



Introduction

It is hard to believe we are half way through 2011. This year marks the 70th anniversary of the Siege of Tobruk and the Battle for Greece and Crete. I would like to take this opportunity to highlight these anniversaries and pay our respects to those who gave their lives and for their efforts during those conflicts so many years ago.



DVA has celebrated NAIDOC week for 2011. NAIDOC is a celebration of Aboriginal and Torres Strait Islander cultures and an opportunity to recognise the contributions of Indigenous Australians in various fields. The theme for 2011 is 'Change – the next step is Ours'. For more information go to: www.naidoc.org.au

As always we continue to focus our attention on improving all aspects of our service delivery arrangements. A broad range of topics are featured in this edition of DVA InPHo including:

- **Who is a DVA cardholder**, the importance of recognising DVA clients and how they can be of any age;

- **New Fee Structure and Statutory Registration for Allied Mental Health Care Providers;**
- **Veterans Health Week – 24-28 October 2011.**
- The commencement of DVA's innovative new health program, the **Coordinated Veterans' Care (CVC) Program;**
- **Inviting your feedback on the DVA hospital discharge planning seminars**, how we can better assist you and your facility;
- **Changes to the supply of Mobility and Functional Support (MFS) Products and Services;**
- **Information on the Rehabilitation Appliances Program (RAP)** and how to prescribe for aids and appliances;
- **New supplier arrangements for the supply of Home Medical Oxygen Therapy (HMOT);**
- **The use of electric scooters for eligible veterans;**
- **DVA trade exhibits** at health provider association conferences; and

- **Q&A segment** with answers based on some questions raised at the Hobart Discharge Planning Seminar.

I look forward to catching up with you when I am next in your State or Territory. I hope you find issue #6 informative and I encourage you to share this with other staff in your facility.

On behalf of DVA I would like to once again take this opportunity to thank you for the care you provide to the veteran community.

Letitia Hope
National Manager, Primary Health



3-10 JULY | **Change:**
2011 | *the next step is ours*



Have you heard about the Coordinated Veterans' Care Program?

The Coordinated Veterans' Care (CVC) Program, which commenced on 1 May 2011, is an innovative new health program for eligible DVA Gold Card holders who have chronic disease, complex care needs and who are most at risk of an unplanned hospitalisation.

The program will provide ongoing planned and coordinated care, based on an individualised Care Plan for an expected 17,000 or 10% of DVA Gold Card holders living in the community by 2014.

Under the program, a General Practitioner (GP) along with a practice nurse or a DVA contracted community nurse will work closely with participants to understand their health needs, assist in managing

their conditions and plan and coordinate their ongoing care. CVC Program participants whose health is most affected by social isolation may also receive new social assistance services through an expansion of the existing Veterans' Home Care program.

The program primarily targets Gold Card holders with congestive heart failure, coronary artery disease, pneumonia, chronic obstructive pulmonary disease and diabetes, but is available to anyone whose GP assesses them as eligible. DVA will progressively identify and write to the target group throughout 2011 to encourage them to seek an eligibility assessment from their GP. Hospitals can also recommend that an inpatient see their GP for an assessment as part of their discharge plan.

Program participants will have a patient friendly Care Plan, which they are encouraged to take with them should they be admitted to hospital. The hospital should contact the patient's GP or nurse coordinator to advise of the admission and agree on the best way to coordinate the discharge process. The discharge process and the respective roles to be played by the discharge planner and the nurse coordinator need to be agreed on a case-by-case basis, with the major determinant being "what will work best for the patient". The existing relationship between the patient and the nurse coordinator should also be considered.

For further information about the program visit www.dva.gov.au/cvc.htm



Coordinated Veterans' Care Program



Review of DVA Hospital Discharge Planning Seminars

The second national series of DVA's hospital discharge planning seminars entitled, *From Admission to Discharge and Beyond: best outcomes for veterans and older patients*, has now been completed with the final seminar taking place on 7 April 2011 in Hobart.

The seminars were designed for health professionals from public and private hospitals throughout Australia, who are responsible for the discharge planning process for the veteran community. They generally consist of short presentations by DVA staff on the range of DVA-funded health services which can be coordinated prior to a patient's discharge following an acute hospital admission. General

practitioners are also invited to talk about discharge planning from their perspective.

