

What is the Lifetime Support Scheme?

The Lifetime Support Scheme is a no-fault scheme which provides necessary and reasonable treatment, care and support for people who suffer serious lifelong disabilities in motor vehicle accidents in South Australia.

This SA Government Scheme, which is funded by a levy on motor vehicle registrations, commenced on 1 July 2014 and is available for children and adults.

The Scheme is run by the Lifetime Support Authority (LSA), which is responsible for administering it in accordance with the *Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013*.

Am I eligible?

If you've been severely injured in a motor accident in South Australia from 1 July 2014 onwards, you may be eligible for the Scheme. 'Severely injured' can include:

- spinal cord injuries (e.g. paraplegia or quadriplegia)
- moderate to severe brain injuries
- whole limb or multiple amputations
- severe burns
- permanent blindness.

To be eligible, you must meet specific criteria for both the injury and the motor accident, as outlined in the LSS Rules. The Rules are available on the LSA website, www.lifetimesupport.sa.gov.au.

If you think you or someone that you know may be eligible, phone the LSA on 1300 880 849 or email LSAnotifications@sa.gov.au.

What does the Scheme provide?

The LSA will pay for necessary and reasonable treatment, care and support needs for injuries caused by your motor vehicle accident, such as:

- medical treatment including doctor's appointments and pharmaceuticals
- dental treatment
- rehabilitation including physiotherapy, occupational and speech therapy
- ambulance transportation
- respite care
- attendant care and support services including personal care and domestic services
- equipment such as wheelchairs, mobility aids, beds, respiratory equipment and communication devices
- prostheses
- education and vocational training
- home, vehicle and workplace modification.

For details on what 'necessary and reasonable' means under the Scheme, see *Information Sheet P4: What is 'Necessary and Reasonable' Treatment, Care and Support?*

What is not covered by the Scheme?

The LSA will only pay for services that are considered to be necessary and reasonable treatment, care and support once you have been accepted as a Scheme participant

The LSA does not pay for expenses that are outside the scope of the Scheme as envisaged in the *Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013*, such as loss of wages or benefits, or extra in-hospital expenses such as TV hire. Nor will the LSA provide income support or pay damages for pain and suffering.

What is the Lifetime Support Scheme?

If there is someone at fault, participants in the Scheme will still be able to make a claim for damages from the compulsory third party scheme for their non-economic loss (pain and suffering) and loss or impairment of earning capacity.

How do you access the Scheme?

An application must be made to the LSA within three years of the date of the motor vehicle accident by either you or by someone on your behalf, or by an insurer or the nominal defendant. Your application must show that:

- the person applying was injured; and
- the injury was caused by a motor vehicle; and
- the motor vehicle accident happened in South Australia; and
- the injury meets the criteria set out in the LSS Rules.

The LSA has requested the Motor Accident Commission, hospital treating teams and emergency departments contact our Service Planners when someone sustains the type of injuries that may be covered by the Scheme.

Service Planners will work with medical, health and disability staff to ensure that you, your families and carers are given as much information as possible, as soon as possible.

The LSA will need permission to obtain information and documents related to your injury, motor vehicle accident, hospital records, treating doctor's reports and other information in order to process an application.

Once the application has been assessed, the LSA will advise whether you are eligible under the Scheme. In some cases the LSA may have to wait until your injuries have stabilised before making a decision about eligibility under the Scheme.

What happens once an application is accepted?

Once your application is accepted by the LSA, you will become an 'interim participant' for up to three years.

This allows time for your injuries to stabilise, and also means lifelong injuries that may not be immediately apparent can still be considered for up to three years after the date of the accident.

The Scheme will commence paying for the necessary and reasonable treatment, care and support services that are related to your motor accident injury, from the date you are accepted into the Scheme. LSA Service Planners will work with you, your families and carers to ensure you receive the right treatment, care and support services from approved service providers.

You can be accepted as a lifetime participant into the Scheme at any time during your interim period. This can occur by asking your Service Planner to commence a lifetime assessment or where it is clear to the LSA, on medical advice, that due to the nature of your injuries you require lifetime care. If you need this, your status will change from being an 'interim participant' to a 'lifetime participant'.

What happens if I'm not eligible?

If your injuries stabilise and improve to the extent that you are no longer eligible for treatment, care and support under the Scheme, your Service Planner will help you transition to other services if required.

You may still have your treatment, care and support provided by local public health services or an insurer, if you have a claim (for example, through compulsory third party or workers compensation).

If you disagree with the LSA's decision about eligibility, you can ask for a review. For more information phone the LSA on 1300 880 849.

For more information contact the Lifetime Support Authority.