



WorkCoverSA

# Injury and Case Management Manual

## Chapter 11A: Social rehabilitation entitlements

December 2009

# Contents

Chapter 11A: Social rehabilitation and ancillary entitlements .....	4
What we mean by social entitlements .....	4
Social rehabilitation and ancillary entitlements available to an injured worker .....	4
Reasonable costs, reasonably incurred .....	4
Serious injury .....	5
Serious injury classification scales .....	6
Commonly recommended aids, equipment, appliances and modifications for serious injuries .....	9
Severe burns .....	9
Home help guidelines .....	10
Definition of home help .....	10
Determining requests for reimbursement of home help costs .....	10
Approval for short-term services .....	10
Approval for long-term services .....	11
Review of services .....	12
Payment of services .....	12
Cessation of services .....	12
Cessation of services when a claim is redeemed .....	12
Types of services .....	13
Housing modifications .....	15
Background .....	15
Definition of home modification .....	15
Determining requests for housing modifications .....	16
Assessment for housing modifications .....	16
When housing modifications may be funded .....	16
Landscaping .....	17
Housing modifications for injuries that are not permanent or stable .....	17
Housing modifications WorkCover will not fund .....	18
Housing modifications approval process .....	18
Maintenance and repair costs for completed housing modifications .....	18
Homes that cannot be reasonably modified .....	19
Factors that impact on the reasonable cost of housing modifications .....	19
Rental properties that cannot be reasonably modified .....	20
Rent .....	21

If the worker chooses to build a new home or move into another home.....	21
Home modifications for a secondary home in which the worker concurrently resides .....	21
More than one home modification .....	21
Short-term alternative housing costs while housing modifications are underway.....	22
Funding for air-conditioning and heating.....	22
Upgrade of materials .....	22
Housing insurance.....	22
Provision of services .....	23
Section 43 payments.....	23
Travel.....	23
Private vehicle .....	23
Parking .....	24
Public transport.....	24
Long distance travel by bus or train .....	24
Taxi travel .....	24
Ambulance travel.....	25
Airline travel.....	26
Accommodation and associated costs .....	26
Other travel costs not in association with medical and like services.....	27
Family and personal attendant's entitlements to travel cost reimbursements .....	27
Child care guidelines .....	28
Definition of child care .....	28
Payment/Reimbursement of child care services .....	28
Determining requests for the prior approval of child care services .....	28
Prior approval for short-term child care services.....	28
Prior approval for long-term child care services.....	30
Review of child care services .....	30
Cessation of child care services.....	30
Types of child care services .....	31

# Chapter 11A: Social rehabilitation and ancillary entitlements

Please note, for the purposes of this chapter:

- 'medical services, hospitalisation or approved rehabilitation' is referred to as 'medical or like services' and
- 'legally qualified medical practitioner' is referred to as 'medical practitioner.'

## What we mean by social entitlements

Social rehabilitation is the provision of services, activities or appliances, based on assessed needs that support an injured worker's independence, activities of daily living and reintegration into the workforce.

## Social rehabilitation and ancillary entitlements available to an injured worker

This chapter outlines a range of social rehabilitation and ancillary entitlements available to an injured worker in accordance with section 32 of the *Workers Rehabilitation and Compensation Act 1986* (the Act). Social rehabilitation entitlements include, but are not limited to:

- home help
- housing modifications
- travel
- child care services.

Ancillary entitlements include, but are not limited to:

- appliances and equipment eg, wheelchairs, crutches etc.

As service improvements are identified, the accompanying policies will be incorporated.

Workers with a serious injury may have a greater need for social rehabilitation and ancillary entitlements. The definition and classifications for serious injuries are provided in this chapter under the heading 'Serious injury'.

## Reasonable costs, reasonably incurred

Section 32(1) of the Act entitles an injured worker to be compensated for reasonable costs reasonably incurred as a consequence of having suffered a compensable disability. Costs for services will be met only where the services are required as a result of a compensable disability. The types of costs that may be met under this section are set out in section 32(2) of the Act.

Reasonable costs should be determined by the claims agent having regard to:

- the nature of the service
- the necessity of the service
- the relationship to the injury

- the number and frequency of services
- the benefit to the worker
- the cost of the service.

In order to determine the necessity of a service, all available information, including medical reports, should be utilised.

Although the Act does not define the term ‘reasonably incurred,’ it means that the worker acted reasonably in obtaining the service and in engaging providers to deliver the service.

In determining whether a cost has been reasonably incurred, the worker must be accepted as they are, and in the process consideration should be given to issues like:

- their personal and cultural background
- their means of obtaining knowledge about the service
- any professional advice they may have been given.

A worker is not obliged to choose the cheapest or most conventional available treatment, and generally speaking, where a worker acts upon apparently reputable medical advice, the worker will be considered to be acting reasonably, even if the advice is wrong or incompetent.

However, where a worker incurs a cost for a service that the worker knew would be of little or no benefit or where the same benefit could have been obtained much less expensively, the worker may not be considered to have acted reasonably in procuring the service and undertaking to pay the cost.

Each case must be determined on its own merits, and the test is the reasonableness of the particular worker in incurring the expense in the circumstances. In the case of *Hiern v Department of Employment, Training and Further Education* [2003] SAWCT 96 (28 August 2003) the Tribunal quoted from King CJ in respect of the comparable provision in the *Workers Compensation Act 1971*, section 59 in *Metro Meat Ltd v Banjanovic* (1989) 52 SASR 102, at paragraph 106:

*I think that when the expression is read as a whole, its natural meaning is that the expenses must be reasonable as to the incurring of them by the worker. That implies to my mind that the worker must have acted reasonably in procuring the rendering of the service and engaging himself to pay the amount charged. I see no justification for confining the requirement of reasonableness to the quantum of the charge. A person cannot be said, according to the ordinary use of language, to have incurred a reasonable expense if he acted unreasonably in procuring the service to be rendered in the sense, that is to say, that he knew or ought to have known that the service was of little or no benefit to him or that the benefit could reasonably be obtained in another and cheaper way.*

*It is important to note that the requirement of reasonableness **attaches to the incurring of the expenses by the worker.** (my emphasis.)*

## Serious injury

Workers who are seriously injured usually require high levels of support and services over a long period of time. Serious injuries usually involve long periods of hospitalisation, treatment and recovery and may result in permanent impairment.

Claims management strategies are focused on achieving maximal independence in activities of daily living, restoration to the community and, if appropriate, return to work.

