

## Resolving Disputes about Eligibility

### What is a dispute about eligibility?

A person may be eligible for the ACT Lifetime Care and Support Scheme (the Scheme) if they have had a moderate to severe brain injury, a spinal cord injury, severe burns, blindness or multiple amputations from a motor vehicle accident in the ACT.

The decision about eligibility for the Scheme is based on the information provided on the application form by the injured person's treating health team, including the medical certificate signed by the treating specialist.

In making its decision, the Commissioner reviews this information and assesses whether the injured person meets the eligibility criteria in the Lifetime Care and Support Guidelines. A dispute occurs when someone disagrees with the Commissioner's decision about eligibility.

### Who can lodge a dispute?

You (the injured person) or an insurer can lodge a dispute. You can only lodge a dispute after you have received the letter from the Commissioner with the decision about your eligibility.

The dispute must be received within 6 months of receipt of the LTCS Commissioner's decision about eligibility.

### How do I lodge a dispute?

Write a letter to the Commissioner, explaining why you disagree with the decision. In the letter, you should explain why you think you meet (or do not meet) the eligibility criteria in the Lifetime Care and Support Guidelines.

To find out more about lodging a dispute, contact the Commissioner on 132281.

### Who will assess the dispute?

The Commissioner will choose three assessors who can best resolve the dispute who will form a panel.

The ACT Commissioner will refer the dispute to the NSW LTCSA Manager Assessment for attention.

The NSW LTCSA Management Assessment will convene an assessment panel comprising assessors who can best resolve the dispute.

## **How will the panel make a decision?**

Firstly, the panel reads the information provided about the dispute. The panel then decides how to assess the dispute. They may decide to examine you and talk to people involved in your care, such as family members and your treating health team.

## **Can I give information to the panel?**

Yes. You, your insurer or solicitor can give information to the panel. This should be in writing and sent to the Commissioner.

You should send any information to the Commissioner as soon as possible, so it can be sent on to the panel before it starts its assessment. This is important, because your information might affect how the panel decides to assess the dispute.

## **Who will see the information I provide?**

The Commissioner will send your information to the panel. The Commissioner will see all the information you provide.

If there is someone else involved in the dispute (another party) such as a Compulsory Third Party (CTP) insurer, you will be sent a copy of any information they provide. A copy of any information you provide will also be sent to them.

## **How long will it take?**

This will depend on the information available and what information the panel needs in order to make its decision. Disputes about eligibility may take months to resolve because of the time needed to gather information or to complete assessments to ensure the correct decision is made.

## **What happens next?**

After the assessment, you will receive the panel's decision (called the "certificate") in writing, which will include reasons for the decision. The decision is legally binding and can only be reviewed on certain grounds. For more information about reviews, contact the Commissioner.

**For more information or to obtain copies of information sheets or the Lifetime Care and Support Guidelines, contact the Lifetime Care and Support Commissioner.**