



Australian Government

Department of Veterans' Affairs

REHABILITATION APPLIANCES PROGRAM (RAP)

National Guidelines

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CHAPTER

1. INTRODUCTION.....	3
2. ADJUSTABLE BEDS.....	4
3. ASSISTIVE COMMUNICATION DEVICES	9
4. CLOSED CIRCUIT TELEVISION (CCTV)	15
5. CAR MODIFICATIONS	21
6. CUSTOMISED MANUAL WHEELCHAIRS	26
7. DRIVING ASSESSMENTS.....	30
8. ELECTRIC SCOOTERS & ELECTRIC WHEELCHAIRS	33
9. HOME MODIFICATIONS.....	44
10. PERSONAL COMPUTERS	51
11. PERSONAL RESPONSE SYSTEMS (PRS).....	56
12. PRESSURE CARE MATTRESSES	63
13. PERSONAL LIFTING DEVICES (HOISTS)	67
14. RECLINER CHAIRS.....	71
15. STAIRLIFTS	76
16. WATER CHAIRS AND PRESSURE-RELIEF CHAIRS	82
17. HIGH-LEVEL PRESSURE CARE CUSHIONS	86

Introduction

The RAP Guidelines

The RAP Guidelines have been prepared to assist Departmental delegates when determining approval for RAP items and to inform prescribers and suppliers.

Legislative basis

In accordance with the Treatment Principles, which are prepared by the Repatriation Commission under Section 90 of the *Veterans' Entitlements Act 1986*, the Department can supply treatment aids for eligible persons.

The aim of the RAP

The aim of the Rehabilitation Appliances Program (RAP) is to achieve and maintain functional independence and/or minimise disability as part of the provision of health care to entitled persons. RAP provides appliances for self-help and rehabilitation purposes, for exclusive personal home use.

The Program provides equipment:

- (a) according to assessed clinical need;
- (b) in an efficient manner of delivery;
- (c) towards meeting health care objectives;
- (d) in a cost effective manner; and
- (e) on a timely basis.

The equipment provided through the Program should be:

- (a) appropriate for its purpose;
- (b) safe for the particular entitled person;
- (c) part of the overall management of health care for the entitled person; and
- (d) specifically designed for persons with an illness or disability, and is not widely used by persons without an illness or disability.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 2

National Guideline
for
Adjustable Beds

(RAP Schedule Nos. AB01 & AB16)

Definition of an adjustable bed

An adjustable bed is a manual, hydraulic or electrically operated bed with position adjustments to the backrest and leg rest area, and/or adjustable bed height. There are three types of adjustable beds provided under the RAP item code number AB16:

1. mechanically operated;
2. hydraulically operated; and
3. electrically operated.

As adjustable beds are provided for entitled persons requiring a high level of nursing care within their homes, single beds are the most appropriate. Therefore only single beds are usually supplied.

Ancillary equipment

Accessories for adjustable beds are:

- self-help pole;
- bed sides;
- IV pole;
- adjustable length (drop-down ends);
- lockable castors;
- drainage bag holders;
- foot boards; and mattresses.

Australian Standards

The adjustable beds provided should conform to Australian Standard AS/NZ 3200.2.38 – 1997.

Prior to recommending an adjustable bed

Issues to consider

A number of issues should be considered:

- eligibility;
- clinical assessment; and
- clinical and functional criteria.

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war-caused injury/disease and/or as specified under Treatment Principle 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with adjustable beds through RAP as aged care providers would usually supply these items, when needed, under Parts 1.5 and 3.2 of Schedule 1 of the *Quality of Care Principles (1999)*.

However, DVA may consider providing the item if the requirements of this Guideline are met **and** the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Hospitals

The Department does not supply adjustable beds to entitled persons who are receiving in-patient treatment at a private or public hospital.

Assessment

An **assessment** and **report** by a prescriber is required to:

- provide clinical information to the Department to support the need for an adjustable bed;
- decide, in partnership with the entitled person (and/or their carer or representative) which type of bed is most appropriate, and provide clinical information to support this decision;
- provide advice and any necessary training for the entitled person and/or carer; and
- consider access issues, e.g.: where will the bed be used, access through doorways, hallways, etc.

Clinical criteria

The following clinical criteria *should* be met before approval will be given for the issue of an adjustable bed to an entitled person:

1. other assistive devices to improve bed mobility need to be ineffective;
2. a severe reduction in mobility causing him/her to be bed bound and/or require assistance with bed mobility and transfers;
3. a chronic medical condition requiring prolonged periods in bed;
4. an assessed clinical need to change positions frequently and is unable to do so;
5. a high level of nursing care which requires adjustable functions of the bed are required to give adequately this assistance;
6. the provision of an adjustable bed will allow the entitled person to be cared for in their home.

Functional criteria

The following functional criteria should be considered prior to the issue of an **electrically** operated adjustable bed:

1. the entitled person is without carer assistance for part of the day and is able to operate the functions of the bed independently;
2. the carer is unable to operate the adjustable functions of manually operated adjustable beds;
3. the ability of the entitled person to operate the functions of the bed independently decreases the level of care and allows some respite for the carer.

Reasons for not issuing appliance

An adjustable bed will not be approved if any of the following criteria are met. *Either*:

1. the request is for comfort only; *or*
2. the request is predominantly to replace the entitled person's existing bed; *or*
3. the items are considered standard household items.

When approval has been determined

Notification

When the Department has approved the issue of an adjustable bed, notification is sent to:

- the entitled person, detailing his/her responsibilities;
- the prescriber; and
- the supplier.

Entitled person's responsibilities

Maintenance

The entitled person needs to be able to personally maintain or arrange maintenance of the adjustable bed, which includes keeping it in safe working order.

Repairs

The entitled person should contact the supplier to arrange any necessary repairs (at the Department's discretion). Under no circumstances should the entitled person attempt to repair the adjustable bed.

The Department normally meet the cost of repairs due to normal wear and tear. The entitled person should meet the cost of any repairs due to misuse.

Safe usage

The entitled person should use the bed in a safe manner, and only in the manner for which it was designed.

Return of appliance

When the adjustable bed is no longer required, it should be returned as directed by the Department

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 3

National Guideline
for
**Assistive Communication
Devices**

(RAP Schedule Nos. BA03 & BA04)

Definition of an assistive communication device

An assistive communication device is a device that assists entitled persons who have lost the ability to communicate. Such devices range from communication boards, to computerised devices which may include a keyboard and screen display. These devices can also incorporate synthetic speech, memory functions and word prediction facilities.

Australian standards

There are no Australian Standards for assistive communication devices. If Australian Standards are developed, compliance is required.

Prior to recommending an assistive communication device

Issues to consider

A number of issues should be considered before recommending the provision of an assistive communication device. These are:

- eligibility;
- clinical assessment;
- functional criteria; and
- social criteria.

Eligibility

Eligibility is based on the requirements set out in Treatment Principles 11.3.2, 11.3.3 and 11.3.4 which are duplicated below:

“11.3.2 Subject to this Part, the Commission will provide or accept financial responsibility for the provision of electronic communication equipment only to veterans who are:

- (a) legally blind; or
- (b) severely handicapped.

11.3.3 For the purposes of paragraph 11.3.2, a legally blind veteran means a veteran:

- (a) whose legal blindness is war-caused or caused by a *determined condition* other than a *determined residential care condition*; and
- (b) who has a medically assessed need for the electronic communication equipment; and
- (c) who has been assessed by the Commission as being able to benefit from use of the electronic communication equipment.

Eligibility (cont'd)

11.3.4 For the purposes of paragraph 11.3.2, a severely handicapped veteran means a veteran:

- (a) whose severe handicap was war-caused or was caused by a *determined condition* other than a *determined residential care condition*;
- (b) who has a medically assessed need for the electronic communication equipment; and
- (c) who has been assessed by the Commission as being able to benefit from the use of the equipment because it would substantially improve the veteran's:
 - (i) communication skills; and
 - (ii) quality of life.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with electronic assistive communication devices through RAP as aged care providers would usually supply these items, when needed, under Part 2.1 of Schedule 1 of the *Quality of Care Principles (1999)*.

However, DVA may consider providing the item if the requirements of this Guideline are met **and** the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Assessment

A request for an electronic assistive communication device needs to be accompanied by an **assessment** and **report** by a Speech Pathologist. The assessment and report is required to:

- provide information to the Department to support the clinical, functional and social need for an assistive communication device. This should include information on:
 - the extent and nature of the functional speech limitation;
 - the extent and nature of any language or cognitive impairment;
 - the extent and nature of any functional problems with accessing a device (eg. inability to use hands, to see a keyboard or to use spelling);
 - the social and community support systems in place;
 - the communication partners and situations in which the entitled person will use the device;
 - the disadvantages the entitled person will suffer if a device is not supplied; and
 - the benefits in terms of maintenance of lifestyle/placement/mental health that it is expected will accrue from the supply of the device.
- Suggest a specific device for the entitled person considering all the above information plus:
 - the mobility of the entitled person and how portable the device needs to be;
 - the most economical appropriate device currently available;
 - the extent of the entitled person's computer literacy (where relevant); and

- the degree of support available from the treating speech pathologist.