Over the past four years DVA has presented two seminars bi-annually in each state and the Australian Capital Territory, and it's now time to review the format, content and presentation of the seminars.

If you've attended one of these seminars you may recall that participants were asked to complete an evaluation of the seminar program. DVA values this feedback and uses it to modify subsequent seminar programs to better meet participants' needs.

DVA would appreciate your feedback on these seminars and you are invited to forward your suggestions by email to: providerpartnering@dva.gov.au



DVA Hospital Discharge Planning Seminars in 2011

DVA will be holding hospital discharge planning seminars in 2011 in the following locations:

- **Sydney, NSW on 18 August**
- **Melbourne, VIC on 10 November**
- **Brisbane, QLD on 30 November**

If you would like an invitation to a seminar in your State, you can register your interest by email to the address below. Please include your name, position, name and address of hospital, email address and telephone number.

The Provider Partnering team hopes to see you at the next DVA hospital discharge planning seminar in your State.

Where do I go for more information?

Email: providerpartnering@dva.gov.au



Changes to the supply of Mobility & Functional Support (MFS) Products and Services

DVA has finalised an open tender process for the supply of Mobility & Functional Support (MFS) products and services under the Rehabilitation Appliances Program (RAP). This includes minor home modifications and off-the-shelf orthoses. From 1 May 2011, MFS products will be supplied to DVA eligible persons under new national arrangements.

From 1 May 2011 the suppliers contracted to provide MFS products and services nationally on behalf of the Department are:

Supplier	Phone	FAX General
Aidacare	1300 888 052	1300 787 052
Allianz Global Assistance (formerly Mondial)	1800 857 715	1800 653 556
The Country Care Group	1800 727 382	1800 329 382
Invacare Australia	1800 069 642	1800 814 367
ParaQuad	1300 799 243	1300 799 253

All of these suppliers are experienced in providing RAP & HomeFront products and services, having been contracted to the Department for a number of years. These suppliers have a vast sub contractor network

across the country. Prescribers may choose any of these DVA suppliers to provide equipment which is clinically necessary for the eligible person.

If the MFS supplier known to you is not listed above you may find that they are a sub contractor to one or more of those listed. Details of sub contractors can be obtained from the suppliers above. Equipment requests must be forwarded directly to the prescribers chosen DVA contracted supplier as sub contractors will be unable to accept such requests.

The new contractual arrangements will have no effect on the eligibility of entitled veterans and war widow(er)s who will continue to be able to receive MFS products and services to meet their clinical needs.

Provision of MFS products is based on an assessed clinical need and prescribers are required to complete the D992 Direct Order Form which can be found on the DVA website at www.dva.gov.au/service_providers/rap/Pages/rap%20index.aspx. The Department has updated the form to include contact details for each of the suppliers listed above.

For a veteran requiring MFS equipment on discharge from hospital for an ongoing clinical need, the prescriber should forward the completed Direct Order Form directly to one of the Department's contracted suppliers, listed earlier.

For more information

Should you have any queries or would like to discuss the information further:

As a veteran, the carer of a veteran or family member, please contact:

General enquiries

Telephone: 133 254

Regional callers: 1800 555 254

Nearest VAN Office: 1300 55 1918

Email: GeneralEnquiries@dva.gov.au

Prescribers contact the DVA Provider Hotline:

1300 550 457 (metropolitan areas)

1800 550 457 (regional areas) and

select Option 1 for RAP.



Rehabilitation Appliances Program Prescription Forms

The Department's Rehabilitation Appliances Program (RAP) provides a wide range of aids and appliances to veterans. The aim of RAP is to minimise the impact of disabilities and to enable a person to derive significant improvement in their independence in basic functional activities of daily living, resulting in an enhanced quality of life.

The RAP National Schedule of Equipment lists those items most frequently provided to assist entitled members of the veteran community as part of overall management of their health care. The RAP Schedule also indicates whether items require prior financial authorisation by the Department. All RAP equipment is provided solely on the grounds of assessed clinical need by the nominated health providers listed in the Schedule.