Serious injury claims are those where the worker has sustained a physical trauma which is potentially life threatening. Serious injury includes:

- moderate to severe traumatic brain injury (TBI)
- spinal cord injury
- amputation of a limb
- severe burns
- total blindness
- brachial plexus injury that results in the loss of the use of a limb
- multiple (two or more serious injury types)

where that trauma may result in:

- severe loss of functional ability
- significant permanent impairment and
- a requirement for long-term care services.

Where a case manager receives a file they believe may fall within the serious injury definition and injury classifications, they should discuss the file immediately with their team leader and negotiate its transfer to the serious injury team.

### **Serious injury classification scales**

#### **Moderate to severe traumatic brain injury (TBI)**

Moderate to severe traumatic brain injury is to be classified according to the following:

- Glasgow Coma Scale (GCS):
  - severe – less than or equal to 8
  - moderate – 9-12.
- Post-traumatic amnesia (PTA) of >24 hours, calculated from the time of the accident
- CT scan abnormality

It should be noted that the full extent of functional recovery is often not apparent until at least 24 months post injury. Therefore, consideration should be given to reviewing functional status at 6 months, 12 months and 24 months post injury to determine whether the claimant should continue to be classified in the moderate or severe category.

**Spinal cord injury**

Classifications for severe spinal cord injury according to the Australian Spinal Cord Injury Register (ASCIR) include:

- complete tetraplegia – cervical
- incomplete tetraplegia – cervical
- complete paraplegia – thoracic, lumbar or sacral
- incomplete paraplegia – thoracic, lumbar or sacral
- cauda equina.

**Amputation of a limb**

Classifications for traumatic amputations include:

- traumatic amputation of one arm above the elbow
- traumatic amputation of both hands/arms (any level)
- traumatic amputation of one lower limb above the knee
- traumatic amputation of both feet/legs (any level).

**Severe burns**

Burns are considered severe where there is:

a) full thickness (deep dermal) thermal injury to –

- face
- neck
- major joints
- both knees
- both elbows
- both hands
- both feet
- genitalia/perineum in combination with any of the above
- a combination of any of the above

b) lower airway inhalation injury in combination with any of the above dermal injuries

c) electrical or chemical injury resulting in deep dermal injury which fulfils the inclusion for thermal injuries in a) above.

**Total blindness**

Injury is considered severe where there is visual acuity of less than 3/60 or corresponding visual field loss to less than 10 degrees in the better eye with the best possible correction.

**Brachial plexus injury that results in the loss of the use of a limb**

Injury is considered severe where there is a rupture of one or more nerve roots of the brachial plexus (C5-6, C6-7, C7-8, C8-T1).

**Multiple**

This category of injury involves a combination of two or more serious injury types.

NOTE: Workers who have sustained an injury that fits the serious injury definition but not the classification scales may also be included in the serious injury portfolio on the recommendation of the rehabilitation physician from Hampstead Rehabilitation Centre.



## **Commonly recommended aids, equipment, appliances and modifications for serious injuries**

Requests for aids, equipment, appliances and modifications will be received from health professionals, most likely while the worker is still an inpatient in the acute hospital and/or rehabilitation facility. However, requests may be received at any point in the lifetime of the claim.

The following are commonly requested items for various injury types – these items should not be considered as exclusive. All requests are to be considered in a timely manner by the case manager.

NOTE: This section is under development and further information will be included as identified.

### **Severe burns**

#### All burns:

- Air-conditioning – to maintain consistent temperature
- Vehicle modifications
- Pressure garments
- Splints

#### Upper limb burns:

- Modifications/small aids for taps, door knobs, window adaptations, cupboard doors, other locks
- Feeding aids, often customised
- Showering/bathing aids and adaptations, often customised
- Toileting aids, often customised
- Meal preparation aids, often customised
- Other activities of daily living aids eg, key adaptations, telephone adaptations, vehicle lock adaptations, computer adaptations and aids

#### Lower limb burns:

- Customised light-weight wheelchairs
- Shower chairs
- Bath/shower benches
- Toilet seats
- Grab rails
- Structural home modifications if mobilising in wheelchair eg:
  - Doorways
  - Ramps
  - Kitchen
  - Bathroom/toilet

## Home help guidelines

WorkCover has authorised 'home help' costs as a class of costs for the purpose of section 32(2)(i) of the Act.

In addition, section 26 of the Act identifies two goals for rehabilitation of injured workers:

1. to achieve the best practicable levels of physical and mental recovery
2. where possible, restore the worker to the workforce and the community.

As part of a worker's recovery and rehabilitation WorkCover will reimburse reasonably incurred home help costs (including gardening), if incurred as a result of their compensable disability.

### Definition of home help

WorkCover defines home help services as routine household tasks such as general house cleaning, washing, ironing, and basic gardening tasks such as lawn mowing etc.

Home help is intended to assist workers who are functionally unable to manage their household responsibilities to help them focus on recovery, rehabilitation and return to work.

### Determining requests for reimbursement of home help costs

Case managers will determine a claim for home help costs on a case-by-case basis, considering the nature and extent of the worker's injury, stage of recovery and individual household circumstances.

Case managers will seek to maximise a worker's independence by encouraging the worker to perform their own housework and gardening – where medically appropriate – to the stage of recovery. Case managers will also consider approving training in adaptive or other techniques and/or assistive equipment – where necessary and possible – to assist independence. These costs will need to be covered by an approved rehabilitation program/return to work plan.

When a case manager receives a request for the prior approval of home help costs, they must make a prompt decision to ensure services are available to a worker in a timely manner, particularly after injury or surgery. If required, the case manager will communicate with the treating medical practitioner and arrange for a suitably qualified medical expert to undertake an activities of daily living (ADL) assessment within five (5) working days of receiving the request. The case manager will review the ADL assessment, advise the worker of the accepted recommendations and assist the worker, if required, to organise the services within ten (10) working days of receipt of the ADL report.

### Approval for short-term services

**Note: The same considerations and criteria apply to a request for prior approval of home help costs.**

For the purpose of this manual, short-term home help services are defined as services that are required for less than 12 weeks.

For case managers to reimburse the costs of home help services the following criteria should be considered. The services must have:

- been provided by a registered business (not a family member or friend) and

- taken place in the worker's primary residence.