- Provide any necessary training in the use of the device.

Clinical criteria

In addition to the functional and social criteria (below), the following clinical criteria should be met before recommending an assistive communication device:

- a medical specialist needs to certify that the entitled person is legally blind or severely handicapped;
- the entitled person needs to have a clinical condition that results in the need for an assistive communication device;
- limitations of function/vision/language and cognition needs to be addressed.

Functional criteria

In addition to the clinical criteria (above) and the social criteria (below), the following functional criteria should be met prior to recommending a particular assistive communication device:

1. the entitled person needs to have lost the functional ability to speak;
2. the entitled person needs to have sufficient physical and cognitive abilities to operate the device;
3. the entitled person needs to have a regular functional need to use the device;
4. the entitled person needs to be able to meet his or her responsibilities as indicated in the social criteria below.

Also, the recommended device should be the least costly device capable of meeting the entitled person's functional requirements.

Social criteria

In addition to the clinical and social criteria (above), the following social criteria should be met prior to recommending an assistive communication device:

1. the entitled person needs to live alone and have a communication deficit; *or* if living with a partner/carer the partner/carer is unable to assist with communication;
2. the entitled person should have inadequate social support to meet his/her functional needs;
3. the entitled person needs to require the device to maintain his/her network of social support;
4. the use of the device would prevent the entitled person requiring institutional or supported accommodation.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the entitled person, detailing his/her responsibilities;
- the prescriber; *and*
- the supplier.

The entitled person's responsibilities

Maintenance

The entitled person (or his/her carer) should notify the supplier if the assistive communication device is not in working order. Where the Department owns the equipment the entitled person/carer should arrange repair through the supplier (at the Department's discretion). In some areas, where equipment is hired, local arrangements may be made for repair or replacement at the supplier's cost without reference to DVA. The entitled person/carer should not undertake any repairs. Replacement of an Assistive Communication Device will be at the discretion of the Department.

Usage

The entitled person should use the assistive communication device safely and only in the manner for which it was designed.

Return of the appliance

When the assistive communication device is no longer required, it should be returned as directed by the Department.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 4

National Guideline
for
Closed Circuit Television
(CCTV)
(RAP Schedule No. AN11)

Definition of a CCTV

A Closed Circuit Television (CCTV) consists of a system connected to a dedicated monitor (black and white only), for the purpose of magnifying text and other images, to assist people with low vision.

Australian Standards

There are no Australian Standards for CCTV. If Australian Standards are developed, compliance is required.

Prior to recommending a CCTV

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war caused injury/disease and/or as specified under Treatment Principle 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility may be provided with a CCTV where the requirements as specified in this Guideline are met and the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Assessment

An **assessment** by a Prescriber is required to:

- provide clinical information to the Department to support the need for a CCTV;
- provide information on social and community support systems in place;
- explore and record alternative equipment options available to meet the clinical need; and
- provide advice and any necessary training if approved.

A full written **report** should accompany requests for the provision of CCTVs.

Clinical criteria

The following clinical criteria should be met before issuing a CCTV:

The entitled person should have either:

1. *Severe low vision*:
 - Distance vision (corrected) in the range of 6/60 or worse with the better eye, and/or
 - Near vision (corrected) in the range of N14, or worse.
2. *Blindness or near-blindness*:
 - Distance vision (corrected) in the range of 6/60 or less in the better eye, and/or
 - Significant field defects, and/or
 - No measurable near vision.

Functional criteria

The following functional criteria should be met before issuing a CCTV:

- The entitled person has a regular need to use a CCTV to effectively manage the necessary activities of daily living, which cannot be performed with the assistance of less expensive equipment.
- The entitled person should have a sufficient level of physical and cognitive function to operate the equipment.

Social criteria

The following social criteria should be met before issuing a CCTV:

- the entitled person lives alone; or
if living with a partner/carer and the partner/carer is unable to assist the entitled person due to a severe and permanent reduction in vision, other disability, or significant relationship breakdown.
- the entitled person has an inadequate network of social support that could provide the appropriate level of assistance to meet the entitled person's functional needs.
- the use of the equipment would prevent the entitled person requiring residential care or supported accommodation.
- the equipment is **not** sought primarily to meet recreational or vocational needs.

When approval has been determined

Notification

When the Department has approved the issue of the CCTV, notification is sent to:

- The entitled person, including a list of his/her responsibilities;
- The prescriber; and
- The supplier.

The entitled person's responsibilities

Maintenance

The entitled person should be able to keep the CCTV clean and in a safe working order.

Repairs

The entitled person should contact the supplier to arrange any necessary repairs (at the Department's discretion). Under no circumstances should the entitled person attempt to repair the appliance.

Safe usage

The entitled person should use the CCTV in a manner that is safe to the entitled person and others, and only in the manner for which the CCTV is designed.

The CCTV should be housed by the entitled person in a fully enclosed, weatherproof and secure area. Power needs to be from a hard wired source.

Return

When it is no longer required, the CCTV should be returned as directed by the Department.

Entitled person's Functional Status	
Physical function, including mobility and details of any equipment used	
Upper limb function	
Cognitive function and competence to operate a CCTV	

Entitled person's Social Situation	
The entitled person lives:	<input type="checkbox"/> alone <input type="checkbox"/> with a partner <input type="checkbox"/> other
Ability of partner/carer to carry out the tasks for which the CCTV is being requested, e.g. reading	

Assessment Results	
Provide details of alternative equipment trialed and the results	
CCTVs trialed and results	

Recommendation	
Full details (make, model and any necessary accessories) of equipment recommended, and the approximate cost. Justify your recommendation.	
Prescriber's signature	
Date	/ /200

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 5

National Guideline

for

Car Modifications

(RAP Schedule No. AP01)

Definition of car modifications

A car modification is a modification made to a car/van to allow an entitled person with a disability or dysfunction to enter and drive. These include modifications and equipment to assist with transfers, manual wheelchair transport (by way of hoists), seating needs of the driver, customised driving controls and devices.

This does not include the supply of optional extras to cars or vans (such as power steering, cruise control, air conditioning, etc)

Manual cars/vans will not be converted to automatic.

Modifications are only to be undertaken by appropriately qualified persons (registered where appropriate).

State legislative requirements

Modifications that require alteration(s) to the existing controls for driving may require local licence endorsement. In all instances, these modifications should conform with any relevant State legislative requirements.

Australian Standards

Australian Standards include “Motor Vehicle controls/adaptive systems for people with disabilities/general requirements” AS3954.1/1991, and “Motor vehicle controls/adaptive systems for people with disabilities/hand controls/product requirements”, AS3954.2/1991.

Prior to recommending car modifications

Initial request

The initial request for car modification/s should come from the specified Prescriber(s) LMO, S, OT. The request should provide all necessary clinical information.

Prior approval

Prior approval is required before proceeding with each stage of the modification process, that is:

- initial assessment;
- remedial lessons/reassessment; and
- installation of modifications.

Issues to consider

Prior to recommending approval for car/van modifications, the following issues should be considered:

- eligibility;
- clinical assessment; and
- functional criteria

Eligibility

Eligibility is based on the requirements set out in Treatment Principle 11.3.1 (c) which is duplicated below:

“11.3.1 Subject to this Part, the Commission will provide or accept financial responsibility for the following appliances only to veterans who have a medically assessed need for these items due to a war-caused injury or disease or a *determined condition* other than a *determined residential care condition*:

- (c) the supply of special vehicle driving controls and devices, if the veteran owns the vehicle and is licensed under relevant State or Territory law to drive a modified vehicle.”

A Departmental Medical Adviser (DMA) should determine if the medically assessed need for vehicle modifications is due to war-caused injury or disease.

If a DMA has any doubts as to whether or not the entitled person’s assessed clinical need for car modifications is actually due to an accepted WCI, the entitled person should be referred to a relevant medical specialist for an opinion.

Vehicle ownership & licences

The entitled person needs to verify ownership of the vehicle and possession of a suitably endorsed licence to drive a modified vehicle (if required) before DVA will proceed with modification.

If the vehicle was purchased with the knowledge of specific disability requirements that have not or cannot be readily met (eg. inadequate car boot space for wheelchair or inappropriate seat height and depth compromising transfer ability), DVA will not necessarily fund equipment and modifications.

The age and condition of the vehicle should also be taken into consideration. It may be more cost-effective to purchase a new or second-hand vehicle with the necessary modification rather than add the equipment to an older vehicle.

RAP will **not** be responsible for the purchase of a new or second-hand vehicle.