RAP has dedicated prescription forms for Personal Response Systems (PRS), CPAP, Home Oxygen Therapy and Continence items. Most other items may be prescribed using the D992 Direct Order Form for RAP Mobility and Functional Support Products.

To ensure that DVA's contracted suppliers can deliver the required items in a timely manner, it is vital that the form be filled in accurately, including the correct RAP Schedule and Product Catalogue numbers and specifications as appropriate. Please also note the following:

- DVA contracted suppliers are able to assist you with correct Product Catalogue codes if necessary;
- only tick 'urgent' or 'palliative' if appropriate;
- where an item requires prior approval, please attach clinical justification to the request;

- for requests relating to white card holders, please attach clinical justification to the request; and
- ensure that the 'Hospitals Discharge Details' section of the form is filled in where the equipment is related to the entitled person's discharge from hospital.

If a DVA client is likely to require more complex home modifications, please do not hesitate to refer them to a private OT to complete a home assessment.

Links to the RAP Schedule, contracted supplier details and all RAP Prescription forms can be found on the DVA website at: www.dva.gov.au/service_providers/rap/Pages/index.aspx.

To contact RAP, phone:
1300 550 457 (metro) or
1800 550 457 (country)
and select Option 1.



New supplier arrangements for the supply of Home Medical Oxygen Therapy (HMOT)

DVA funds the provision of HMOT products and services through the *Rehabilitation Appliances Program* (RAP) to DVA eligible persons with a clinically assessed need. Provision of products is arranged by an appropriate health provider through DVA contracted suppliers.

From 1 February 2011, following the outcome of an open tender process, HMOT and associated services will be supplied nationally to DVA eligible persons by one of two suppliers. This is in contrast to the previous HMOT contract where suppliers covered specific geographical areas.

The suppliers contracted to provide HMOT products and services nationally on behalf of DVA are Air Liquide Healthcare (ALH) and BOC Limited. Both of these suppliers are experienced in providing HMOT, having previously been contracted to the Department. Prescribers may choose either of these suppliers to provide oxygen equipment.

Provision of HMOT is based on an assessed clinical need and prescribers are required to complete the *Application for Home Medical Oxygen Therapy* Form which can be found on the DVA website along with the *Guidelines for*

Prescribing Home Medical Oxygen and the contact details for suppliers. For veterans requiring HMOT on discharge from hospital, if the need for oxygen has been clinically assessed as ongoing, the prescriber should forward the *Application for Home Medical Oxygen Therapy* directly to one of the DVA contracted suppliers. This represents a change for prescribers in public hospitals in New South Wales and Victoria where historically public hospitals have provided HMOT for the first 30 days after discharge.

The new contract arrangements will have no effect on the eligibility of entitled veterans and war widow(er)s who will continue to be able to receive HMOT products and services to meet their clinical needs. There will be no disruption to the supply arrangements or change in the nature of the products and services provided. Veterans currently receiving HMOT through a supplier no longer contracted to DVA will continue to be provided oxygen through that supplier until the service is no longer required.

For any enquiries in regard to supply or entitlement of HMOT products and the new supply arrangements please contact RAP on 133 254 or visit the DVA website at: www.dva.gov.au/service_providers/rap/Pages/rap%20index.aspx.





Scooters and DVA

The Department's Rehabilitation Appliances Program (RAP) provides a range of mobility appliances to veterans, including electric scooters. The use of a scooter can enable a person to derive significant improvement in their independence in basic functional activities of daily living, resulting in an enhanced quality of life.

Scooters are only provided to veterans whose clinical need for the scooter relates to a war caused condition or disability. A number of functional and social criteria also need to be met, such as the veteran not having reasonable access to viable alternatives for transport.

When processing an application for a scooter, RAP initially requires the veteran's treating GP to provide information such as clinical conditions affecting mobility, visual status and any conditions or personal behaviours which may affect the veteran's ability to use the scooter safely, i.e. use of alcohol and/or medications. RAP will send a questionnaire to the GP to collect this information.

It is very important that a veteran has sufficient physical skills (particularly hand function) and behavioural competencies to operate the scooter. The veteran must not have problems with visual, cognitive, visual-spatial or other higher cortical functions or medical conditions which would make them a danger to themselves or others.

