

Rehabilitation and the NSW Motor Accidents Scheme

Most people who are injured in a motor vehicle accident recover with appropriate treatment and return to their usual everyday life activities. However, some people need specialised rehabilitation services to help them in their recovery.

What is Rehabilitation?

Rehabilitation aims to assist you in restoring, as far as possible, the lifestyle you had before being injured. If this is not possible, you may need to learn new skills, so you can be as independent as possible. Rehabilitation is generally provided by a team of health professionals, who will work together with you and your doctor, to help you recover from your injuries. Your CTP insurer will also provide assistance to you and communicate with your doctor.

Rehabilitation may be appropriate if you have been injured and:

- are unable to go back to your usual daily living activities
- have difficulty returning to school or work
- find it difficult to drive your car
- require the use of assistive aids or equipment
- have persistent, long term pain.

If you have difficulties in any of these areas and think you may need rehabilitation, discuss these needs with your doctor and CTP insurer. The earlier rehabilitation starts, the more effective it will be. A referral to a Rehabilitation Provider may be made by either your doctor or CTP insurer.

Who are Rehabilitation Providers and how will they help you?

A Rehabilitation Provider is a person or team providing rehabilitation services. They may include: occupational therapists, physiotherapists, rehabilitation counsellors, psychologists and exercise physiologists.

The rehabilitation provider's role is to assist you to develop a suitable rehabilitation plan. The rehabilitation plan will identify specific goals and the activities and treatment needed to achieve those goals. Your doctor will also be involved in developing your rehabilitation plan.

To help you develop your rehabilitation plan and goals, the rehabilitation provider will arrange to meet with you, either at their professional rooms, or in your home, to assess your physical and/or psychological abilities. You will be encouraged to discuss your rehabilitation goals, how you will achieve these and what help you may need.

The rehabilitation provider will discuss the outcome of your assessment and your rehabilitation goals with your treating doctor/s and agree on what services you may need, to achieve your goals. These may be physical goals, for example, *"To be able to walk to the local shops three times a week within the next 8 weeks"* or psychological goals, for example, if you have developed a fear of driving, *"To be able to drive the car independently to the local shops, within the next 6 weeks"*.

Once the assessments have been completed by the rehabilitation provider and you have determined the rehabilitation goals together, the rehabilitation plan can be completed and sent to the CTP insurer for approval. **The provider should seek approval from the insurer before starting any services, as it should not be assumed that the insurer will automatically pay for all services.**

The CTP insurers have in-house Rehabilitation Advisors who may be involved in managing your claim. The CTP insurer may need to contact your doctor and/or rehabilitation provider to discuss or clarify aspects of your plan. Clear communication will ensure everyone understands your rehabilitation plan and goals, as well as the treatment/services you need to help you in your recovery, and the proposed time frames for achieving the goals.

Contact us:

Motor Accidents Authority

Web site: www.maa.nsw.gov.au

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Email: maa@maa.nsw.gov.au

Once the rehabilitation plan has been approved by the CTP insurer, the provider will be notified and will then commence working with you.

The rehabilitation provider will coordinate approved treatments and services. It is important that you actively participate in your rehabilitation program to achieve the best results. If you experience any difficulties along the way, discuss these with your rehabilitation provider and doctor, as they will be able to assist you in finding ways to overcome these difficulties.

What services may help you?

Services which may help you as part of your rehabilitation program are:

- helping you to return to work/school
- organising an exercise program
- arranging counselling
- training and re-evaluation of your driving skills.

What are 'reasonable and necessary' rehabilitation and treatment costs?

Once liability has been admitted (in whole or part) the CTP insurer is obliged to pay for treatment, rehabilitation and care services, provided these services are '*reasonable and necessary*', properly verified and relate to the injuries caused by the motor vehicle accident. CTP insurers will consider the following criteria when making their decision to pay reasonable and necessary rehabilitation costs:

- relationship of the service/treatment to the injuries you sustained in the accident
- whether the treatment is likely to benefit you, or help you to regain or improve your ability to function
- appropriateness of the service
- appropriateness of the provider
- cost considerations.

What happens when costs are not covered by the CTP Insurer?

If the CTP insurer decides to deny liability on your claim, you will then be responsible for the payment of any medical, treatment and rehabilitation expenses. You may be able to claim part or all your expenses from Medicare, private health insurance or from a personal accident insurance policy. In other situations, the CTP insurer may be undecided on liability, however be prepared to pay for some expenses on a 'without prejudice' basis. Should you require any further information about payment of expenses and determining liability, contact your CTP Insurer and speak with the claims consultant managing your claim. You may also wish to contact the Claims Advisory Service (CAS) at the MAA on 1300 656 919.

What to do if you and your CTP insurer have a disagreement

You and the insurer may disagree on what is reasonable and necessary treatment, rehabilitation or attendant care for you. The insurer may decide not to pay for your treatment, rehabilitation or attendant care. The insurer must let you know in writing why it has made this decision and how you may have this decision reviewed.

If you disagree with the insurer's decision OR are not satisfied with the reasons given for that decision, you should:

1. Contact the insurer and speak to the claims officer who is managing your claim. You may also contact the insurer's rehabilitation adviser, and discuss your concerns. Many of these issues can be resolved by discussion;
2. If you are still dissatisfied with the insurer's response, you should ask the insurer to refer its decision to its internal disputes resolution service;
3. If this does not resolve the disagreement you or the insurer may refer the dispute to the Medical Assessment Service (MAS) at the Motor Accidents Authority.

The Medical Assessment Service is independent of insurers and there is no payment required to use this service. You do not need to have a solicitor to use this service, but you can seek legal and other advice at any stage.

Where else can you access information about the NSW CTP Scheme

The MAA has published many guides to assist people who have been injured in a motor vehicle accident, which can be accessed on www.maa.nsw.gov.au > Injury Management tab > Guides for Injured People.

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