Assessment

Following the initial request, the Occupational Therapist is required to undertake an **assessment** and provide a **report** to the Department which details:

- the relevant clinical information which supports the request for car/van modification;
- details of the entitled person's physical, visual, cognitive, visual-spatial abilities, and level of impairment;
- the car/van modification required:
 - is the most appropriate;
 - has been determined in partnership with the potential user (and/or their carer);
 - other less expensive options have been explored (eg: manual lightweight wheelchair with quick release axles to enable car boot storage as an alternative to a car hoist); and
 - have been trialed to determine suitability;
- quotations for the modifications;
- details of any necessary training and advice that has been or will be provided.

Functional criteria

The following functional criteria should be met before approving car/van modifications:

1. the entitled person should have a permanent disability which impedes their ability to safely or independently drive an unmodified car or van;
2. the entitled person should not have problems with visual, cognitive, visual-spatial or other higher cortical functions or other medical conditions which would make them a danger to themselves or others (pedestrians or road users);
3. the entitled person should have an appropriate level of physical function to operate the car/van modification(s) safely; and
4. the entitled person should have a regular need for use of a car/van in order to satisfy outdoor mobility needs.

When approval has been determined

Notification

When the Department has approved the car modification(s), notification is sent to:

- the entitled person
- the prescriber
- the supplier, and
- the LMO.

Notification to the LMO

The LMO should notify the Department if the entitled person develops medical problems that may cause his/her use of the modified car/van to endanger him/herself or others.

Notification to the entitled person

The advice to the entitled person should include:

- information about the entitled person's responsibility to use the car modification in a safe manner in accordance with local and state

regulatory requirements;

- information about the entitled person's/carer's responsibility to report any changes in the entitled person's medical condition to his or her LMO or specialist;
- advice that the Department is not liable for any accident in which the vehicle may be involved; and
- recommendation that the entitled person should advise their insurance company of the car modification.

Entitled person's responsibilities

Maintenance

The entitled person should be able to personally maintain or arrange maintenance of the car/van modifications, which includes keeping the modifications in safe working order.

Repairs

The entitled person should contact the supplier to arrange any necessary repairs (at the Department's discretion). Under no circumstances should the entitled person attempt to repair the appliance.

The Department will meet the cost of any repairs required due to normal wear and tear. If repair costs are over \$350.00 prior approval needs to be sought and obtained. The cost of any repairs required due to misuse shall be met by the entitled person.

Safe usage

The entitled person should use the car modifications in a safe manner and only in the manner for which the modification was designed.

The entitled person should use the car/van modifications in line with Roads and Traffic regulations and hold an appropriate State/Territory licence, where required.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 6

National Guideline
for
**Customised Manual
Wheelchairs**
(RAP Schedule AP19)

Definition of manual wheelchair

For the purposes of these guidelines, a manual wheelchair is a manually propelled chair on wheels intended for use by people with disabilities. There are two types of manual wheelchairs available:

- standard; and
- customised.

Standard manual wheelchairs include lightweight, transit and, manually propelled wheelchairs. These wheelchairs are available under the RAP item number AP17.

Customised manual wheelchairs include amputee one-arm drive, ultra-light, tilt in space, and reclining models. These wheelchairs are available under RAP item AP19.

Ancillary equipment

Wheelchair accessories include:

- stump supports
- amputee board
- modified seating/postural support systems
- oxygen carriers
- wheelchair carrier (towbar not provided).

These accessories are available under RAP Item AP14.

Vehicle trailers are *not* provided by RAP.

Refer to Car Modification National Guideline (RAP Item AP01).

Australian Standards

The manual wheelchairs provided should conform to Australian Standard AS3695 - 1992.

Prior to recommending a customised manual wheelchair

Issues to be considered

Prior to giving approval for a customised manual wheelchair, a number of issues should be considered:

- eligibility;
- clinical assessment; and
- functional criteria.

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war caused injury/disease and/or as specified under Treatment Principle (TP) 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility may be provided with a customised manual wheelchair where the requirements specified in this Guideline are met and the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Assessment

An **assessment** and **report** by a prescriber is required to:

- decide, in partnership with the potential user (and/or their carer or representative), which type of wheelchair is most appropriate;
- provide clinical information to the Department to support the request for a customised manual wheelchair;
- arrange any necessary training and provide advice; and
- identify the need to provide minor home modifications e.g. access ramps and/or rail to entitled person's residence.

Functional criteria

The following functional criteria **should** be met before issuing a manual wheelchair:

1. the entitled person has a reduction in functional mobility;
2. the entitled person's ability to mobilise with or without the use of equipment does not meet his/her functional mobility needs;
3. the supply of the manual wheelchair is not inconsistent with other health care goals, e.g. the supply of the wheelchair would result in reduced ability to ambulate or reduce endurance;
4. the entitled person should have the capacity to derive improvement in their independence;
5. the entitled person has a **regular** need for use of the equipment i.e.: it would be used at least once/week;
6. the entitled person and/or carer should be able to operate the wheelchair in a safe and appropriate manner;
7. the entitled person does not have reasonable access to viable alternatives for transport, e.g.: public transport such as taxis, community transport programs, community buses, recreational transport allowance, etc, **and** is not independently mobile after departing from the car, transport, etc.

Note: the Department may provide wheelchairs on a temporary basis for conditions such as acute orthopaedic conditions. The same clinical criteria apply.

Reasons for not issuing appliance

A manual wheelchair will not normally be approved if it is required on a temporary basis for reasons such as social outings.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the entitled person, including a list of his/her responsibilities;
- the prescriber; and
- the supplier.

The entitled person's responsibilities

Transport

The entitled person and/or carer is responsible for transport of the wheelchair as required. A car hoist may be considered.

Maintenance

The entitled person and/or carer should be able to maintain or arrange maintenance of the wheelchair, which includes maintaining safe tyre pressure, keeping the appliance in safe working order, etc.

Repairs

The entitled person and/or carer should contact the supplier direct to arrange any necessary repairs (at the Department's discretion). Under no circumstances should the entitled person and/or carer attempt to repair the wheelchair.

The Department shall usually meet the cost of repairs due to normal wear and tear. The entitled person shall meet the cost of any repairs due to misuse.

Safe Usage

The entitled person and/or carer should use the manual wheelchair in line with relevant Roads and Traffic regulations.

When the wheelchair is not in use it should be housed by the veteran in a fully enclosed, weatherproof, lockable area.

Return of appliance

When the wheelchair is no longer required, it should be returned as directed by the Department.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 7

National Guideline
for
Driving Assessments
(RAP Schedule No. AP24)

Definition of a driving assessment

A driving assessment is an assessment of a person's driving skills undertaken by an occupational therapist with post-graduate qualifications in driving assessment, in conjunction with a suitably qualified driving instructor to identify a need for car/van modification(s).

Driving assessments do not include assessment for fitness to drive or cognitive ability to drive and/or driver rehabilitation/refresher lessons.

Remedial driving lessons

Refer to RAP Schedule number AP20

Prior to recommending a driving assessment

Initial request

The initial request for a driving assessment should be from an LMO or Specialist.

Prior approval

Prior approval is required before proceeding with the assessment process. This applies to both:

- the initial assessment; and
- remedial lessons/reassessment.

Issues to consider

Prior to giving approval for a driving assessment, the following issues should be considered:

- eligibility;
- assessment; and
- what prompted the need for the driving assessment.

Eligibility

The entitled person should have an assessed clinical need for a driving assessment due to a condition, injury or disease accepted by the Department as **war-caused**.

This applies to both Gold and White Card holders.

The entitled person needs to have a probable need for car modifications due to this war-caused injury or disease.

Assessment

Assessment and report by an occupational therapist with post-graduate qualifications in driving assessment, in conjunction with a suitably qualified driving instructor is required to address the following issues:

- the entitled person's visual, cognitive and visual-spatial abilities;
- level of impairment; and
- ability to operate the vehicle safely.

When approval has been determined

Recommendation

Once the driving assessment has been completed, a recommendation is made to:

- the entitled person, including a list of his/her responsibilities;
- the prescriber; and
- the State/Territory Licensing Authority.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 8

National Guideline
for
**Electric Scooters & Electric
Wheelchairs**

(RAP Schedule Nos. AP05 & AP16)

Definition of an Electric Scooter

A scooter is an electrically powered vehicle with three or more wheels intended for use by persons with disabilities. Their use is normally restricted to outdoor activities within the local environment.

Definition of an Electric Wheelchair

An electric wheelchair (EWC) is an electrically powered wheelchair intended for use by persons with disabilities, to improve their mobility in carrying out their daily living activities.

Ancillary equipment

The RAP does not provide vehicle trailers and equipment hoists for EWCs and Scooters.

Australian standards

The prescribed EWCs should conform to Australian Standards AS3695 and AS/NZS3696.

There are no Australian Standards for electric scooters. If Australian Standards are developed for electric scooters, compliance is required.

Which appliance is appropriate?

If, in the opinion of the prescriber and supported by the LMO, the entitled person is likely to develop a significant need to use an EWC indoors within the next six months from the date of supply, an EWC would normally be considered the most appropriate prescription.