DVA recommends that veterans wear a safety helmet when operating a scooter.

If found to be eligible GPs may then refer their DVA patients to an OT for an assessment for a scooter. This assessment will be considered in relation to the relevant criteria for supply by RAP. If appropriate, approval is given for the OT to conduct an on-road assessment to ensure that the veteran is competent and safe in the use of the scooter.

For further information regarding scooters and other aids and appliances, please visit www.dva.gov.au/service_providers/rap/Pages/index.aspx or phone RAP on: 1300 550 457 (metro) or 1800 550 457 (country) and select Option 1.





DVA Exhibits at Health Provider Conferences

DVA is looking forward to a busy time during 2011 meeting with a cross-section of health service providers at various trade exhibits throughout Australia.

These events provide excellent opportunities for health service providers to visit the DVA exhibit to meet DVA staff and to access a broad range of resources about DVA-funded health services available to the veteran community.

DVA will feature trade exhibits at the following conferences for 2011:

- Australian Dental Prosthetists Association 21st Biennial National Conference, Darwin, 23-26 August;
- 12th International Mental Health Conference, Gold Coast, 24-26 August;
- Australian Disease Management Association Conference, Canberra, 25-26 August;
- The Australian Psychological Society (APS) 46th Annual Conference, Canberra, 4-8 October;
- Royal Australian College of General Practitioner's (RACGP) GP11 conference in Hobart 6-8 October;
- Australian Private Hospitals Association (APHA) National Congress, Sydney, 16-18 October;
- Australian Association of Practice Managers (AAPM) National Conference in Perth 18-21 October;

- Australian Military Medicine Association (AMMA) conference to be held in Melbourne 21-23 October;
- The 9th Annual Allied Health Professions Australia (AHPA) Conference, Canberra, 23-25 October;
- Australian Physiotherapy Association Conference, Brisbane, 27-30 October;
- Australian General Practice Network (AGPN) National Forum in Melbourne 16-19 November;

DVA staged exhibits at the following recent conferences:

- Occupational Therapy Australia (OTA) Conference, Gold Coast, 29 June – 1 July;
- Pharmacy Expo 2011, Sydney, 17-19 June;
- Dieticians' Association of Australia Conference, Adelaide, 27-28 May;
- Pharmaceutical Society of Western Australia Seminar, Perth, 15 May;
- Australasian Podiatry Conference, Melbourne, 26-29 April;
- 34th Australian Dental Congress, Brisbane, 31 March – 2 April;
- Prostate Cancer Foundation of Australia, NSW/ACT Chapter Conference, Canberra, 19-20 March;
- 11th National Rural Health Conference, Perth, 13-16 March.

Hope to see you at a conference in your city.

Where do I go for more information?

Email: providerpartnering@dva.gov.au





Q&A from DVA's Hospital Discharge Planning Seminar in Hobart

DVA's hospital discharge planning seminar entitled, *From Admission to Discharge and Beyond: best outcomes for veterans and older patients*, took place in Hobart on 7 April 2011. The seminar was designed for health professionals from public and private hospitals throughout Australia, who are responsible for the discharge planning process for the veteran community.

At the seminar in Hobart the following questions were raised. DVA would like to share the answers to these questions with you and hope that they will assist you when caring for the veteran community.

Hospitals

Q. Are there set days that the hospital is required to contact the patient under the Enhanced Discharge Planning (EDP) Program – for instance must they contact them on day 1, day 7 and day 14?

A. It is up to the facility to include an appropriate level of follow up when submitting its program proposal for approval by DVA. There is an expectation of contact being made within 24 hours after discharge. Further contact would be dependent upon the individual patient's circumstances. DVA would expect there to be routine follow up but does not prescribe the follow up period.

Q. Why don't public hospitals have access to Enhanced Discharge Planning (EDP)?

A. DVA has funding arrangements with state and territory governments for purchasing public hospital services. Each of these arrangements has provisions in place regarding the discharge of veterans from public hospitals, and states and territories have their own strategies and programs in place regarding discharges.

