

Information Bulletin

Post Acute Care for TAC Clients

October 2008

POST ACUTE CARE (PAC) SERVICES

The current TAC – PAC pathways allows for the delivery of PAC services to TAC clients from an acute or sub-acute ward admission for a short period until the client recovers function or TAC arranges delivery of services for the client.

The change, effective 1st of September 2008, enables TAC clients to receive PAC services for up to 4 weeks with an option to extend this to up to 8 weeks if it is determined that the client will no longer require ongoing service or care from TAC services beyond this time. PAC programs may elect to refer clients to transition to TAC services earlier than 4 weeks where indicated (e.g. an accepted TAC patient who has long term, complex support needs). PAC programs will not continue to provide services to clients who do not have an accepted TAC claim by the 4th week, and manage these patients as per usual processes.

Referral Information

- A medical certificate is **not** required for access/funding of PAC services for TAC clients
- A medical certificate will be required for TAC to arrange and fund additional services not provided through PAC, e.g. gardening/child minding. The client is responsible for obtaining and forwarding the certificate to TAC (**not** PAC staff)
- On conclusion of the PAC episode, the TAC will allow a 'grace period' for clients who require ongoing supports funded by TAC. TAC staff may negotiate alternate 'grace period' timeframes according to the individual client needs/circumstances. This will ensure service support continuity and allow sufficient time for the client to obtain a medical certificate to enable TAC to fund ongoing services.
- A medical certificate is **not** required for lodging a TAC claim - however, the accident must have been either attended by police or reported to the police
- Any PAC services provided to the client must be reasonable and for needs secondary to the accident, e.g. not pre existing medical conditions or social problems.

PAC Services may claim reimbursement payment from the TAC for patients who have an accepted TAC claim and required PAC services as a result of their transport accident injury(ies).

PAC can accept referrals for patients who:

- At the date of their discharge from a public hospital have the potential to make a TAC claim and are in the process of doing so; or
- Have lodged a Claim but the TAC has not made a decision regarding eligibility; or
- Have an accepted TAC claim and were not receiving TAC funded supports pre-admission

For existing TAC clients who have TAC funded supports in place prior to acute or sub-acute admissions, or attendances in emergency departments, ward staff should **not** refer to PAC. Ward staff should contact the TAC on 1300 654 329 to arrange for TAC to re-instate the services on discharge, and discuss any additional support services (such as community nursing) that may be required.

Eligibility

Where TAC has accepted or subsequently approves eligibility, reimbursement of a daily rate will be made. The daily rate will apply from the period after the patient leaves hospital and commences receiving PAC services until the patient ceases to require post acute care services or is transferred to TAC Service providers. A costing analysis is currently underway with PAC services to establish the appropriateness of the proposed daily rate.

PAC Services can contact TAC Enquiries on 1300 654 329 to determine whether a claim has been received and accepted. PAC services may also contact the Hospital Discharge Managers at the TAC to escalate any issues as required.

PAC are not responsible for assisting patients to lodge a TAC claim. In some hospitals, staff such as Patient Liaison Officers or Private Patient Coordinators may be able to facilitate this process. The patient and/or representative can lodge a TAC claim over the phone on 1300 654 329.

Patient Liaison Officers (PLO) and Private patient Coordinators (PPC) in major trauma hospitals are aware of the TAC claim lodgement process. Approx 99% of claims once lodged are accepted by the TAC, and in approx 95% cases, a claim decision (accept or deny claim) is made within 4 days. TAC can expedite the claim assessment process if necessary, via a telephone call to the hospital discharge managers.

Completing the PAC Episode

The TAC requires that a closure summary be completed and faxed/sent to TAC for all TAC clients who have received a PAC episode. The TAC will use the summary for those clients assessed as requiring ongoing supports, the summary will assist the TAC to assess and manage the transition to TAC funded supports as eligible.

The agreement effective September 2008 entitles PAC to maintain patients for up to 8 weeks on PAC rather than 4 weeks where appropriate. If 6-8 weeks of supports will be all that is required, it is better for the patient that PAC provides the whole episode. However, if it is clear that the patient needs are complex, long term and of a high level, then the transition to TAC funded supports can be implemented earlier via the closure summary.

For clients requiring ongoing services, PAC services should fax the Post Acute Care Closure Summary to the TAC on (03) 9656 9345 a minimum of one week prior to PAC end date to enable the TAC to review and arrange reasonable support services that the patient is eligible to receive under the Transport Accident Act 1986.

TAC will consider the assessment outlined on the closure summary form in order to transition the patient onto their services as eligible.

TAC Service Exclusions

- The TAC can fund home help for a client who has sustained an injury in a transport accident which impacts on **their** ability to perform Home Services for themselves and/or for others within their primary household. The TAC cannot fund home help to families on a child's claim (e.g. if the parents/carers were not injured). If the injured patient is a carer, e.g. for children or a dependent relative, they should submit a claim for assessment.
- TAC do not fund meals on wheels. If PAC do, this will not be available on transition to TAC services.

Invoicing on completion of PAC episode

PAC Services will be required to submit individual invoices for each eligible TAC client. It is important to note that the daily rate invoiced to the TAC covers the reimbursement of all services organised by PAC that a patient requires for a safe discharge.

This includes home nursing services provided by a nursing agency that are organised as part of the PAC program. A separate charge cannot be raised by the nursing agency and billed to the TAC.

PAC Services will require a TAC Provider number. TAC will issue a provider number for a PAC Service as part of the first claim process.

When billing for reimbursement of PAC services please include the TAC item number PAC999 on invoice.

Information that TAC requires to be provided on invoices

- Client details
- Client's family name and given name(s)
- Client's date of birth - if claim number not known
- Date of transport accident - if claim number not known
- Client's TAC claim number, if known

Service details

- Services will need to submit an invoice for each TAC client.
- Dates of service
- TAC Item number (PAC999)
- Service description e.g. PAC service
- Charge for the service in accordance with the TAC agreed fee (\$27 daily fee)
- Total charge for invoiced items

Service provider details

- TAC provider billing number
- Service provider billing address
- Service provider practice/clinic address

Account information

- Accounts must be addressed to the TAC
- All invoices must comply with Australian Taxation Office requirements

The provider's Australian Business Number (ABN) for accounts in excess of \$75

The billing processes and fees remain as per the Fees Manual and Hospital Circular: 4/2008 and can be accessed via the following websites:

Fees Manual	http://www.health.vic.gov.au/feesman/
Hospital Circular	http://www.health.vic.gov.au/hospitalcirculars/circ08/circ0408.pdf

Future steps include monitoring and reviewing PAC services provided to TAC clients including data analysis.

Who to contact?

- For information about the TAC claim and entitlements including 'non-PAC' services, contact TAC General Enquiries on 1300 654 329
- For information on PAC services, please contact your local PAC Coordinator