Prior to recommending an electric scooter or electric wheelchair

Initial request

The initial request for an EWC or scooter must be from a Local Medical Officer (LMO) or medical specialist. Where a request is received from elsewhere, the LMO (as the case manager) must be contacted and asked for his/her opinion regarding the suitability of the entitled person being provided with an EWC or scooter. This should be in the form of a questionnaire (see **Attachment A**, “*Request for Electric Scooter and Wheelchair*”) and the accompanying DVA letter from the relevant State Office to the LMO (**Attachment B**).

The LMO should return the completed questionnaire and forward it to the relevant DVA State Office, for the attention of the DMA.

Issues to consider

Prior to giving approval for an EWC or electric scooter, a number of issues should be considered:

- eligibility;
- LMO referral and complete medical history;
- clinical assessment;
- functional criteria, and
- social criteria.

Eligibility

Eligibility is based on the requirements set out in Treatment Principle 11.3.1 (a) which is duplicated below:

“11.3.1 Subject to this Part, the Commission will provide or accept financial responsibility for the following appliances only to veterans who have a medically assessed need for these items due to a war-caused injury or disease or a **determined condition** other than a **determined residential care condition**:

- (a) the supply of electric wheelchairs or electric scooters;”

Subject to 11.3.5 of the *Treatment Principles* the Commission may provide an electric wheelchair to the veteran if he or she has an assessed clinical need for the appliance due to **malignant neoplasm**.

A Departmental Medical Adviser (DMA) is to advise the delegate if the medically assessed need for the item is due to a war-caused injury or disease.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility may be provided with a EWC or scooter where the requirements specified in this Guideline are met and the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACAP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Assessment

If the entitled person is resident in a private home:

The primary purpose is to satisfy functional needs rather than an entitled person's leisure and recreational requirements.

When requested by the Department an Occupational Therapist is required to undertake a functional **assessment** and provide a **report** to the Department which will include the following details:

- whether or not the entitled person:
 - i. has a current driver's licence (an electric wheelchair or scooter is unlikely to be issued if the entitled person has a current driver's licence) and whether any conditions apply to it;
 - ii. is still driving his/her car; or
 - iii. has lost his/her driver's licence, and if so, the reason for the loss;

and

- iv. has had a driving history that includes multiple accidents or incidents; and
- v. has access to another person driving them to and from destinations, e.g. a carer;
- the actual distance the entitled person can walk including details of the type of mobility appliance used;
- the actual distance the carer can push the entitled person in a manual wheelchair;
- the local terrain that the entitled person would be traversing either walking or utilising a mobility appliance including a manual wheelchair;
- the type of EWC or scooter which is being recommended and which has been decided in partnership with the potential user (and/or their carer or representative) following a trial;
- whether or not minor home modifications are required for access and storage;
- any necessary training and advice that has been or will be provided; and
- a recommendation for a safety helmet should accompany a recommendation for a scooter.

Note: DVA will not fund major home modifications to access storage facilities.

Functional criteria

Each of the following functional criteria should be met before issuing an EWC or scooter.

The entitled person *should*:

1. have a severe and permanent reduction in mobility. His/her functional mobility is unlikely to improve significantly with or without treatment or the provision of other rehabilitation appliances;
2. have the capacity to derive significant improvement in their independence in basic functional activities of daily living through the issue of an EWC or scooter;
3. have sufficient physical skills (particularly hand function), and behavioural competencies to operate the EWC or scooter in a manner safe to themselves and others. (DVA will not provide a scooter when standby assistance is required to ensure the entitled person is safe. This is not applicable to those entitled persons requiring an attendant-controlled EWC);
4. be unable to propel a manual wheelchair indoors or outdoors;
5. be unable to walk more than 50 metres and be unable to recommence walking following a rest in either the standing or sitting position;
6. be able to meet his/her responsibilities as indicated in the section of “Entitled Person’s responsibilities”.

The entitled person **should 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 (pedestrians and/or road users)

When attendant controls are recommended with the provision of an EWC, the entitled person’s **carer should** have all the skills required to operate the EWC in a manner safe to themselves and others.

Social criteria

The following social criteria should be met before issuing an EWC or scooter:

1. The request should be based on functional requirements and not on leisure or recreational needs;
2. The use of an EWC or scooter would facilitate the entitled person remaining in their own home;
3. The entitled person should live alone, and his/her restricted mobility is contributing to social isolation; *or*
4. When the entitled person’s reduced mobility is causing stress or relationship problems for the carer/spouse, and provision of an EWC or scooter will reduce these problems;
5. The entitled person does not have reasonable access to viable alternatives for transport (e.g. a carer who is able to drive, public transport such as taxis, community transport programs, community buses, recreational transport allowance, etc). The entitled person should also be unable to use a manual wheelchair with or without assistance from a carer after departing from the car or other means of transport.
6. The entitled person does not have a network of regular social support, such as regular visitors, or community support programs that provide the appropriate level of assistance to meet his/her functional needs.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the entitled person, including a list of his/her responsibilities;
- the prescriber; and
- supplier.

Notification to the LMO

The LMO should be advised of any limitations on the use of the EWC or scooter recommended by the OT assessor.

The LMO must notify the Department if the entitled person develops medical problems that may cause his/her use of the EWC or scooter to endanger him/herself or others.

Notification to the Occupational Therapist

The OT must be satisfied that the entitled person is competent and safe in the use of the EWC or scooter. This may require further training by the OT and/or the supplier.

Notification to the entitled person

The advice to the entitled person must include full details of his/her responsibility to transport, maintain, store and use the EWC or scooter correctly, as outlined below.

The entitled person *must*:

- keep the EWC or scooter clean and in safe working order, i.e. charge batteries and maintain safe tyre pressure; *and*
- obtain prior financial authorisation from the Department before arranging any repairs to the EWC or scooter, and must not undertake any repairs him/herself; *and*
- house the EWC or scooter in a fully enclosed, waterproof and lockable area when not using it; *and*
- be the sole user of the EWC or scooter, and must not lend, sell, modify, damage, destroy or otherwise dispose of it; *and*
- undergo further assessments from relevant health personnel to ascertain their competence if an accident should occur; *and*
- use the EWC or scooter in accordance with road and traffic regulations, and hold an appropriate State licence, where required; *and*
- wear a safety helmet when using a scooter; *and*
- report any changes in their medical condition to their LMO; *and*
- use the EWC or scooter in a manner that is safe to them self and others (the Department may withdraw the vehicle at any time if it is used in an unsafe or inappropriate manner) ; *and*
- organise relevant insurances:
 - third party;
 - comprehensive; and
 - personal injury

Limitations of use

In certain circumstances, the LMO may recommend that the use of an EWC or scooter may be limited. Limitations may include the following:

- the entitled person may require supervision when using the EWC or scooter outside his/her property (including retirement villages, or other aged care facilities);
- the EWC or scooter may only be used during daylight hours;
- the EWC or scooter may only be used outside peak hour traffic;

The entitled person's responsibilities

Maintenance

The entitled person must be able to keep the EWC or scooter clean and in a safe working order, i.e. charge batteries and maintain safe tyre pressure.

Repairs

The entitled person must contact the supplier to arrange any necessary repairs (at the Department's discretion). Under no circumstances should the entitled person attempt to repair the appliance.

Safe usage

The entitled person must use the EWC or scooter in a manner that is safe to themselves and others, and only in the manner for which the it was designed.

Power for the EWC or scooter must be from a hard-wired source.

Regulating body

The entitled person must use the EWC or scooter in line with the regulations set down by the State's road authority. In some states, they must possess the appropriate licences.

Replacement

The entitled person must be aware that DVA will supply him/her with one EWC or scooter. Replacement prior to four years will not be standard practice. An Occupational Therapy assessment and a technical review must be undertaken prior to consideration of any replacement scooter or EWC.

Return of appliance

When the EWC or scooter is no longer required, it must be returned as directed by the Department.

Attachment A: Medical Information Questionnaire



Australian Government
Department of Veterans' Affairs

*{Insert Relevant State Office DMA & Address
for the LMO to Return Completed Form}*

Rehabilitation Appliances Program (RAP)

Request for Electric Scooter or Electric Wheelchair

Medical Information

Veteran's Name		File No.	
Request for	<input type="checkbox"/> Electric Scooter	<input type="checkbox"/> Electric Wheelchair	<i>(select one)</i>

Clinical conditions	
Please describe all the clinical conditions that affect this veteran's ability to mobilise, in order of effect	1.
	2.
	3.
	4.

Safe Usage	
ability to use the vehicle in a safe manner is very important, as he/she is liable for any damage he/she may cause.	
With this in mind, please list any conditions or personal behaviours (eg. use of alcohol and/or medications) which may effect his/her ability to use the electric scooter or wheelchair safely, or react in an emergency situation	1.
	2.
	3.
	4.
	5.
	6.