Veterans Home Care (VHC)

Q. Can veterans receive home care services through Veterans' Home Care (VHC) and Home & Community Care (HACC) at the same time?

A. Yes, but only if the tasks provided under a service type are not a duplication of VHC services already in place. Examples of HACC services that may be accessed while a client is receiving VHC are some home & garden maintenance tasks such as routine lawn mowing and pruning.

Q. Can veterans receive Coordinated Veterans' Care (CVC) Program social assistance delivered through Veterans' Home Care (VHC) and Home & Community Care (HACC) Social Support at the same time?

A. In very limited circumstances some veterans or war widow/widowers may be eligible for CVC social assistance and HACC social support services provided there is no duplication of the type of activity undertaken. Where a veteran or war widow/widower has been enrolled into the CVC Program by their GP and their GP



has referred the participant for an assessment for CVC social assistance, VHC assessment agencies will:

- Consider which service/s will best meet the veteran's or war widow/widower's needs; and
- Make a service recommendation based on the needs identified through the VHC assessment.

Q. What gardening is covered under the Veterans' Home Care (VHC) program?

A. Home and garden maintenance services are usually one-off and related to keeping the home safe and habitable by minimising environmental health and safety hazards around the home.

Routine tasks such as regular lawn mowing, weeding, maintenance of flower beds and pruning are not generally approved unless there is a significant safety hazard.

Commonly approved tasks under this service type are gutter cleaning, external window washing and pruning of over hanging branches where a

safety hazard exists, such as a pathway being blocked.

For further information please refer to the Department of Veterans' Affairs (DVA) Factsheet HCS07 at:

<http://factsheets.dva.gov.au/factsheets/documents/HCS07%20Home%20and%20Garden%20Maintenance.pdf>

Q. Can veterans go from hospital to respite care if they attend via their home?

A. No. This practice would be against the intent of the DVA residential respite care arrangements. Residential respite is a break for the carer (or client if they are a self carer) from the caring role and is not intended to be an extension of an episode of hospital care.

Respite is booked and approved prior to admission to the residential aged care facility while the client is at home and intends to return home.

In planning a discharge, if a veteran can not return home and needs a further period of recovery from an illness or

an operation, DVA's convalescent care should be considered as residential respite is not appropriate in such circumstances.

Approval for convalescent care should be sought from DVA by the discharging hospital.

For further information please refer to the Department of Veterans' Affairs (DVA) Factsheet HSV06 at:

<http://factsheets.dva.gov.au/factsheets/documents/HSV06%20Respite%20Care.pdf>

& the Department of Veterans' Affairs (DVA) Factsheet HSV77 at:

<http://factsheets.dva.gov.au/factsheets/documents/HSV77%20Convalescent%20Care.htm>

Q. Can discharge planners refer veterans to the upcoming Coordinated Veterans' Care (CVC) Program?

A. Yes. You can recommend a veteran seek an eligibility assessment for the program as part of their discharge

planning process. The LMO/GP will make the final decision on eligibility.

The DVA website contains information regarding the CVC Program specifically a FAQ for hospital discharge planners, and can be found at:

http://www.dva.gov.au/health_and_wellbeing/health_programs/cvc/other/hospital/Pages/FAQS.aspx



Community Nursing

Q. Can we provide a list or link to a list of community nursing providers in Tasmania?

A. Yes, all DVA contracted providers are listed on the DVA web site:

http://www.dva.gov.au/service_providers/community_nursing/contracted_providers/tasmania/Pages/tasmania.aspx

Q. Are veterans on an Extended Aged Care at Home (EACH) package able to access the Department of Veterans' Affairs (DVA) nursing services if the limits of their existing EACH package have been reached?

A. A veteran cannot access DVA community nursing services whilst they are on an EACH package as it is considered a duplication of Commonwealth funding.

The DVA Community Nursing Guidelines state:

11.5 – A DVA-contracted community nursing provider cannot deliver community nursing services to an entitled person in the Extended Aged Care at Home (EACH) program. The EACH / EACH Dementia programs include the provision of community nursing services to meet all assessed clinical and/or personal care needs.

