

Lifetime Care and Support (Catastrophic Injuries) Rehabilitation Guidelines 2025

Disallowable instrument DI2025 – 322

made under the

Lifetime Care and Support (Catastrophic Injuries) Act 2014, section 93 (LTCS guidelines)

1 Name of instrument

This instrument is the *Lifetime Care and Support (Catastrophic Injuries) Rehabilitation Guidelines 2025*.

2 Commencement

This instrument commences on the day after its notification.

3 Guidelines

I make the guidelines attached to this instrument. The guidelines are Part 7, Rehabilitation, of the LTCS Guidelines made under the *Lifetime Care and Support (Catastrophic Injuries) Act 2014*.

4 Revocations

The *Lifetime Care and Support (Catastrophic Injuries) Guidelines 2014 (No 7 (DI2014-208))* is revoked.

Nicola Clark
Lifetime Care and Support Commissioner of the ACT

20 November 2025

Part 7: Rehabilitation

This Part of the Lifetime Care and Support Guidelines is made under section 93 of the *Lifetime Care and Support (Catastrophic Injuries) Act 2014* (the LTCS Act).

Part 7 of the Lifetime Care and Support Guidelines (the LTCS Guidelines) applies to any assessment of treatment and care needs relating to rehabilitation made on and from the date of commencement of the part in respect of any participant in the Lifetime Care and Support Scheme (the LTCS Scheme), whether interim or lifetime, and whether accepted into the LTCS Scheme before or after that date.

The Lifetime Care and Support Commissioner (the LTCS Commissioner) may waive observance of any part or parts of this Guideline. Waiving observance of all or part of this Guideline in any particular circumstances is not an indication that the LTCS Commissioner will waive observance of this part or any other parts of the Guideline in other circumstances.

1 Definition of rehabilitation

- 1.1 Rehabilitation of an injured person means the process of enabling or attempting to enable the person to attain and maintain:
- a) the maximum level of independent living;
 - b) full physical, mental, social and vocational ability; and
 - c) full inclusion and participation in all aspects of life.

2 Reasonable and necessary rehabilitation

- 2.1 The LTCS Commissioner considers rehabilitation to be reasonable and necessary when:
- a) the service is required as a result of the motor accident or work injury;
 - b) the service is likely to be effective and achieve a measurable improvement; and
 - c) the service promotes progress towards functional independence, participation and self- management or is associated with maintaining function and preventing deterioration or secondary health conditions.
- 2.2 The LTCS Commissioner considers reasonable and necessary rehabilitation to include:
- a) therapies such as physiotherapy, occupational therapy, speech pathology and psychology;
 - b) case management services, to facilitate access to services when a participant requires support to participate in rehabilitation or to identify, plan and resume participation; and
 - c) costs associated with the service provider's provision of rehabilitation, including documentation of plans, requests, reports, case conferences or other contact with other professionals treating the participant.

- 2.3 The LTCS Commissioner considers reasonable and necessary rehabilitation does not include:
- a) treatment or services for a condition that existed prior to the motor accident or work injury;
 - b) assistance to keep a business open. *This includes paying for temporary staff to do a participant's job*; or
 - c) services required beyond the purpose of rehabilitation for the motor accident or work injury, such as participation in sports at an elite level.
- 2.4 The LTCS Commissioner considers reasonable expenses in relation to a participant's assessed treatment and care needs in relation to rehabilitation will not include:
- a) services where the cost is included in the hospital or inpatient rehabilitation bed day fee;
 - b) costs for participants to arrange appointments by phone or email; or
 - c) fees associated with cancellation or non-attendance unless the reason for non-attendance is beyond the participant's control.
- 3 Method of assessment and criteria used to determine reasonable and necessary treatment and care needs for or in connection with rehabilitation services**
- 3.1 The LTCS Commissioner's assessment of treatment and care needs for or in connection with rehabilitation must:
- a) be made in collaboration with the participant and provider; and
 - b) take into account the participant's individual needs for rehabilitation in the context of other treatment and services provided.
- 3.2 Information required by the LTCS Commissioner to make an assessment may include:
- a) information relating to the biological, psychological and social factors that influence the participant's health as part of their assessment and treatment interventions;
 - b) information about pre-existing or co-existing medical conditions that affect whether a treatment or care need for rehabilitation is related to the motor accident or work injury;
 - c) if the participant has pre-existing or co-existing medical conditions that may impact on their needs for or in connection with rehabilitation, information from a health professional or medical practitioner as to the likely cause of the presenting rehabilitation need;
 - d) clinical assessments and reports relating to the treatment or care need or the requested rehabilitation service;
 - e) justification for the proposed intervention, including the relationship to the motor accident or work injury; and
 - f) justification for the treatment process, including any associated rehabilitation as part of an overall treatment plan.
- 3.3 The LTCS Commissioner follows the below procedures when making an assessment:
- a) rehabilitation must be recommended by a registered health practitioner (where registration applies) unless the participant resides outside Australia;

- b) rehabilitation must be directed and provided by a registered health practitioner (where registration applies) unless the participant resides outside Australia;
 - c) delivered by an appropriately trained person under the supervision of a registered health practitioner (where registration applies) where appropriate (in the case of a home therapy program);
 - d) a rehabilitation service must be requested prior to its commencement, unless urgent or delivered under an existing fee schedule;
 - e) relevant aspects of the participant's health status that are expected to change with rehabilitation should be measured, such as pain, depression, activities of daily living, health-related quality of life and work performance, and those measures considered in any assessment of needs and any request for rehabilitation services; and
 - f) goals that are relevant to the participant's injury must be developed and must be able to be measured in a manner that is reliable, valid and sensitive to change.
- 3.4 The LTCS Commissioner adopts the *Clinical Framework for the Delivery of Health Services* in connection with rehabilitation.