Veteran's Visual Status			
	<input type="checkbox"/> Normal		<input type="checkbox"/> Yes
	<input type="checkbox"/> Abnormal		<input type="checkbox"/> No
	<i>(select one)</i>		<i>(select one)</i>
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
			<i>(select one)</i>

In your opinion is this veteran's mental, visual and/or physical		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<i>(select one)</i>
If "Yes",		

Driving a motor vehicle	
Does the veteran drive a motor vehicle?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<i>(select one)</i>

Additional comments	
Please provide any additional comments you think may be relevant to this decision	

Carer details			
Relationship		Age	

LMO's Recommendation			
Do you recommend the provision of an Electric Wheelchair		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<i>(select one)</i>	
LMO's Name		Provider No.	
Signature			/ /200

Note: No action can be taken regarding this request until this form has been completed and returned to the Department, at the address shown on the first page.

Attachment B: Covering letter for medical questionnaire



Contact:
Reference:

Relevant State Office
phone:
fax:

Name &
Address of LMO

Postal Address:
Relevant State Office

Metropolitan Residents:
Country Residents:

Date:

Dear Dr [Doctor's name]

Re: [honorific] [first name(s)] [surname]

I refer to a request that [honorific] [surname] be supplied with an electric scooter by the Department.

The requested aid is subject to legislative requirements and is also for use on public thoroughfares. The latter criterion is similar to the information that would be required by the RTA in an assessment for a licence renewal. The Department wants to ensure that due consideration is given to these factors before a detailed assessment of your request is made. Therefore, you are requested to complete the enclosed questionnaire and return it to:

**[Insert Name of DMA
and
DVA SO Address]**

The supply of electric scooters and wheelchairs is restricted by this legislation to entitled persons whose lack of mobility is directly related to an accepted war-caused disability or a malignant neoplasm.

When the completed questionnaire has been received, arrangements will be made for him/her to be assessed by an occupational therapist. Included in this assessment will be a trial of a manual wheelchair.

The occupational therapist's report will be referred to a Departmental Occupational Therapy Adviser and the Delegate for a decision.

If the supply of the EWC or scooter is approved by the Department, you must notify the Department if the entitled person develops a medical problem that may cause his/her use of the equipment to endanger him/her self, or others.

Your early reply would be appreciated.

Yours sincerely

for Deputy Commissioner

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 9

National Guideline
for
Home Modifications
(RAP Schedule Nos. AL15 & AL21)

The objective of the Home Modifications Program

The objective of the home modifications program is to enable the entitled person to remain in his or her home with:

- enhanced independence and safety;
- reduced dependency upon a carer;
- reduced need for change of domicile and dislocation from friends and familiar community environment; and
- minimising the need for admission to a residential aged care facility .

Definition of home modification

The definition of home modification is “to make partial changes to an already existing dwelling that enables the entitled person to achieve the appropriate level of independence and safety”.

Australian Standards

Where appropriate, all modifications should meet State government and local government building standards. Wherever possible and appropriate, modifications should meet either of the following standards:

- AS4299-1995 Adaptable Housing; or
- AS1428-2001 Design for Access and Mobility.

All electrical work in wet areas should comply with AS/NZS 3018:2001. If other Australian standards are developed, compliance is required.

Prior to recommending home modifications

Prior financial approval

Subject to the Treatment Principles, the Department will be financially responsible only for those modifications for which it has provided prior financial approval. Refer to RAP Schedule Items AL15 and AL21.

Eligibility

Where the beneficiary is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the home modification.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the home modification due to a war-caused injury/disease and/or as specified under Treatment Principle 2.4.

Entitled persons may not be eligible for major home modifications if they have received an insurance settlement which should encompass their home modification needs, or when a claim is pending. In the latter instance, however, the Department generally claims against the settlement.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

DVA does not approve home modifications where the entitled person is receiving permanent **low or high level care** in an Australian Government funded aged care facility.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Assessment

A request for major home modifications should be accompanied by an **assessment** and **report** by an Occupational Therapist.

The assessment and report should consider the following issues:

- clinical and social criteria;
- Australian standards;
- builder's qualifications;
- residential status (*see next section*);
- entitled person's consent; and
- change of residence.

Clinical criteria

As a general rule, when considering costs for home modifications, Departmental delegates take into account the following clinical criteria:

1. The entitled person has a stable medical condition, i.e. does not have a condition with a poor prognosis (approximately six months).
2. The entitled person's ability to use the facilities will not improve with treatment or time, e.g. major modifications will not be considered in the acute stages post-operatively where improvement is expected, such as total knee replacement or total hip replacement.

Functional criteria

As a general rule, when considering payment for home modifications costs, Departmental delegates should take into account the following functional criteria:

1. The entitled person is unable to safely use the existing facilities;
2. Simple equipment and/or non-structural modifications do not provide sufficient assistance to maintain an appropriate level of independence or safety;
3. The use of other RAP items, or of different behavioural techniques, or of alternative facilities in the residence do not provide an appropriate level of independence or safety.

Social criteria

As a general rule, when considering payment for home modifications, Departmental delegates should apply the following social criteria:

1. With regard to major home modifications, the provision of assistance from carers and community services does not provide or maintain an appropriate level of independence and safety.
2. Carers are required to provide safe and effective support but are unable

to assist in the current situation, or their safety is compromised, e.g. the shower is too small for a carer to assist.

3. The residence to be modified should be the entitled person's primary residence and the entitled person intends to remain living at the residence for the foreseeable future.
4. The residence should be structurally sound and is able to be modified to provide the facilities to support an appropriate level of independence and safety.
5. With regard to major home modifications financial responsibility will not be accepted where it is obvious that internal or external access would have proven a problem given the natural ageing process of the property.
6. The residence should have been purchased before any knowledge of any foreseeable problems that might arise from a disability (related to the need for a modification) or the degenerative nature of the disability could not reasonably have been foreseen. However, minor home modifications may be considered.
7. Relocation to a more suitable residence is not an appropriate option.
8. The entitled person has relocated to premises which provide greater access to social support systems (e.g. relocated to live either nearer to or with family members) and major modifications have not been installed previously by the Department. The entitled person should have resided at the new premises for a period of time (say, two months) to ensure that the arrangement will be long-term (minor modifications may be useful during this trial period).

Additional criteria for modifications that improve access

In respect of a fixed ramp:

- the entitled person should have a severe reduction in mobility resulting in an inability to safely negotiate steps;
- all other options should have been considered, e.g. steps modified to accommodate walking frames;
- the ramp should enable direct access to/from the property/residence as only one ramp will be supplied.

If the entitled person is wheelchair or scooter dependent, financial responsibility will not be accepted where the home modifications to provide access are considered unreasonable, e.g. steep pathways, rugged steps, bush blocks etc.

Registered tradespersons

Input from State-registered builders and plumbers is desirable during the preparation of the quotation, particularly if the work is complex.

Only registered builders and/or plumbers may undertake major home modifications. Entitled persons can contact the Veterans' Home Maintenance Helpline for details of local registered builders.

The person making the referral should verify that the builder or plumber is registered.

Type of residence

Introduction

Consideration should be given to the type of residence prior to approving home modifications.

State-owned housing

The Department does not provide home modifications to Government-owned homes. Usually, the responsible Government housing agency will modify residences or organise alternative accommodation, in accordance with their own procedures.

Rental accommodation

Departmental delegates will consider the length of time the entitled person has lived in the residence. If only for a short time (e.g. two years or less), or if the entitled person has often moved house, consideration should be given to moving to a more suitable residence. Minor modifications may be more appropriate.

In seeking permission for the modification(s), the owner of the rental accommodation will be provided with the specifications and drawings of the scope of work to be done. The owner should indicate in writing:

1. agreement to the work proceeding;
2. agreement to the specifications of the modifications;
3. not to seek financial assistance for the restoration of the property to its former state when modifications are no longer required; and
4. that the entitled person will be able to remain in the residence on a long-term basis (e.g. 2 years or more) once it has been modified.

Owner-occupied residence

Where accommodation is owner-occupied, the owner should agree in writing to the following:

1. that the work may proceed;
2. that the specifications of the modifications will meet the needs of the entitled person; and
3. that the owner will not seek financial assistance for the restoration of the property to its former state when the modifications are no longer required.

Strata and Company Title property

Treatment Principles 11.9.6, 11.9.7 and 11.9.8 may apply in relation to the installation of home modifications that affect a property's common area.

Treatment Principle 11.9.5 may apply in relation to retirement villages or self-care units.

Re-locatable homes

Modifications of relocatable homes are not generally recommended unless structural changes will promote independence and safety.

Liability for the standard of workmanship

The Department does not accept liability for the standard of the workmanship. There are a number of dispute resolution mechanisms available through trade associations should there be disagreement about the standard of workmanship.

Extent of modifications

Introduction

The Department will usually only pay for basic modifications. For example, entire floors will not be retiled if matching tiles are unavailable. The closest match to existing tiles is usually considered adequate.

Utilities

The Department does not normally finance the connection of basic utilities (water, sewerage, electricity and gas) where they were not connected previously. If an existing utility should be changed or moved to enable an alteration to be functional, then the Department will accept responsibility (as examples: the removal of a bathtub and the installation of a hobless shower recess, the grading of a floor, the installation of new hand shower fittings).