Q. How do discharge planners tell who is the current community nursing provider for a veteran?

A. If the veteran does not recall who the community nursing provider is, the discharge planner can ring DVA on 1300 550 466 to request this information.

Unfortunately, DVA cannot always tell who the provider is until the veteran has been receiving care for a month or sometimes longer. This is because the information is only available to DVA once the provider has submitted a claim for payment for the particular veteran.

Medical & Allied Health Services

Q. Can convalescent care be provided in Residential Aged Care Facilities (RACFs)?

A. Yes.

Q. Do discharge planners refer back to original occupational therapists or physiotherapists as with community nursing?

A. Yes, the discharge planner should refer to the most appropriate provider for the needs of the client.

Q. Will DVA pay for the veteran co-payment amount for Transition Care packages ?

A. From 1 March 2011, DVA will pay the Transition Care recipient fees for eligible former Prisoners of War (POWs) and recipients of the Victoria Cross (VC) who are liable to pay a daily copayment for care received in a residential or a community based commonwealth/state funded transition care program. Prior approval from DVA is required

RAP/HomeFront

Q. Can discharge planners/nurses prescribe Rehabilitation Appliance Program (RAP) equipment?

A. Yes, Registered Nurses (RNs) can prescribe specific items listed within the National Schedule of Equipment (the Rehabilitation Appliances Program (RAP) Schedule). Alternatively, upon discharge you can refer to an Occupational Therapist (OT) or Community Nurse in the community, especially where ongoing follow up is required.

Q. Can veterans who receive mobility aids whilst an inpatient take those aids with them to Residential Aged Care Facilities (RACFs)?

A. Not if the hospital is funded to provide for these items during the episode of stay in hospital. RAP will provide some equipment in preparation for discharge to enable education to occur. If the entitled person has equipment in situ they can take this to a nursing home providing the home is happy for this to happen. This does not include items which



RACFs are required to provide under their Commonwealth funding.

Q. What is the process for arranging Home Oxygen Therapy (HOT)?

A. Oxygen must be arranged through a contracted provider on request from a Respiratory Physician or a Specialist (such as an Oncologist). There are strict criteria published by the Thoracic Society of Australia & New Zealand.

Q. What if discharge planners do not have access to a respiratory physician – can a General Practitioner (GP) suffice for HOT?

A. You should contact RAP to discuss and they will advise you of the best referral to use.

Contact RAP, phone: 1300 550 457 (metro) or 1800 550 457 (country) and select option 1.

Q. Do we provide aids and appliances to veterans who are on Extended Aged Care at Home (EACH) or Community Aged Care Packages (CACPs)?

A. Not if the EACH or CACPs is funded to provide the equipment.

Q. Do podiatrists have the ability to order Medical Grade Footwear (MGF) and who are the suppliers?

A. Podiatrists can refer veterans' to DVA contracted suppliers for provision of MGF. A list of MGF suppliers will be available on the internet in the future, in the meantime lists may be requested through sarap@dva.gov.au.

RPBS

Q. It is very difficult to find the Repatriation Pharmaceutical Benefit Scheme (RPBS) on-line when it is updated quarterly. In particular the wound consumables, would it be

possible to have a link either e-mailed around or on the DVA website?

A. Link address at:

<http://www.pbs.gov.au/pbs/home>

Transport

Q. Does the Department of Veterans' Affairs (DVA) cover the cost of transporting a patient from hospital to an aged care facility if it is their first placement?

A. Yes, if this is becoming their new permanent residence, however, a decision is made on a case by case basis.

Q. Will the Department of Veterans' Affairs (DVA) cover the cost of transporting a veteran to respite care and on return to their home?

A. Yes – but not day respite.

Useful contacts

DVA Postal address:

GPO Box 9998 in your capital city

Provider enquiry numbers:

1300 550 457 (metro)

1800 550 457 (regional)

Web:

www.dva.gov.au/Pages/home.aspx

Fact sheets:

factsheets.dva.gov.au/factsheets/

InPHo:

www.dva.gov.au/service_providers/hospitals/Pages/index.aspx

Feedback about InPHo:

providerpartnering@dva.gov.au

Disclaimer:

This circular provides general information only. For specific enquiries, contact DVA on a provider enquiry number.