Roles and Requirements

15.1 Support Worker

The support worker is responsible for the delivery of attendant care services. A support worker must be recruited or assigned to a participant's care program based on the:

- skills, knowledge and training required to deliver the specific service type for the needs of the participant

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- the participant's choice
- consideration of preference or suitability such as age, gender, culture, linguistic and/or religious background.

All support workers and any other staff who have direct/face-to-face contact with the participant must have a current NDIS Worker Check and have the relevant skills and experience to undertake the role.

Where the service provider is contracted to provide services to a participant under the age of 18, support workers must have a Working with Children's Check (WWC Check).

15.2 Registered Nurse

The registered nurse is responsible for the delivery of services within their scope of registered nursing practice, including, but not limited to:

- changing indwelling catheters; changing a tracheostomy tube; attending to complex wounds
- attending to PEG changes; filling a medication compliance box
- Providing training and credentialing for support workers in order to deliver specific care tasks

All registered nurses are required to have the relevant qualifications, demonstrated competence and be registered and licenced with the Australian Health Practitioner Regulation Agency (AHPRA), in line with the LSA Allied Health Professional Credentialing Policy.

It is preferable the registered nurse is part of the service provider's personnel to assist with service continuity for the participant.

15.3 Service Provider

The service provider must have and maintain relevant NDIS registration for the services they are providing.

The LSA also explicitly expects that the service provider will:

- maintain personnel files for all personnel. The personnel files must retain copies of proof of identify, NDIS Worker Check, and Working with Children Checks, qualifications, training records and past relevant skills and experience. This information should be available on the LSA's request for an audit, as part of a monitoring activity or in response to a specific incident.
- have a documented process for communication between support workers and care coordinators regarding issues and/or changes, including 24-hour support for the support worker for urgent support issues.
- have a nominated contact person for the LSA to contact for all referrals and any organisational/contract discussions. The currency of contact information for the nominated contact person must be maintained and any changes notified to the LSA in writing.
- where a Panel provider, complete and submit half yearly reports as provided by the LSA.
- where a Panel provider, attend the LSA Attendant Care Forums.

15.4 The LSA Contact / Service Planner

All participants have access to LSA Service Planner support to assist with the coordination of their treatment, rehabilitation and care.

The role of a Service Planner includes:

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- Planning treatment, care and support services to support the participant's recovery and to meet their individual goals and needs following the motor vehicle injury, including provision of attendant care support
- being a key point of contact between the participant, the service provider, participant's treating team and the LSA
- addressing any issues that arise with the attendant care service delivery for an individual participant in conjunction with the attendant care provider
- monitoring care provision to ensure care goals are being met and the Attendant Care Program is congruent with other aspects of the participant's treatment and rehabilitation including their MyPlan
- initiating a care needs assessment or review where required and ensuring sufficient time is available for the assessment and review process
- in consultation with the participant's treating team and attendant care service provider, identifying any training needs for support workers to address specific participant requirements.

Additionally, the role of a Service Planner in relation to attendant care is to:

- Seek provider's capacity to provide the required services and present the available options to the participant.
- Once the participant has chosen an attendant care provider, send the referral details to the provider.
- inform all parties, including the participant and the service provider when care has been approved, including details of the approved services.
- forward the Service Contracts for the agreed services.
- provide copies of any information relevant to the establishment of the care program.
- monitor services through involvement in regular reviews of the Attendant Care Program, and invoices submitted to the LSA Accounts Payable Team.

16 Policies and Procedures

The service provider is required to have documented policies and procedures in place in compliance with legislative, Government and the LSA requirements.

16.1 Process for Conflict Resolution

The service provider must have written policies and procedures for the resolution of conflicts that are clearly communicated to the participant and their family. Wherever possible, complaints about attendant care services should be managed by the service provider unless:

- an agreement between the service provider and participant/family cannot be reached; or
- a complaint is related to an incident.

16.2 Work Health and Safety

For each new Attendant Care Program, the service provider must complete a program safety audit and review to ensure a safe working environment for support workers, including undertaking of a risk assessment and implementation of risk mitigation strategies for any identified risks.

Service providers need to provide the relevant personal protective equipment (PPE) for support workers to undertake their work. In some circumstances, the LSA will reimburse attendant care providers for some of the costs of PPE used by support workers in the provision of attendant care services to LSS Participants. In these situations, the LSA will communicate the parameters of this approval to service providers. In exceptional circumstances, where PPE above general parameters is requested, this will be considered and managed on a case-by-case basis, in consultation with the LSA contact.