The case manager must also be satisfied of one or more of the following:

- The requirement for home help is a result of the worker's compensable disability.
- The worker was responsible for the tasks prior to their compensable disability occurring.
- The home help is necessary because the worker is unable to safely undertake home duties as a result of their compensable disability.
- The need for home help is supported by written evidence from a medical expert eg, a letter from a treating medical practitioner, specialist, hospital or allied health professional.
- The home help is necessary to enable the worker to participate in a rehabilitation program/return to work plan.

Case managers may decide not to reimburse the costs of home help services after taking into consideration the family/household members' ability to undertake household duties.

Case managers may decide not to reimburse the costs of home help for a worker who is physically capable of managing home activities but may take longer than usual to complete tasks. For example, a worker who took 10 minutes to wash dishes before their injury and takes 20 minutes to complete the same task after their injury may not have their claim for the costs for home help accepted except in cases where to undertake such work would be detrimental to their disability and recovery.

When deciding whether to reimburse or not reimburse the costs of home help services, case managers will consider the individual circumstances of the worker, length of time required to perform the task, and impact on the worker's psychological well-being and physical recovery.

As a worker's condition is normally expected to improve, a case manager should initially accept claims for the costs of home help services for a maximum of 12 weeks. This period could include a transition period, where the home help gradually reduces as the worker recovers, so the worker is able to safely and progressively resume their household responsibilities. The case manager must notify the worker and the medical practitioner of their preliminary estimate of such a period, including any transitional period as this will allow the feedback of information which may be relevant to revising such an estimate.

### **Approval for long-term services**

Long-term services are defined as services required for more than 12 weeks.

Some workers, particularly those who have a serious injury (see definition in this chapter) may require more extensive home help or services for a longer period.

Long-term home help assistance should still strive to maximise a worker's independence. When making decisions about home help services, case managers will consider the same factors as short-term services (see previous). However, the need for long-term services will require a more detailed assessment. Case managers must request an assessment by a suitably qualified medical expert (eg, occupational therapist (OT)) to determine what services are required to assist the worker and concurrently maximise their independence.

Case managers must advise a worker to notify them of any change in the worker's circumstances which affect their home help arrangements eg, if the worker's condition has improved or deteriorated, surgery has occurred or is planned or there has been a change in personal circumstances. The case manager will then review the need for ongoing home help. The case manager must specify in the worker's rehabilitation program or rehabilitation and return to work plan the worker's obligation to notify the case manager of any such change in their circumstances.

### **Review of services**

Case managers are required to review long-term home help to ensure the services remain appropriate, as the provision of services is expected to reduce as the worker recovers functionally. For serious injuries, an annual review is considered to be appropriate. Case managers should review other long-term home help every 12 weeks.

The review periods should be specified in the rehabilitation program/return to work plan.

A review is required when:

- the service review/preliminary estimate date is approaching
- a worker's personal or household circumstances have changed
- the worker's functional capabilities have changed.

### **Payment of services**

It is advisable that workers obtain prior approval from their case manager for the costs of home help services (including the nature and frequency of the service) to ensure the costs will be reimbursed.

Generally, case managers will arrange for the relevant service provider to invoice the claims agent directly. However, if a worker pays for the cost of approved home services directly (after the service has been approved and/or the cost is reasonable) case managers will reimburse the worker for the costs incurred.

### **Cessation of services**

Case managers will liaise with the treating medical practitioner before rejecting a claim for reimbursement of home help costs. They may also seek an independent medical/clinical opinion or Activities of daily living assessment to provide a second opinion about the need for services to continue and to assist in the decision-making process.

Where a case manager decides that home help is no longer required, the case manager will provide prior notice to the worker in writing and reject any further claims for home help by determination as required by the Act. If these home help services were arranged by the case manager directly, the case manager must advise the service provider accordingly.

### **Cessation of services when a claim is redeemed**

In case of a redemption, if on-going home help services were arranged by the cases manager directly and invoices for those services were paid by the claims agent, these services must be terminated by the case manager. The worker should be advised accordingly. In their letter to the home help service provider, the case manager must specify a date after which the claims agent will cease paying for the home help services.

## Types of services

The table below outlines home help costs that case managers may reimburse to workers. The table is a **general guide only and is not exhaustive**.

**The case manager will need to consider a worker's individual circumstances** when determining, eg:

- the nature and extent of home help required
- whether the support will assist in the worker's rehabilitation, return to work and/or restoration to the community
- whether the support is reasonably required as a consequence of the compensable disability
- whether the worker has family or other household members who could reasonably be expected to assist in performing the household tasks.

Activity	Tasks	Suggested conditions
General house cleaning	<ul style="list-style-type: none"> <li>• Kitchen</li> <li>• Bathroom/toilet</li> <li>• Sweeping</li> <li>• Vacuuming</li> <li>• Mopping</li> <li>• Cleaning stoves</li> <li>• Bench tops</li> <li>• Fridges</li> <li>• Dusting</li> <li>• Dishwashing</li> <li>• Changing bed linen</li> </ul>	<ul style="list-style-type: none"> <li>• Limited to internal cleaning required to maintain reasonable health and safety standards</li> </ul>
Washing/ironing	<ul style="list-style-type: none"> <li>• Washing clothing and linen in household washing machine</li> <li>• Hanging out and retrieving washing</li> <li>• Ironing clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Excludes dry cleaning</li> </ul>
Meal preparation and cooking	<ul style="list-style-type: none"> <li>• Basic meal preparation</li> </ul>	
Window washing	<ul style="list-style-type: none"> <li>• Wash internal and external windows</li> </ul>	<ul style="list-style-type: none"> <li>• Generally this service would only be considered in exceptional circumstances eg, serious injury claims</li> </ul>
Shopping/banking/paying bills	<ul style="list-style-type: none"> <li>• Shopping-related to food and cleaning products</li> </ul>	