Relocation of toilets as part of bathroom modifications

Toilets may be moved within the same room, but the Department will not normally pay for them to be relocated from outside or from opposite ends of the house. This would constitute the connection of a utility and would probably be outside the scope of consideration. In situations such as these, the provision of suitable aids or equipment, such as a porta-potty or commode, should be considered. In **exceptional** circumstances, toilet relocation may be provided at the discretion of the Director, RAP & HomeFront.

Home maintenance

The Department does not pay for the repair of existing structures as this is classified as the homeowner's responsibility.

Access modifications

Modifications are provided to one access route only.

Where an entitled person's physical ability has altered from independent walking with or without equipment to reliance on a wheelchair, an access path may be widened and may be extended. The extension will only be provided to gain direct access to the house.

After the work has been completed

Inspection of modifications

The assessing occupational therapist should inspect the work upon completion to determine that the modifications meet the specifications. This should occur **before** payment is made for the work.

Entitled person's responsibilities

Except for items affected by the modifications, the entitled person is responsible for normal household items (e.g. mirrors, soap holders, towel rails, fans, lights, heaters and hot water services, security doors and windows). The Department will not pay for the cost of non-essential items, such as a spa bath or an additional toilet. This should be clearly stated in the specification.

If an entitled person chooses to change the decor at the same time as the essential modifications are carried out, these changes should be quoted separately to the entitled person before the work begins and will **not** be funded under the RAP.

Additional information

Defence Service Home Loans

Defence Service Home (DSH) loans may be available to eligible entitled persons to pay for the cost of any additional work which is carried out at the same time as the authorised home modifications.

Entitled persons should check their eligibility and/or entitlement before agreeing to pay for the cost of any additional work. Further information is available from the DSH National Processing Centre, freecall 1800 722 000.

Home Support Loans

Home Support Loans (HSLs) are a possible source of funds for entitled persons to pay for the cost of any additional work.

Entitled persons advised of this option should check their eligibility and/or entitlement before agreeing to pay for the cost of any additional work. Further information is available from the DSH National Processing Centre, freecall 1800 722 000.1.

Pension lump-sum advances

A possible additional source of funds for additional home modifications is a pension lump-sum advance. Recipients of DVA pensions and income support supplement may be eligible for one such advance per year from the Department.

Treatment Principles relevant to home modifications

Treatment Principle 11.9.5

The Commission cannot accept financial responsibility, either partly or wholly, for the purchase, supply or installation of an aid or appliance for accident prevention and personal safety if it is satisfied that:

- (a) the appliance can reasonably be obtained under another Commonwealth, State, or Territory program; or
- (b) the appliance should be provided by the owner of a self-care unit, or retirement village, or institution in which the entitled person resides; or
- (c) the installation of the appliance would result in structural alteration to any part of the institution in which the person resides.

Treatment Principle 11.9.6

If the relevant aid or appliance requires attachment to real property in such manner that it becomes a fixture or involves alteration to the structure of the property, the Commission may give approval under paragraph 11.9.1 only if it is satisfied that:

- (a) such attachment or alteration will not breach, and will be in accordance with, relevant Commonwealth, State, or Territory laws; and
- (b) the owner of the property has:
 - (i) given approval for the attachment; and
 - (ii) undertaken not to seek compensation for restoration of the property.

Treatment Principle 11.9.8

The Commonwealth will not be responsible for any damage caused by:

- (a) the installation, operation, non-operation, use, or misuse of an aid or appliance for which the Commission has approved financial assistance under this Principle; or
- (b) any delay in installing such an aid or appliance or approving financial assistance under this Principle.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 10

National Guideline
for
Personal Computers
(RAP Schedule No. AA07)

Definition of a Personal Computer

A Personal Computer is an electronic communication system combining hardware and software. Hardware and software will be of the type and amount to allow the computer to meet the functional requirements of the entitled person.

Portable computers and associated software (eg. laptop computers) are *not* normally funded under the RAP. Refer to RAP Business Rule No. 2, and the aim of the RAP (above).

Definition of hardware

Hardware includes:

- processor;
- monitor;
- sound card;
- CD drive
- access devices (eg. standard/modified keyboard, mouse, headphone/microphone, switching systems);
- scanner; and
- printer.

Any additional hardware required will not be normally funded under the RAP.

Definition of software

Software may include:

- word processing; and
- voice recognition.

Any additional software required will not be funded under the RAP.

Prior to recommending a personal computer

Issues to consider

The following issues must be considered:

- eligibility;
- clinical assessment;
- functional criteria; and
- social criteria.

Eligibility

Eligibility is based on the requirements set out in Treatment Principles 11.3.2, 11.3.3 and 11.3.4 which are duplicated below:

“11.3.2 Subject to this Part, the Commission will provide or accept financial responsibility for the provision of electronic communication equipment only to veterans who are:

- (a) legally blind; or
- (b) severely handicapped.

11.3.3 For the purposes of paragraph 11.3.2, a legally blind veteran means a veteran:

- (a) whose legal blindness is war-caused or caused by a *determined condition* other than a *determined residential care condition*; and

- (b) who has a medically assessed need for the electronic communication equipment; and
- (c) who has been assessed by the Commission as being able to benefit from use of the electronic communication equipment.

11.3.4 For the purposes of paragraph 11.3.2, a severely handicapped veteran means a veteran:

- (a) whose severe handicap was war-caused or was caused by a *determined condition* other than a *determined residential care condition*; and
- (b) who has a medically assessed need for the electronic communication equipment; and
- (c) who has been assessed by the Commission as being able to benefit from the use of the equipment because it would substantially improve the veteran's:
 - (i) communication skills; and
 - (ii) quality of life.”

A Departmental Medical Adviser (DMA) is to advise the delegate if the medically assessed need for the equipment is in accordance with the above Treatment Principles.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Generally, entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with electronic assistive communication devices, including Personal Computers, through RAP. However, DVA may consider providing the item if the requirements specified in this Guideline are met and the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACCP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Assessment

An assessment and report by a prescriber is required to:

- provide clinical information to support the need for a personal

computer

- assess for, and trial, any alternative communication equipment which may adequately satisfy the person's needs
- decide, in partnership with the potential user and/or their carer, which specific hardware and software configuration (including access) device(s) are required to meet their needs; and
- identify any necessary training required in the use of the equipment.

Clinical criteria

The following clinical criteria should be addressed before recommending a Personal Computer:

- a medical specialist's certification that the entitled person is legally blind or severely handicapped;
- the entitled person has a clinical condition that results in the need for a Personal Computer; and
- limitations of function/vision/language or cognition

Functional criteria

The following functional criteria should be addressed before recommending a Personal Computer:

- The entitled person's clinical needs cannot be met by a simpler, less expensive alternative
- The entitled person has a regular functional need to use the appliance
- The entitled person has sufficient physical and cognitive abilities to successfully operate the device
- The entitled person should be able to meet his or her responsibilities as indicated below.

Social criteria

The following social criteria should also be met before recommending a Personal Computer:

- the entitled person ought to be living alone and have a communication deficit or if living with a partner/carer the partner/carer ought to be unable to assist with communication;
- the entitled person ought to have inadequate social support to meet his/her functional needs;
- the entitled person should require the device to maintain his/her network of social support;
- the use of the device would prevent the entitled person requiring institutional or supported accommodation, and
- the request must be based on functional need, not based on primarily recreational needs.

Reasons for not recommending supply

Supply of a personal computer will not normally be approved if the entitled person does not meet all the following criteria:

- eligibility;
- assessed clinical needs;
- functional criteria;
- social criteria; and
- Treatment Principle 11.3.2.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the entitled person, including a list of his/her responsibilities;
- the prescriber; and
- the supplier.

The entitled person's responsibilities

Maintenance

The entitled person must be able to keep the personal computer clean and in a safe working order.

Repairs

The entitled person should contact the supplier to arrange any necessary repairs. Under no circumstances should the entitled person attempt to repair the personal computer.

Safe usage

The entitled person should use the personal computer in a manner that is safe to the entitled person and others, and only in a manner for which it was designed.

The personal computer, including the software, should be housed in a fully enclosed, weatherproof and secure area. Power must be from a hard-wired source. The entitled person is responsible for the cost of domestic electricity consumption.

Return of equipment

When the personal computer (hardware and software) is no longer required, it must be returned as directed by the Department.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 11

National Guideline
for
Personal Response Systems
(PRS)

(RAP Schedule Nos. AA03 & AA05)

Definition of a personal response system (PRS)

Personal Response Systems (PRS) allow entitled persons to seek assistance quickly in an emergency.

Personal Response Systems may also be referred to as Emergency Alarm Systems (EAS) or Personal Emergency Alarm Systems (PEAS).