17 Service Quality

17.1 NDIS Registration

All attendant care providers are required to have the NDIS registration that includes the relevant scope for services delivered. It is acknowledged that LSS Participants have a diverse range of support needs due to their injury/illness and therefore service providers may not have the registration across all the identified scope and user groups.

The registration groups that are relevant for the LSS Participants include:

- high intensity daily personal activities
- assistance with daily personal activities
- specialist positive behaviour support
- community nursing care

Service providers are required to notify the LSA immediately if their NDIS registration changes, including changes in the scope and significant corrective actions identified through audits.

17.2 Worker Screenings

All support workers and any other staff who have direct/face-to-face contact with the participant must have a current NDIS Worker Check. Where the service provider is contracted to provide services to a participant under the age of 18, support workers must have a WWC Check.

The responsibility for funding worker screenings will be that of the provider, unless otherwise agreed upon by the LSA.

17.3 Auditing

The LSA may audit the service providers on the Panel and off the Panel with reasonable notice to ensure compliance with the Panel requirements or any other relevant agreement with the LSA. The audit may involve inspecting and/or auditing records, information and correspondence including such material submitted to the LSA.

17.4 Compliance Reporting

The LSA will provide a reporting template to Panel service providers, to be completed twice a year. The template may be amended from time to time; however, the minimum requirements include:

- organisation name of the service provider
- contact name relating to the service provider
- reporting period
- compliance assurances regarding requirements of the Panel Agreement, Service Contract and/or any other agreement they may be engaged under, such as:
 - maintenance of relevant screenings
 - statutory reporting has occurred as required
 - reporting to the LSA has occurred as required
 - maintenance of relevant accreditations or registrations

- maintenance of relevant insurances
- Reporting of matters of interest to the LSA, such as:
 - matters not reported during the period
 - capability or quality and safety issues
 - work health and safety issues
 - feedback

18 Payment for Services

The LSA has maximum rates that it will fund for Panel attendant care providers. The rates are approved by the Treasurer annually and published on the LSA website.

An hourly rate is paid for the provision of attendant care services by support workers. The rates are inclusive of all costs associated with the provision of attendant care services. The rates will be used to calculate payments based on the number of hours of services delivered.

The applicable rates and hours for any program/participant will be outlined in any Service Contract issued to the service provider. The LSA aligns its hourly rate per shift to the shift definitions under the Social, Community, Home Care and Disability Services Industry (SCHADS) Award, and the Service Contract will outline the agreed hours per shift.

Under this payment practice, when the service contract requests that attendant care services be provided to LSS Participants across multiple attendant care rate categories in the same shift AND the same worker delivers the entire shift, the higher of the relevant rates may apply to the entire shift and the supplier should invoice the LSA accordingly. However, where a participant requires 24 hours of active care a day, the LSA will only pay in accordance with the LSA's published rates and corresponding times of the day. As such, the LSA expects providers to invoice for shifts based on the attendant care rate categories, without crossover between these categories. On this basis, any requested deviations from this will need to be justified and raised with the participant's Service Planner in the first instance. This does not apply to shared care.

Example 1: Where there are less than 24 hours of active care a day and a worker is rostered on a shift that overlaps the weekday daytime and weekday evening period, the entire shift will be invoiced and funded at the higher evening rate.

Example 2: Where there are 24 hours of active care a day, providers will invoice based on the LSA rate categories, for weekdays this includes 14 hours at the daytime rate, 4 hours at the evening rate and 6 hours at the active overnight rate.

The Service Contract will also indicate where there is flexibility around the use of hours over a defined period.

19 Remote Loadings

The LSA may fund a remote or very remote loading to facilitate service provision for participants who reside in remote areas or areas where staffing a service is problematic. This will be negotiated with the service provider on a case-by-case basis prior to service commencement.

These arrangements require pre-approval from the LSA. If the service provider envisages a problem in recruiting to a location, they should discuss the issue with the LSA contact at the point of referral.

Any applicable remote loadings applied will be inclusive of all travel costs.

20 Travel Within a Shift

Where there is travel within a shift with a participant, either by a provider owned vehicles or a paid carer's vehicle, the LSA will fund this at a per km rate of in line with the NDIS.

This does not apply to travelling to and from shifts or, where the participant's vehicle is being used.

The specific travel that will be funded by the LSA will be outlined in the Service Contract.

