

## Lifetime Care and Support (LTCS Scheme) - Charges for Designated Units

Summary This Information Bulletin provides an update of the fees to be charged for Lifetime

Care and Support patients who are in a designated admitted Brain Injury

Rehabilitation Unit or in an admitted patient Transitional Living Unit or are receiving non-admitted patient services provided by designated non-admitted patient unit.

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**Applies to** Local Health Districts, NSW Ambulance Service, Public Hospitals

Distributed to Public Health System, NSW Ambulance Service

Audience Administration, Directors of Finance, Fee/Revenue Officers, BIRP Units, Spinal

Units; Administrative, Directors of Finance, Revenue Managers, Billing Staff Administration; Admissions Staff, Revenue Staff, Finance Managers, Patient

Administration System Managers/Developers





# **Lifetime Care and Support (LTCS Scheme) - Charges for Designated Units**

## **PURPOSE**

This Information Bulletin provides an update of the fees to be charged for Lifetime Care and Support (LTCS) patients who are in a designated admitted Brain Injury Rehabilitation Unit or in an admitted patient Transitional Living Unit or are receiving non-admitted patient services provided by a designated non-admitted patient unit.

The fees are reviewed on an annual basis. The advised changes are effective from 1 July 2023.

This Information Bulletin is to be read in conjunction with the NSW Health Policy Directive Lifetime Care & Support (LTCS) Scheme for Designated Units (PD2021\_026).

### **KEY INFORMATION**

## Fees for designated units

Admitted patient brain injury/ spinal injury rehabilitation designated units

Category	Daily Bed Rate
Category A	\$1,429
Category B	\$914
Category X	\$2,033

Admitted and Non-Admitted patient Transitional Living Units in relation to Brain Injury/Spinal Injury Rehabilitation designated units only

Category	Daily Bed Rate
Category A	\$1,021
Category B	\$506

### Non-Inpatient Services Including Outreach

Description	Cumulative Rate per half-hour
The fee must not be greater than the equivalent of 5-hours per day of non-inpatient care	\$98





# **Outpatient Medical Clinical Appointments**

Description	Fee
Medical Consultation – New	\$337
Medical Consultation – Subsequent	\$169

## Reports

Description	Cumulative Rate per half-hour
Reports that are part of the rehabilitation process	\$98

# **Group Activities**

Description	Cumulative Rate per half-hour
Qualified	\$62
Unqualified	\$46