There are two categories of Personal Response Systems:

- **Monitored personal response systems** are systems, which involve installation and are monitored by an emergency alarm service. Generally the user wears a pendant or wrist device to activate the system.
- **Non-monitored alarm systems** are devices which, when activated, make a loud noise and/or flashing light to alert persons nearby or ring in a nearby residence (usually within a radius of approximately 60 to 80 metres).

Australian standards

Monitored alarms should meet Australian Standard 4607–1999 or latest revision.

There are no Australian Standards for non-monitored alarms. If Australian Standards are developed, compliance is required.

Types of equipment provided

Auto-dialler

An auto-dialler is a type of non-monitored alarm which, when activated by pushing a pendant, dials up to six pre-set phone numbers. On being answered the device indicates assistance is required. Such a device might be sufficient where an entitled person does not live alone but whose carer goes out for a few hours at a time and carries a mobile phone, or the entitled person has other suitable contacts close by who are able to respond in case of an emergency.

Sound monitor

A sound monitor is a portable listening device that picks up the sound from one room, using a receiver, and transmits it to a receiver either in another room or carried by the carer, either within the home or in the immediate proximity (eg. baby monitors).

Alarm pendant

An alarm pendant is a lightweight portable button worn around the neck which, when pressed, activates a monitored or non-monitored alarm.

Wrist alarm

A wrist alarm is a lightweight portable button worn around the wrist which, when pressed, activates a monitored or non-monitored alarm.

Mode 5 or 3 sockets

Mode 5 or 3 sockets are specialised phone connection sockets that allow the alarm to bypass an engaged phone line. These devices are recommended in cases where more than one phone set operates on a line, eg. phone extensions.

What is NOT funded by RAP

Mobile phone

A mobile phone is a phone connected to mobile phone net services from which calls can be made and received anywhere within the mobile net range. **This item is not funded under the RAP.**

Buzzer

A buzzer is a fixed button (usually on wall near the bed or in the bathroom) which, when pressed, activates a monitored or non-monitored alarm system. **This is not funded under the RAP.**

Wall phone

A wall phone is a phone set that is mounted on the wall. These sets are not usually compatible with monitored alarm systems. **This item is not funded by RAP.**

Intercom

An intercom is a device that can be used between two rooms or nearby premises (eg. garden flat), and which gives the entitled person some ability to speak to a carer. **This item is not funded under the RAP.**

Prior to recommending a personal response system

Issues to consider

The following issues should be addressed before approving a Personal Response System:

- eligibility;
- clinical criteria;
- functional criteria; and
- social criteria.

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war caused injury/disease and/or as specified under Treatment Principle 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with PRS through RAP as aged care providers have a legal responsibility to ensure emergency assistance is available to residents at all times.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853.**

Assessment

The clinical **assessment** and **report** for personal response systems should be provided by an occupational therapist, on referral from Local Medical Officer. Where no occupational therapist is available, special arrangements for assessment may be made after consultation with DVA. In some States specialist Aged Care Assessment Teams/Services may provide suitable assessors. This should be discussed with the relevant DVA State Office.

All measures to reduce the risk of falls should be investigated; eg. any need

for mobility equipment or home modifications.

Clinical criteria

The entitled person *should* meet one or more of the following clinical criteria prior to the approval of a personal response system:

Either

- The entitled person has a significant risk of medical emergencies. The entitled person ought to have a medical condition that requires immediate and urgent response and be unlikely to be able to obtain assistance through conventional means, eg. poorly controlled diabetes or epilepsy. *The assessor should contact the entitled person's Local Medical Officer to obtain information on their medical status relevant to the request.*

or

- The entitled person has a recent history (within the past 12 months) of falls. The falls should have been investigated and the cause of the falls eliminated where possible. Therefore personal response systems should only be considered if there is a continued risk of falls.

or

- The entitled person displays a number of factors that would put them at high risk of a fall. Risk factors include severe visual impairment, severe mobility and balance problems, severe incontinence, and medical conditions which affect balance and mobility (such as Parkinson's or Meniere's Disease).

Functional criteria

The entitled person should meet *all* the functional criteria listed below prior to the approval of a Personal Response System.

The entitled person should have:

- sufficient physical function to operate the alarm; *and*
- sufficient cognitive function to wear and to operate the alarm; *and*
- a willingness to wear the alarm device 24 hours a day; *and*
- a willingness to activate the system if necessary.

Social criteria

The entitled person should meet *one* of the following social criteria prior to the approval of a personal response system:

The entitled person *either*:

- lives alone; *or*
- does not live alone but is without assistance for a significant proportion of the day or night; *or*
- does not live alone, but their carer is unable to provide or obtain assistance (eg due to significant hearing impairment, dementia or mobility problems).

Reasons for not issuing equipment

Monitored alarms will **not normally be supplied** in any of the following situations:

- Where options other than monitored alarm systems would provide the entitled person with the ability to summon assistance when required. Options may include additional phone extensions, purchase of cordless phone, increased supervision, non-monitored alarms. (*Note: DVA does not normally fund phone extensions or cordless phones under the RAP.*)

- Where an entitled person has impaired cognitive status such as poor memory (may forget to wear pendant), poor insight (may not see the need to wear pendant), or confusion (may not understand how to activate the pendant or be disturbed by voices from the system). Where there is some doubt as to an entitled person's ability to operate an alarm, a trial and re-assessment should be carried out.
- Where an entitled person has impaired mobility, resulting in increased falls, and has not had his/her mobility equipment requirements assessed by an appropriate health professional. Mobility equipment may be the most appropriate item to reduce falls and this may eliminate the need for an alarm system.
- Where an entitled person is unsafe left alone and in-home respite options are more suitable.
- As a security device against intruders to persons who feel vulnerable living alone.

Consideration of alternatives

Introduction

This section provides details about non-monitored personal response system that should be considered prior to recommending a monitored personal response system.

Non-monitored PRS

Recommendation of a non-monitored PRS should be considered where the clinical and functional criteria for a monitored PRS are met but where the entitled person lives in a partly separate residence, eg. self-contained living quarters such as garden flat and there is someone able to respond to the alarm.

Intercom systems

Generally, intercom systems require the entitled person to press a fixed wall mounted button in order to speak and be heard. While such a system is valuable for general communication between two partly separated residences, its use as an emergency alarm device is restricted. Therefore supply of a non-monitored alarm with pendant or wrist activating device should be considered in the first instance. **This item is not available under the RAP.**

Sound monitors

Supply of sound monitors should only be considered in cases where:

- the entitled person has a medical condition which would prevent them from pressing a button or calling out to a carer in another room; *and*
- the entitled person's sounds of distress could be heard over the monitor by a carer in another room; *and*
- The carer and entitled person keep the monitor turned on.

Mobile and portable/cordless phones

These items are not available under the RAP.

Inclusive costs

Where the Department has accepted financial responsibility for the supply of a PRS this will normally include costs associated with:

- installation of the PRS unit (including required mode 3 or 5 socket connections and power point if required);
- monitoring of the PRS;
- service maintenance for normal wear and tear for PRSs purchased by DVA. (Where units are rented this cost will be the responsibility of the supplier.)

Temporary supply

Where indicated, short-term supply of a personal response system may be considered. This may not be viable for periods of less than one month.

Excluded costs

DVA is not responsible for costs associated with:

- installation of or adjustment to a telephone or telephone line;
- increase in telephone charges;
- key boxes;
- wilful misuse of the equipment.
- additional pendants.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the entitled person, including a list of his/her responsibilities;
- the prescriber; and
- the supplier.

Notification to the LMO

The notification to the LMO should inform her/him of supply of the appliance. The advice should request the LMO to inform the Department of any changes in the entitled person's condition, which would affect his or her ability to use the appliance.

Notification to the entitled person

The notification to the entitled person should include full details of the entitled person's responsibilities as listed in these guidelines and advice on:

- how to contact the supplier;
- selection of suitable contact persons;
- basis of supply e.g. permanent, trial or temporary;
- appropriate methods of accessing maintenance and repair;
- wearing the activation device 24 hours a day;
- the Department's right to withdraw the appliance at any time if it is used in an inappropriate manner.
- return of the appliance.

Notification to prescriber

Where indicated a 3–6 month trial of a PRS or temporary issue may be approved, followed by a re-assessment.

The entitled person's responsibilities

Repair and maintenance

The entitled person/carer should notify the alarm supplier if the alarm is not in working order. Subject to prior approval where the Department owns the alarm system, the entitled person/carer should arrange repair through the alarm supplier. In some areas, where equipment is hired, local

arrangements may be made for repair or replacement at the supplier's cost without reference to DVA. The entitled person/carer should not undertake any repairs. Replacement of a PRS appliance will be at the discretion of the Department.

Safe usage

The entitled person should use the appliance in a safe manner, and only in the manner for which it was designed, eg. waterproof pendants can only be used in showers and should *not* be immersed in a bath.

Change(s) in circumstances

The entitled person or carer should notify the Department of any change in circumstances that would impact on the supply or use of the appliance. eg. change in living circumstances, phone being disconnected etc.