21 Support Worker Expenses in Care Delivery

The LSA may pay for additional costs associated with the provision of attendant care to meet a participant's treatment, rehabilitation and care goals, including costs for the support worker to participate in a treatment or rehabilitation activity or training. Prior approval must be sought from the LSA and these costs included on the invoice once approved.

22 Billing Cycle and Invoicing Process

22.1 Invoicing Requirements

The LSA's standard payment terms are payment within 15 days of receipt of a properly drawn Tax Invoice. Invoices are to be sent to LSA.Financials@sa.gov.au.

Invoices should specify much greater detail than just a weekly or periodic lump sum.

The invoices should be itemised according to actual shifts when the care is provided, including the:

- correct date
- applicable rate
- actual shift start and end time
- Support Worker/Carer ID
- If there has been a cancellation, and the reason for the cancellation.

Where this information cannot be provided in an invoice, it must be provided through other supplementary material provided to the LSA with the invoice, such as a detailed roster.

Payment or invoices is conditional on the provision of this additional information to the LSA with each invoice, in order to allow ongoing validation and auditing of services charged to the LSA.

Invoices should also contain the below information:

- ABN and registered business name
- date of Invoice
- invoice number
- participant's name
- description of what the LSA is being invoiced for
- LSA Service Contract number

The dates of services listed on the invoice must be within the date range covered in the Service Contract with the LSA.

If the Service Contract number is not included or the services provided do not match the service order or the requested additional shift/carers information is not provided, the invoice will be returned and payment will be delayed. Do not charge the participant or issue an invoice to the participant.

Should the service provider wish to receive instruction on the form of a properly drawn Tax Invoice, the LSA can provide an outline of what is expected in this regard.

The LSA's preference is that service providers invoice the LSA in arrears on a weekly or fortnightly basis for services delivered during that period. Approved Invoices will be paid using electronic funds transfer.

22.2 Vendor Creation

A vendor must not supply services without a Service Contract. A Service Contract cannot be created without the vendor being established in the LSA's systems via the LSA Vendor Creation form.

If it is the first invoice to the LSA, the service provider will need to ensure that the LSA Vendor Creation form, which will be provided for completion, has been submitted to the LSA, otherwise payment cannot be made.

23 Technology Solutions

Over the duration of the Agreement, technology solutions for interaction with the LSA may be developed and/or further enhanced. Service providers will be encouraged to participate and collaborate in the development and use of the technology solutions once available.

24 Glossary and Definitions

Attendant Care

Attendant Care refers to the provision of personal support services to assist a participant with daily living activities that they are unable to perform independently as a result of their injury. These services may include, but are not limited to, assistance with personal hygiene, grooming, dressing, eating, mobility, communication, and community access.

Fee Schedule

Refers to any LSA Fee Schedule for Attendant Care services, either published in the Government Gazette and/or the LSA website.

LSS Attendant Care Panel

The Attendant Care Panel is a group of pre-qualified and approved Service Providers that have entered into a Panel Agreement with the LSA for the delivery of attendant care services to participants of the Lifetime Support Scheme.

The Panel establishes a structured framework for engaging providers who meet defined quality, safety, and compliance standards. It sets out the overarching principles, roles, responsibilities, and high-level contractual terms between the LSA and the Panel providers, including payment arrangements, dispute resolution processes, confidentiality, and liabilities.

Service engagements with Attendant Care Panel providers are formalised through Service Contracts, which detail the specific scope of work, service requirements, and individual participant needs within the framework of the Panel Agreement.

Positive Behaviour Support Plan

A Positive Behaviour Support Plan is a documented, person-centred framework that sets out evidence-based and individualised strategies to understand, prevent, and respond to behaviours of concern. It is developed following a functional assessment of behaviour and is designed to enhance the person's quality of life, build on their strengths, and support the achievement of their goals.

The plan establishes proactive and preventative approaches, skill development strategies, and consistent support practices, while outlining any necessary response procedures to ensure safety and minimise the use of restrictive practices. A PBSP must be regularly monitored and reviewed to remain current, effective, and aligned with the principles of dignity, rights, and least-restrictive practice.

Service Contract

A Service Contract is a formal engagement document issued by the LSA to a Service Provider under an overarching agreement.

The Service Contract specifies the particular services to be delivered to an individual participant, including the scope of work, performance requirements, deliverables, timelines, service hours, applicable fees, and any special instructions relevant to the engagement. Service Contracts operate within the terms and conditions of the overarching agreement but are tailored to the individual participant's needs.

Service Provider

A Service Provider is an organisation or individual approved and engaged to deliver treatment, care, and support services to Lifetime Support Scheme participants.