Lawn maintenance	<ul style="list-style-type: none"> <li>• Lawn mowing</li> <li>• Trim edges around lawn</li> </ul>	<ul style="list-style-type: none"> <li>• Service is provided for the lawn around the current residential dwelling of the worker. This means that approval may only be given for the lawn directly around the house to be mowed not necessarily the whole parcel of land.</li> </ul>
Cleaning paved areas	<ul style="list-style-type: none"> <li>• Sweeping of paved areas</li> <li>• Removal of debris such as leaves</li> </ul>	<ul style="list-style-type: none"> <li>• Generally, this service would only be considered in exceptional circumstances eg, serious injury claims.</li> </ul>
Garden beds	<ul style="list-style-type: none"> <li>• Weeding garden beds or spraying weeds</li> <li>• Mulching</li> <li>• Pruning of plants</li> </ul>	<ul style="list-style-type: none"> <li>• Generally, this service would only be considered in exceptional circumstances eg, serious injury claims.</li> </ul>
Heavier garden tasks (once yearly tasks)	<ul style="list-style-type: none"> <li>• Clearing gutters</li> <li>• light pruning of trees</li> <li>• In high fire-risk fire areas and regional areas this may include general clearing of the immediate vicinity of the house</li> </ul>	<ul style="list-style-type: none"> <li>• Generally, this service would only be considered in exceptional circumstances eg, serious injury claims.</li> <li>• Limited to a frequency no greater than yearly</li> </ul>
Cleaning pools	<ul style="list-style-type: none"> <li>• Cleaning of pool</li> </ul>	<ul style="list-style-type: none"> <li>• Generally, this service would only be considered in exceptional circumstances eg, serious injury claims.</li> <li>• Limited to a frequency no greater than yearly</li> </ul>

## Housing modifications

As part of a worker's recovery and approved rehabilitation, WorkCover may reimburse reasonably incurred housing modification costs. This is in accordance with the provisions of section 26(3)(g) of the Act.

WorkCover may fund the reasonable cost of housing modifications for a worker residing in Australia where prior written approval has been obtained. All approved housing modifications must be included in a worker's rehabilitation program/return to work plan.

Case managers must be provided with evidence to support the need for housing modifications based on the individual's functional capabilities and access needs within the home directly related to the work injury.

This document provides guidance for case managers to help make decisions regarding housing modifications. Case managers will determine requests for housing modifications on a case-by-case basis and will consider the nature and extent of the worker's injury, stage of recovery and individual circumstances.

### Background

WorkCover recognises that some workers who have a work-related injury may require housing modifications to help them access their home and to maximise their independence.

WorkCover's claims agent will fund housing modifications after they have:

- received advice on housing modification options from a suitably qualified/experienced health professional
- considered all recommended housing modifications, including project costings and the practicality of modifying the existing dwelling.

Case managers will give consideration to all reasonable options when reviewing a request for housing modifications including the cost and items required for structural and non-structural housing modifications.

### Definition of home modification

Housing modification is defined as an alteration made to a worker's home in order to maximise the worker's functional capabilities, independence, safety and mobility.

For the purposes of this chapter:

- **home** refers to a domestic structure in which a worker resides eg, house, home unit or flat
- **rental property** refers to a home lived in by a worker where rent is paid to a private owner or Housing SA
- **semi-detached portable unit** refers to a building that can be positioned on vacant land/space close to the main residence
- **non-structural housing modifications** are temporary or minor external or internal alterations to a residential property and may include adding temporary external or internal ramping and handrails or repositioning a shower hose and attachments etc

- **structural housing modifications** are permanent external or internal alterations to a residential property and are usually considered for long-term needs. Structural modifications alter the internal or external structure of a house eg, widening and/or relocating doorways, fitting of permanent hoist mechanisms, adding a wet area shower/toilet or modifying an existing area. Where possible, existing materials will be re-used and replacement of items, where appropriate, will be with equivalent materials.

### **Determining requests for housing modifications**

The determination to approve housing modifications will be based on:

- the worker's need to reasonably access the home
- the worker's ability to undertake functional activities within the home
- the individual needs of the worker.

Case managers will consider the following when assessing requests for housing modifications:

- The worker's mobility, including the need to use a wheelchair or mobile shower chair (partial or total)
- The worker's ability to transfer from one place to another (eg, chair to bed etc)
- The worker's impaired upper limb function
- The worker's impaired thermoregulation (body temperature)
- The worker's visual impairment
- Any other reduced functioning of a physical, cognitive and/or behavioural nature, which may impact on the worker's functional performance
- All advice by a suitably qualified/experienced health professional
- Directions by the Workers Compensation Tribunal or Medical Panels SA
- The most appropriate and, where possible, cost effective option

### **Assessment for housing modifications**

An assessment for all structural and non-structural housing modifications must be completed by a suitably qualified/experienced health professional who:

- has knowledge of the Australian Standards for disability and access
- has experience in assessing appropriate housing modifications required for individuals with significant functional limitations, and
- is independent of the particular case.

### **When housing modifications may be funded**

Case managers may fund the reasonable cost of housing modifications for a worker residing in Australia, which they reasonably require due to a work-related injury, and – if funded – base their decision on an assessment and report provided by:



1. a suitably qualified/experienced health professional who:
  - provides clinical justification for the recommended housing modifications
  - provides all options available
  - provides detailed consultations with the worker and/or their authorised representative
  - ensures that recommendations comply with the relevant Australian Standards for disability and access and the Australian Building Codes
2. a contracted housing modifications project manager (in the case of structural and non-structural housing modifications as requested by the case manager) who:
  - clearly outlines the housing modifications to be undertaken
  - clearly outlines the costs and estimated timeframes for completion
  - ensures that recommendations comply with the Australian Standards for disability and access and the Australian Building Codes
  - ensures that recommendations meet current building regulations.

Case managers may fund housing modifications as a multi-step process depending on the worker's individual circumstances. For example, initial housing modifications may be undertaken to enable reasonable access/egress to facilitate timely discharge from hospital or the rehabilitation facility, while the remainder of the recommended housing modifications may be undertaken in a timely manner post-discharge.

Wherever possible, particularly for workers with a serious injury, case managers will make every effort to ensure that major housing modifications are completed prior to the worker's discharge from hospital or from a rehabilitation facility.

### **Landscaping**

Case managers may fund reasonable costs for landscaping in situations where:

- extensive damage to existing landscaped areas was the result of modifications to the worker's dwelling
- landscaping is required to ensure that the worker has safe access/egress around the property eg, raised garden beds or levelling/concreting ground areas for worker's access.

Case managers may approve landscaping services for the immediate area surrounding the worker's dwelling but not necessarily the whole parcel of land.

Case managers will determine the provision of landscaping services on a case-by-case basis to ensure that the individual needs of the worker are met.

### **Housing modifications for injuries that are not permanent or stable**

Case managers may fund reasonable costs of minor housing modifications or the provision of equipment (eg, ramps, hand rails etc) to enable a worker access to/egress from their home and to enable the worker to function within their home. The decision to fund will be based on the recommendations of a suitably qualified/experienced health professional.

Non-structural modifications are often temporary and not considered to be owned by the worker. Temporary housing modifications such as a ramp may be removed when they are no longer medically needed by the worker.