4 Concurrent treatment

- 4.1 The LTCS Commissioner considers more than one type of physical treatment (*for example, physiotherapy, osteopathy, chiropractic or exercise physiology*) and/or more than one type of psychological treatment (*for example, counselling and psychological treatment*) to be concurrent treatment.
- 4.2 Concurrent treatment occurs when treatment is provided contemporaneously by more than one type of provider (*for example, a participant receives chiropractic and physiotherapy treatment at the same time*) or where similar services are provided by one type of provider. *For example, when a participant receives physiotherapy and acupuncture from one provider who is qualified to provide both services.*
- 4.3 The LTCS Commissioner recognises that a participant may require different types of rehabilitation services from a variety of professionals at the same time and may only fund concurrent treatments when:
- a) there is reasonable clinical justification;
 - b) both or all concurrent treatments are part of an overall coordinated plan approved by the LTCS Commissioner;
 - c) treatment providers are in close communication to ensure that the provision of treatment and goals are closely aligned;
 - d) there is written information which outlines the circumstances supporting the request for services in respect of both or all concurrent treatments; and
 - e) treatments by the same type of provider are directed towards different conditions to achieve different treatment goals. *For example, different treatment goals for musculoskeletal physiotherapy and neurological physiotherapy.*

- 4.4 In assessing treatment and care needs for rehabilitation in relation to concurrent treatment, to avoid duplication of services, the LTCS Commissioner will also consider:
- a) whether the physical treatment required by the participant can be provided by the same provider or service to treat one condition;
 - b) assessment of the aims of the services; and
 - c) confirmation that the services are complementary.
- 4.5 The LTCS Commissioner does not regard receiving a range of different rehabilitation services at the same time to be concurrent treatment. *For example, physiotherapy treatment and a gym program.*
- 4.6 The LTCS Commissioner does not regard receiving case management services and other rehabilitation services at the same time to be concurrent treatment.
- 4.7 The LTCS Commissioner will regard the involvement of more than one case manager at the same time to be concurrent treatment.
- 4.8 The LTCS Commissioner does not regard individual and group sessions provided by the same provider to be concurrent treatment. *For example, a participant receiving individual physiotherapy and group hydrotherapy services delivered by a physiotherapist.*

5 Gym and exercise programs

- 5.1 The LTCS Commissioner considers reasonable and necessary rehabilitation includes the reasonable and necessary cost of a gym or other exercise program developed in conjunction with a qualified exercise professional, such as a physiotherapist or exercise physiologist.
- 5.2 Information required by the LTCS Commissioner to assess a participant's treatment or care need in connection with gym and exercise programs may include:
- a) biological, psychological and social factors that influence the participant's need for gym membership or exercise program as part of their rehabilitation;
 - b) information from a qualified exercise professional, such as a physiotherapist or exercise physiologist about the proposed exercise program including frequency of attendance;
 - c) pre or co-existing medical conditions that affect whether a treatment or care need for gym membership or exercise program is related to the motor accident or work injury;
 - d) medical clearance from a relevant treating specialist that the participant is able to participate;
 - e) information about the need for an attendant care worker or support person to facilitate access and ensure safe participation;
 - f) justification for the proposed intervention, including the relationship to the motor accident or work injury; and
 - g) evidence of consistent participation in a previous exercise therapy or rehabilitation program, or attendance record for the gym or exercise program for subsequent requests.

- 5.3 To determine if expenses relating to gym memberships are reasonable, the LTCS Commissioner will consider:
- a) the cost of two gyms in the participant's local area as a guide to the reasonable expense of a gym membership in the participant's circumstances;
 - b) if a participant expresses a particular preference to attend a gym that is more expensive than a local community gym, any justification for the proposed gym, including how attendance at the proposed gym is related to the motor accident or work injury.
- 5.4 If the LTCS Commissioner determines that the cost of a gym that is more expensive than a local community gym is not reasonable, the LTCS Commissioner may contribute the cost of a local gym membership towards the membership of the preferred gym and the participant is able to fund the difference.
- 5.5 The LTCS Commissioner considers the assistance of an exercise physiologist or personal trainer to be reasonable and necessary in the circumstances only when:
- a) specialist assistance to exercise safely is required;
 - b) an attendant care worker or other support person is unable to provide the support or cannot reasonably be trained to provide the support or assistance; and
 - c) the provision of an exercise physiologist or personal trainer would not be concurrent treatment in accordance with clause 4.1 above.
- 5.6 The LTCS Commissioner considers gym or other exercise programs that are not prescribed by a qualified exercise professional are not reasonable and necessary treatment and care needs.
- 5.7 The LTCS Commissioner considers expenses associated with gym membership and attendance, such as clothing, towels, fitness/yoga mats and drink bottles, are not reasonable expenses in relation to the treatment and care need as they are costs which would be incurred by the participant regardless of the injury.

6 Application of this part

- 6.1 The LTCS Commissioner will apply this Part of the Guidelines to requests to assess a participant's treatment and care needs where another Part of the Guidelines does not apply.

Applicable provisions of the LTCS Act	
Part 7 - LTCS Guidelines	LTCS Act reference
Rehabilitation	Sections 9, 23