**Housing modifications WorkCover will not fund**

WorkCover will not fund:

- housing modifications for a person other than the injured worker
- housing modifications which are not related to the worker's needs arising from the work-related injury (unless such a non-work-related condition has been adversely affected by the work-related injury)
- housing modifications, where the owner or other responsible authority such as Housing SA has not given permission for the housing modifications
- upgrades of any materials required for housing modifications
- new items related to housing modifications, where the original items supplied in the recommended housing modifications are suitable for recycling
- furnishings, except where essential and when agreed by the case manager
- rent (with the exception of required property relocation and increased rental costs arising from such relocation)
- items or labour not included in the final contract for housing modifications originally agreed to by the case manager, unless prior approval has been obtained from the case manager
- housing modifications for a worker who resides outside the Commonwealth of Australia
- housing modifications to a dwelling that are deemed structurally unsuitable for modification by WorkCover's contracted builders.

**Housing modifications approval process**

Housing modifications must be approved in writing by the case manager/team leader prior to any housing modifications being commenced or payment made.

The case manager will ensure the housing modifications to be undertaken are:

- incorporated in an approved rehabilitation program/return to work plan
- approved by the home owner
- in accordance with the approved quotation
- in accordance with the plans and job specifications submitted to the value of the approved quotation
- carried out by WorkCover's contracted builders.

**Maintenance and repair costs for completed housing modifications**

WorkCover's responsibility reduces once the housing modifications are completed, notice of completion is received from the contracted builder and an approved payment for the housing modification is made.

WorkCover's contracted builders are responsible for the replacement or repair of any faulty goods within 12 months from the date in which the housing modification(s) have been completed and accepted by the worker.

However, case managers may approve repairs on a case-by-case basis, 12 months after the housing modifications are completed. For example, for wall damage caused by wheelchair use, deterioration of a wooden ramp etc.

Workers and/or their representative should contact the case manager to request such repairs. The case manager will then arrange for WorkCover's contracted builders to:

- a) inspect the work required
- b) advise if the repair is required due to a fault
- c) advise of the cost and time required to undertake the required work.

*The contracted builder will provide the case manager with a report of their findings to assist the case manager in determining whether or not to approve repair costs.*

WorkCover will not fund general repairs or enhancements the worker would incur regardless of the work-related injury eg, re-painting the external walls of the house.

### **Homes that cannot be reasonably modified**

If a worker does not reside in a home that can be reasonably modified, WorkCover may contribute a reasonable sum towards an alternative housing option. This may involve purchasing a semi-detached portable unit. The semi-detached portable unit will only include facilities specifically utilised by the worker, which cannot be accessed or modified within the main dwelling.

Case managers will use the report of a suitably qualified/experienced health professional to ensure alternative housing options suit the needs of the individual worker.

WorkCover may also contribute a reasonable sum towards the worker's relocation costs to another home. If relocation is considered the most appropriate option, case managers may approve the reasonable cost of:

- assistance to locate an appropriate home – this may include an assessment and report by a suitably qualified/experienced health professional and contracted housing modification project manager
- real estate agent fees
- bank fees relating to relocation costs
- stamp duty
- furniture removal
- utilities transfer fees (eg, electricity, telephone).

### **Factors that impact on the reasonable cost of housing modifications**

A suitably qualified/experienced health professional will consider the following factors when making recommendations regarding the suitability of the home for modification:

- The nature of the worker's injury as a result of the work-related injury

- How these injuries restrict the worker's ability to access/egress the home in which the worker resides and undertakes usual daily activities
- The extent of housing modification(s) required to allow the worker to complete their pre-injury daily activities
- Ownership of the property
- Length of lease of a rental property (usually a minimum of 12 months) – the suitably qualified/experienced health professional will confirm the length of the lease
- Anticipated period of occupancy in the dwelling to be modified eg, if the owner is intending to sell the property within a short-term period – this will be confirmed by the suitably qualified/experienced health professional
- The scale of the proposed housing modification(s) when considered in conjunction with alternative residential options

WorkCover's contracted housing modifications project manager will take into consideration the following factors when making recommendations regarding the suitability of the home for modification:

- The structural suitability of the home to be modified including size, age, design, surrounding terrain and condition of the dwelling
- Building materials required for the housing modification(s)
- Local planning regulations/building permits
- Any complex or unique circumstance associated with the proposed housing modification(s)
- Relevant Australian Standards and regulations ie, Australian Standards for disability and access, National Trust building regulations etc

The case manager may need to negotiate any necessary agreement or consent required for housing modifications with the building owner prior to WorkCover's contracted building provider commencing the housing modifications.

In cases where a claim has been accepted after the housing modifications have been completed and the modifications are associated with the work-related injury, the case manager will consider the above factors when determining whether or not to approve reimbursement of the housing modification costs to the worker and/or their family.

### **Rental properties that cannot be reasonably modified**

If a worker resides in a rental property which cannot be reasonably modified, the case manager may approve assistance to find a more suitable rental property. Assistance to locate the worker to an appropriate home may include:

- an assessment and report by a suitably qualified/experienced health professional
- a review of the selected property by a suitably qualified/experienced health professional to identify suitable residential options before a worker signs a rental agreement.

If the qualified/experienced health professional is not able to identify a suitable rental property, the case manager may consider approving reasonable costs for modifying a new home.

The case manager may also approve payment of the following:

- real estate agent fees
- furniture removal
- utilities transfer fees (eg, electricity, telephone).

### **Rent**

Case managers may reimburse workers for the difference in rent if the worker is required to move into another rental property which has a higher weekly rental payment.

### **If the worker chooses to build a new home or move into another home**

The case manager will require a suitably qualified/experienced health professional to review the selected property to ensure the property is suitable for the worker's needs before a worker commits to purchasing a property.

If a worker chooses to build a new home, case managers may pay the reasonable cost difference between building the home and the cost of structural and non-structural modifications required due to the work-related disability. For example, the case manager may pay the cost difference between a standard bathroom and a disability accessible bathroom being installed if required.

If a worker chooses to move into another home, the worker will need to consider their specific requirements as a result of their work-related injury. WorkCover does not consider it reasonable for a worker with significant functional limitations to move into a home where substantial housing modifications need to be undertaken to allow the worker to reasonably access the home. For example, if a worker chooses to move from premises where the terrain is reasonably flat to a very hilly terrain, it could make access to/from the house extremely difficult if the worker is in a wheelchair.

### **Home modifications for a secondary home in which the worker concurrently resides**

If housing modifications are to a worker's second residence (eg, a family member's home) where the worker regularly goes for respite care, the case manager will consider:

- the reasons for the request
- the nature and extent of housing modification(s) to the primary residence or any other previous housing modifications approved by WorkCover
- the anticipated amount of time that the worker is expected to spend in the secondary residence
- the suitability of the home to be modified.

### **More than one home modification**

Generally, major structural housing modifications will only be funded once per claim, unless there are exceptional circumstances eg, significant deterioration in the worker's condition. Once major structural housing modifications are completed, the worker owns – and is responsible for – the housing modifications.

If the worker chooses to sell their home with no reasonable justification, they will be responsible for funding the housing modifications to the new home.

When considering a request to fund subsequent housing modifications, the case manager will consider:

- the appropriateness of the new housing modifications
- the amount of time the worker occupied their previous residence
- the cost and extent of all previously funded housing modifications
- the financial impact on the worker as a result of selling their previously modified home.

Case managers may, on a case-by-case basis, consider funding more than one housing modification in the life of a claim if:

- a worker leaves the family home to live independently
- a worker and/or immediate family member is reasonably required to move location to access employment
- a worker is reasonably required to move location to access services more readily
- significant deterioration occurs in the worker's health as a result of the work-related injury.

#### **Short-term alternative housing costs while housing modifications are underway**

Case managers may assist with the provision of reasonable costs for short-term alternative housing if the worker is unable to access their usual home while their home is being modified. For example, the case manager may pay for a short-term stay in an accessible rental property, hotel, motel or serviced apartment.

#### **Funding for air-conditioning and heating**

Case managers will only fund the reasonable cost of air-conditioning and/or heating for workers with impaired thermoregulation caused by a work-related injury.

#### **Upgrade of materials**

Case managers will only fund standard materials and fittings as required by Australian Standards and the Australian Building Codes. However, the case manager may approve an upgrade of materials if a suitably qualified/experienced health professional recommends such an upgrade to help the worker maximise their independence.

If the owner of the property chooses to upgrade the standard of fittings, the additional cost incurred will be the owner's responsibility. The owner is to negotiate this directly with the WorkCover's contracted builder.

#### **Housing insurance**

It is the responsibility of the property owner to ensure that their home/building insurance covers any major housing modifications that have been made. The worker is encouraged to obtain advice from their insurance company or broker before housing modifications commence. If this is not obtained, the worker may not be covered in the event of an accident.

**Provision of services**

Case managers will engage housing modification service providers who are contracted with WorkCover. Contracted providers hold current public liability and professional indemnity insurance as well as complying with business law requirements.

Only the reasonable costs for housing modifications identified by a WorkCover contracted service provider and agreed to by the case manager/team leader will be funded.

**Section 43 payments**

Section 43 of the Act provides compensation for non-economic loss by way of a lump sum for permanent impairment. Such a lump sum payment to a worker is not intended to be used for the purpose of housing modifications or for the purchase of a more suitable dwelling or any of the other costs described above, if these modification costs can be met by WorkCover.

**Travel**

WorkCover will reimburse reasonably incurred travel costs where a worker travels to and from any place to receive medical services, hospitalisation or approved rehabilitation. This is in accordance with the provisions of section 32(2)(d) and 32(7) of the Act.

Case managers will determine travel cost reimbursements on a case-by-case basis, reflecting the worker's individual circumstances. For reimbursement to occur, the costs incurred must be reasonable and as a consequence of a compensable disability (subject to the maximum set through section 32(7)).

In the event that a worker requires taxi travel, airline travel, non-emergency ambulance travel or long distance travel by bus or train, all travel bookings should be made by the case manager.

Where transport is arranged by the workers, they must submit all claims for reimbursement of travel costs via a fully completed travel reimbursement form with any supporting evidence attached eg, letter from treating medical practitioner, specialist, hospital, allied health professional etc. Workers must submit this form within three months of the travel occurring for case managers to assess and reimburse travel costs if reasonable and appropriate.

**Private vehicle**

Case managers will reimburse workers for reasonably incurred private vehicle costs to travel for medical or like services in accordance with section 32(7) of the Act.

Case managers will reimburse workers at the rate as published in the Government Gazette by the Minister (refer to Schedule of Sums). This rate is the maximum reimbursement amount and there will be no additional reimbursement for costs such as petrol, vehicle maintenance or general wear and tear.

Workers must complete a travel reimbursement form and attach supporting evidence when seeking reimbursement for private vehicle use and submit the completed form within three months of the travel occurring.

However, where travel is required from a regional location, workers should seek the case manager's approval prior to commencing the travel to:

- ensure the most effective and cost efficient means of travel is used
- travel costs associated with private vehicle use will be reimbursed.

### **Parking**

Case managers will reimburse workers for reasonably incurred private vehicle parking costs resulting from travel for medical or like services in accordance with section 32(7) of the Act. Case managers will reimburse reasonable parking costs at the actual cost of the ticket.

Workers must complete a travel reimbursement form and attach supporting evidence when seeking reimbursement for private vehicle parking and submit the completed form within three months of the travel occurring.

### **Public transport**

Case managers will reimburse workers for reasonably incurred public transport costs (bus, train or tram) to travel for medical or like services in accordance with section 32(2)(d) of the Act. Case managers will reimburse reasonable public transport costs at the actual cost of the ticket.

Workers must complete a travel reimbursement form and attach public transport tickets when seeking reimbursement for public transport use and submit the completed form within three months of the travel occurring.

### **Long distance travel by bus or train**

Case managers will reimburse workers for reasonably incurred bus or train travel to and from a rural or remote area for a medical or like service outside the worker's region in accordance with section 32(2)(d) of the Act.

If a worker requires long distance travel by bus or train, all travel bookings should be made by the case manager. Workers must advise their case manager of the need for the travel at least five (5) working days before the required travel date. Payment for the travel will be made directly to the provider.

Where transport is arranged by the worker, a travel reimbursement form must be completed with the train or bus tickets attached and submitted by the worker within three months of the travel occurring. Case managers will reimburse reasonable long distance bus or train costs at the actual cost of the ticket.

Workers should advise the case manager and obtain prior approval to ensure the costs of long distance travel by bus or train will be reimbursed.

Economy transport must be used unless there is written medical evidence from a medical practitioner that another class of travel is required.

### **Taxi travel**

Case managers will reimburse workers for reasonably incurred taxi costs for travel to medical or like services in accordance with section 32(2)(d).

Case managers will consider the following when making decisions regarding reimbursement:



- Has the worker supplied written medical evidence from a medical practitioner that the worker is not able to travel by any other form of transport? – Written medical evidence can be in the form of a current WorkCover medical certificate (WMC) or a signed letter on the medical practitioner's letterhead.
- Has the medical practitioner specified in the medical evidence the anticipated period for which the travel will be required? – Prior travel approval will be for specific days or set periods only

If a worker requires travel by taxi, all bookings should be made by the case manager. Workers must advise their case manager of the need for the travel at least one (1) working day before the required travel date. Payment for the travel will be made directly to the provider.

To claim reimbursement for travel, workers must complete a travel reimbursement form and attach taxi receipts when seeking reimbursement for taxi use and submit the completed form within three months of the travel occurring. Case managers will reimburse reasonable taxi costs at the actual cost of the fare.

Workers should advise the case manager and obtain prior approval for travel by taxi to ensure the taxi costs will be reimbursed. Case managers will not provide cab charge vouchers to workers; they will make payment on a reimbursement basis only.

In accordance with the *Passenger Transport Act 1984* (or equivalent if in another state), taxis must be operated by accredited drivers and must be licensed.

## **Ambulance travel**

### ***Emergency***

Section 33(1) of the Act provides that, if the worker is injured at work during the course of employment and requires immediate medical treatment, the employer is required to provide the worker with immediate transportation (including travel by ambulance, where appropriate) to a hospital or medical expert for treatment.

On application by the employer, WorkCover will reimburse transportation costs incurred in excess of the amount prescribed by regulation (Refer to Schedule of Sums) in accordance with section 33(4) of the Act.

In other emergencies, case managers can pay for this cost directly to the ambulance provider rather than via reimbursement to the worker.

### ***Non-emergency***

Case managers will reimburse workers for reasonably incurred non-emergency ambulance costs to travel for medical or like services in accordance with section 32(2)(d) of the Act.

If a worker requires non-emergency ambulance travel they should advise their case manager of the need for the travel at least five working days before the required travel date. Payment for the travel will be made directly to the provider.

Where transport is arranged by the worker, a travel reimbursement form must be completed with receipts attached and submitted within three months of the travel occurring. Case managers will reimburse reasonable non-emergency ambulance travel at the actual cost of the travel.

Workers should advise the case manager and obtain prior approval to ensure the non-emergency ambulance travel costs will be reimbursed.

Case managers will consider the following when making decisions regarding reimbursement:

- Has the worker supplied written medical evidence from a medical practitioner that the worker is not able to travel by any other form of transport, and
- Has the medical practitioner specified in the medical evidence the anticipated period for which ambulance travel will be required (prior ambulance travel approval will be for specific days or set periods only).

### **Airline travel**

Case managers will reimburse workers for reasonably incurred airline travel costs to medical or like services in accordance with section 32(2)(d) of the Act.

If a worker requires airline travel, bookings should be made by the case manager. Due to the cost of air travel, workers should seek the case manager's prior approval to travel by air to ensure the cost of the travel will be reimbursed. Workers must advise their case manager of the need for the travel at least five working days before the required travel date. Payment for the travel will be made directly to the provider. Where possible, case managers will arrange airline travel for the worker to fly to and from their destination on the same day. However, a case manager may consider this inappropriate due to the worker's physical restrictions, availability of flights or the time of the appointment.

Where transport is arranged by the worker, a travel reimbursement form must be completed with airline ticket receipt attached and submitted within three months of the travel occurring. Case managers will reimburse reasonable airline costs at the actual cost of the fare.

Case managers will consider the following when making decisions regarding reimbursement:

- Is the required service available within the worker's region?

If the answer is 'no', then consider whether

- the cost of airline travel is the most cost effective form of travel in the individual circumstances of the worker
- there is written medical evidence from a medical practitioner that the worker is not able to travel by any other form of transport, and
- the medical practitioner has specified in the medical evidence the anticipated period that airline travel will be required (prior ambulance travel approval will be for specific days or set periods only).

Economy transport must be used unless there is written medical evidence from a medical practitioner that another class of travel is required.

### **Accommodation and associated costs**

Case managers will pay for workers' reasonably incurred accommodation and associated costs (such as meals) in connection with travel for medical or like services in accordance with section 32(2)(e) of the Act.

If a worker requires accommodation relating to travel for medical or like services, bookings should be made by the case manager. Workers must advise their case manager of the need for the accommodation at least five working days before the required date. Payment for the accommodation will be made directly to the provider.

Where accommodation is arranged by the worker, a travel reimbursement form must be completed with the accommodation receipt attached and submitted within three months of the travel occurring. Case managers will reimburse the actual cost of accommodation or amount fixed by regulation, which is the lesser (Refer to the Schedule of Sums). There are different rates for inter and intra-state accommodation. The amount fixed by regulation is the maximum amount payable and there will be no additional reimbursement for other costs. The amount fixed by regulation covers the cost accommodation (including meals).

Due to the cost of accommodation, a worker should obtain prior approval to ensure the accommodation and other associated costs will be reimbursed. Any incidental costs incurred, other than meals, are not compensable pursuant to the Act and cannot be reimbursed unless covered by an approved rehabilitation program or plan.

#### **Other travel costs not in association with medical and like services**

In some exceptional circumstances (most likely workers who are deemed to have serious injuries as per the definition of serious injury in this chapter), case managers may reimburse reasonably incurred travel costs associated with the following:

- social occasions
- daily activities, such as shopping
- attending appointments with advocates or representatives.

Case managers will consider a worker's particular circumstances and reimburse such costs on a case-by-case basis. These costs must be included in an approved rehabilitation program or plan.

#### **Family and personal attendant's entitlements to travel cost reimbursements**

Family is defined as a worker's spouse, partner, parent, guardian, sibling (where the sibling is the closest next of kin) or child of the worker or worker's partner.

Case managers may reimburse reasonably incurred travel, accommodation and other associated costs of a worker's family, including where the family member is an approved paid carer/personal attendant, where the following criteria are met:

- the worker has an accepted workers compensation claim and is admitted to hospital as an inpatient and the family of the worker must travel at least 75 kilometres (one way) to support the worker
- the worker's injury requires extensive support from family members eg, injury has been classified as a serious injury, or
- the worker requires support to attend subsequent medical or like appointments after release from hospital eg, the injury has been classified as a serious injury.

Case managers must approve family travel, accommodation and other associated costs through an approved rehabilitation plan or program.

## Child care guidelines

Section 26 of the Act identifies two goals for rehabilitation of injured workers:

- To achieve the best practicable levels of physical and mental recovery
- Where possible, restore the worker to the workforce and the community

As part of a worker's recovery and approved rehabilitation, WorkCover will reimburse reasonably incurred child care costs if incurred as a result of the compensable disability and where the costs are covered by an approved rehabilitation program/return to work plan. This is in accordance with sections 26(3)(f) and 32(2)(c) of the Act.

The aim is to maximise workers' independence (eg, by doing as much as possible of their own child care relevant to each stage of recovery). To achieve this, where necessary and possible, case managers should consider approving a worker with training in adaptive or other techniques and/or assistive equipment. This type of assistance should also be included in the worker's rehabilitation program or rehabilitation and return to work plan.

### Definition of child care

WorkCover defines child care services as duties and tasks associated with the direct care and supervision of a dependent child eg, feeding, bathing and safe play.

Child care services are intended to assist workers, who are functionally unable to manage their child care responsibilities, to enable them to focus on recovery, rehabilitation and return to work or restoration to the community.

### Payment/Reimbursement of child care services

A worker is entitled to be paid for the costs of child care services, where the costs are approved rehabilitation costs. Case managers approving child care services (including the nature and frequency of the service) are to include the approved services in a worker's rehabilitation program.

Workers who require child care service will need to obtain **prior approval** from their case manager.

Generally, once the services have been approved, case managers will arrange for the relevant service provider to invoice the claims agent directly. However, if a worker pays for the cost of the child care services directly (after the service has been approved and included in a worker's rehabilitation program/return to work plan), case managers will reimburse the worker for the costs incurred.

### Determining requests for the prior approval of child care services

When the case managers receive requests for prior approval of child care, they will make a prompt determination to ensure services are available to a worker in a timely manner, particularly following injury or surgery.

### Prior approval for short-term child care services

Short-term child care services are defined as services that are required for less than 12 weeks. Case managers will consider the following when making decisions regarding the approval of child care costs:

- Was the worker responsible for child care before they were injured? (Case manager will determine if an exception applies. An exception may include where prior to the injury the worker's partner was primarily responsible for child care but after the injury, child care is required because the worker's partner is visiting the worker who is in hospital directly following a traumatic injury and appropriate on-site child care facilities are unavailable.)
- Is the child care necessary because the worker is unable to provide - or to provide child care in a safe manner - because of their injury?
- Is the child care necessary to enable the worker to participate in a rehabilitation program or rehabilitation and return to work plan?
- Does the worker have family or other household members that could reasonably be expected to assist?
- Will the child care improve a worker's physical or mental recovery and/or promote their return to work or the community?
- Is the child care provider licensed by the Department of Education and Children's Services to deliver the child care services? Only licensed providers can be approved. A family member or friend cannot be approved for payment of child care services.

The following services are **not** to be approved for payment by case managers:

- Paid child care the worker used prior to the work-related injury
- Unpaid child care the worker used prior to the work-related injury eg, a family member or friend providing unpaid care for their child
- Child care provided by a family member or friend post injury
- Child care services for child care tasks the worker did not perform before the work injury (in the absence of exceptional circumstances)
- Additional expenses associated with caring for a child eg, meals, nappies, excursion fees or school uniforms (except where the child care cost is 'all inclusive').

As a worker's condition is normally expected to improve, a case manager will approve child care services for a maximum of 12 weeks only. The time limit could include a transition period where the child care gradually reduces as the worker recovers, so that the worker is able to take over their child care responsibilities progressively and in a safe manner. The case manager must notify the worker and the medical practitioner of the time limitation and any transition period.

Once the case manager has assessed a request for services, they must send a determination letter to the worker and a letter to the medical practitioner advising of the determination. If the case manager has approved child care services, the letters must specify the timeframe for approval, frequency and nature of the services and when reviews will be undertaken and that these details have been included in the worker's rehabilitation program. If the case manager has rejected child care services, the determination letter must state the reason(s) why a decision was made not to approve the child care services in a rehabilitation program. The worker can request a review of this decision.

**Prior approval for long-term child care services**

Long-term child care services are defined as services that are required for more than 12 weeks.

Some workers, particularly those, who have a serious injury (as defined in this chapter), may require more extensive and/or longer term child care services eg, transport to take children to and from school, personal care at home such as bathing or care of an infant at the worker's home.

Long-term assistance, where available and appropriate, should still strive to maximise a worker's independence by approving training in adaptive techniques or with assistive equipment.

When making decisions about child care provision, case managers will consider the same factors as for short-term services (see above). However, potential long term services require a more thorough assessment. Case managers must request a suitable medical expert assessment to determine what child care services are required to assist the worker and, concurrently, maximise the worker's independence.

Case managers must advise a worker for whom provision of child care services has been approved that the worker must notify the case manager of any change in their circumstances which affect child care arrangements (eg, if the worker's condition has improved or deteriorated, surgery has occurred or is planned, or there has been a change in personal circumstances). The case manager will then review the need for ongoing child care services. The case manager must specify in the worker's rehabilitation program or rehabilitation and return to work plan the worker's obligation to notify the case manager of any such change in their circumstances.

**Review of child care services**

Case managers are required to review long-term child care services at least every 12 weeks to ensure that services remain appropriate over time, as the need for services is expected to reduce with the worker's gradual recovery of their functionality.

For serious injuries, an annual review is considered to be appropriate.

The review periods should be specified in the worker's rehabilitation program or rehabilitation and return to work plan.

A review is required when:

- the service review/cease date is approaching, or
- the worker's personal or household circumstances have changed
- the worker's capacity has changed.

**Cessation of child care services**

To assist in their decision-making process, case managers may seek a second opinion through an independent medical/clinical expert about the need for continued services.

Where a case manager determines that child care is no longer required, the case manager will send a determination letter to the worker. This letter will notify the worker of the determination not to approve the payment of further child care services in their rehabilitation program and include the reasons. The letter should also include the worker's rights to review this determination.

**Types of child care services**

Only providers licensed by the \*Department of Education and Children's Services can deliver child care services. Providers include:

- Registered child care centres
- Family day care homes
- Out of school hours care facilities
- Vacation care facilities.

\*Refer to website <http://www.decs.sa.gov.au> for further information