Return of appliance

Where the PRS is no longer deemed necessary or is unable to be used by the entitled person, it should be returned as directed by the Department

Supplier Responsibilities

Labelling of the unit

The supplier should affix a label to the PRS unit with the company name and contact details.

Maintenance

The supplier is responsible for maintaining the unit and activating device in working order, including replacement of batteries.

Test calls

The supplier is responsible for conducting regular unit checks to ensure that the PRS is working.

Response

The supplier should provide immediate response to an activated system.

The response should be commensurate with the need, ie. establishing voice contact, phoning designated contact persons, contacting emergency services (ambulance, police) where necessary.

Notification

The supplier should notify the Department upon becoming aware of any circumstances that affect the use of the alarm, eg. if the phone is disconnected. The supplier should also notify the Department upon becoming aware of either inappropriate usage or consistent variation in the agreed usage of the alarm

Reporting

The supplier should provide the Department with appropriate reports on monitoring information including records of utilisation and test calls, and any other information consistent with National Standards for reporting.

Confidentiality

The supplier should ensure that personal client details are kept confidential and updated regularly.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 12

National Guideline
for
Pressure Care Mattresses
(RAP Schedule No. AB15)

Definition of a pressure care mattress

A pressure care mattress is an overlay, mattress or bed system designed to reduce problems resulting from external mechanical forces of pressure, friction and shear.

There are several types of pressure-care mattresses provided under the RAP item code number AB15:

- Hollow core fibre overlays;
- Alternating pressure overlays, mattresses and bed systems; and
- Flotation mattresses and bed systems (dry and water).

Australian Standards

There are no Australian Standards for pressure care mattresses. If Australian Standards are developed, compliance is required.

Prior to recommending a pressure care mattress

Issues to consider

Prior to giving approval for a pressure care mattress, a number of issues should be considered:

- eligibility;
- clinical assessment; and
- clinical criteria.

Eligibility

Where the beneficiary is the holder of a Repatriation Health Card—All Conditions (Gold Card), there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war-caused injury/disease and/or as specified under Treatment Principle (TP) 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles(1999)*. Schedule 1 of the *Quality of Care Principles(1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with pressure care mattresses through RAP as aged care providers would usually supply these items, when needed, under Parts 1.5 and 3.2 of Schedule 1of the *Quality of Care Principles(1999)*.

However, DVA may consider providing the item if the requirements of this Guideline are met **and** the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles(1999)*. Schedule 1 of the *Quality of Care Principles(1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Generally, entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with pressure care mattresses through RAP. However, DVA may consider providing the item if the requirements specified in this Guideline are met and the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Hospitals

The Department does not supply appliances to entitled persons who are receiving in-patient treatment at a private or public hospital.

Assessment

An **assessment** and **report** by a prescriber is required to:

- ensure pressure care mattresses are prescribed as part of an overall pressure management program which includes correct positioning, frequent changes in position, appropriate skin care strategies, use of continence appliances or controlled toileting, etc;
- decide, in partnership with the potential user (and/or their carer or representative), which type of pressure care mattress is most appropriate;
- trial equipment when necessary to determine that the mattress is appropriate to meet the entitled persons clinical needs;
- provide clinical information to the Department to support the request for a pressure care mattress;
- arrange any necessary training and provide advice.

Clinical criteria

The following factors should be considered in assessing risk and to determine the appropriate prescription of pressure care mattresses:

1. **Mobility:** the veteran has a reduction in functional mobility including a reduced ability to relieve weight or change positions;
2. **Skin Integrity:** presence of ischaemia or pressure areas on the skin including skin discolouration, skin loss or damage;
3. **Sensation:** reduction or loss of normal sensation;
4. **Continence:** presence of incontinence of faeces or urine;
5. **Body Weight:** above or below average body weight for height;
6. **Age:** increased risk with increased age.

Assessment of risk should indicate a medium, high or very high level of risk of developing pressure areas or sores. Use of a validated risk scale (eg: Waterlow, Norton, Gosnel or Braden Scale) is desirable.

Reasons for not issuing equipment

A pressure care mattress will not normally be approved if there are viable alternatives for meeting the beneficiary's clinical and/or nursing needs.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the beneficiary, including a list of the beneficiary's responsibilities;
- the prescriber; and
- the supplier.

The entitled person's responsibilities

Repairs

The beneficiary should contact the supplier direct to arrange any necessary repairs (at the Department's discretion). Under no circumstances should the beneficiary attempt to repair the pressure care mattress. The Department shall usually meet the cost of repairs due to normal wear and tear. The beneficiary shall meet the cost of any repairs due to misuse.

Safe usage

The beneficiary should use the mattress in a safe manner, and only in the manner for which it was designed. The beneficiary should normally meet any electricity costs associated with the use of the pressure care mattress.

Return of appliance

When the mattress is no longer required, it should be returned as directed by the Department.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 13

National Guideline
for
Personal Lifting Devices
(Hoists)
(RAP Schedule No. AM01)

Definition of personal lifting devices

A personal lifting device is used to transfer people with disabilities when they cannot transfer themselves. There are two types of personal lifting devices available:

- **Mechanically operated lifters**
An operator moves a lever to lift a boom to which a sling is attached. The person is lifted in the sling, and is transferred from chair to chair or chair to bed, etc.
- **Electrically operated lifters**
An operator uses a central panel attached to the personal lifting device or on a flexible cord that can be positioned anywhere on the lifter.

Ancillary equipment

Personal lifting devices include base, mast and boom and may have detachable chains to attach the sling to the body of the hoist. There are varying types of slings including full body, general purpose, split leg, toileting slings.

Australian standards

Australian Standard 3581—1988 “Mechanical Aids for Patient Lifting and Moving—Safety Requirements” applies.

Prior to recommending a personal lifting device

Issues to consider

The following issues should be considered:

- eligibility;
- clinical assessment; and
- clinical and functional criteria.

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war-caused injury/disease and/or as specified under Treatment Principle 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with personal lifting devices through RAP as aged care providers would usually supply these items, when needed, under Part 2.1 of Schedule 1 of the *Quality of Care Principles (1999)*.

However, DVA may consider providing the item if the requirements specified in this Guideline are met **and** the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Hospitals

The Department does not supply Personal lifting devices to entitled persons who are receiving in-patient treatment at a private or public hospital.

Assessment

An **assessment** and **report** by a prescriber is required to:

- provide clinical information to the Department to support the request for a personal lifting device;
- decide, in partnership with the entitled person (and/or their carer or representative) which personal lifting device is most appropriate;
- determine that the home environment is suitable for the use of a personal lifting device;
- provide a home structural integrity report where a ceiling lifting device is recommended;
- complete a home trial of the personal lifting device where practical. If impractical replication of home situation is required for trial, eg. similar transfer situations.

It is recommended that the personal lifting device be trialed in the presence of the prescriber, to ensure that the operator is capable of using it competently and safely.

Clinical criteria

1. The entitled person should have a clinical diagnosis requiring a personal lifting device eg: is unable to stand to transfer;
2. Simpler methods of, or equipment to assist in, transferring are unsafe or ineffective;
3. There should be an assessed clinical need to use the personal lifting device for the majority of transfers.

Functional criteria

1. The operator should be able to operate the personal lifting device safely;
2. There needs to be sufficient space within the house; and
3. There needs to be a power point within reach of an electrically operated personal lifting device.

Reasons for not recommending equipment

Personal lifting devices will not be normally provided:

1. where simpler devices can meet clinical needs, eg: a transfer board, swivel transfer disc, slide sheets, etc; and
2. when clinical needs can be met by modifying equipment, the environment, or the method of transfer.

When approval has been determined

Notification

When the Department has approved the issue of the equipment notification is sent to:

- the entitled person, including a list of his/her responsibilities;
- the prescriber; and
- the supplier.

Notification to prescriber

The prescriber needs to be satisfied that the operator is competent and safe in the use of the personal lifting device. This may require further training by the prescriber and/or the supplier.

The entitled person's responsibilities

Maintenance

Laundering of slings is the responsibility of the entitled person

Repairs

The entitled person should contact the supplier to arrange any necessary repairs (at the Department's discretion). Under no circumstances should the entitled person attempt to repair the personal lifting device.

The Department shall normally meet the cost of repairs due to normal wear and tear. The entitled person shall meet the cost of any repairs due to misuse.

Safe usage

The entitled person shall use the lifter in a safe manner, and only in the manner for which it was designed.

When the lifter is not in use, it should be stored in a fully enclosed, weatherproof, lockable area.

Return of appliance

When the lifter is no longer required, it should be returned as directed by the Department.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 14

National Guideline

for

Recliner Chairs

(RAP Schedule Nos. AC06 & AC09)

Definition of a Recliner Chair

A recliner chair is a manually or electrically operated chair intended for use by persons with chronic seating disabilities.

Manually operated recliner chairs are adjusted mechanically by the occupant.

Electrically operated recliner chairs are adjusted from a control panel on the arm of the chair or from a separate control unit that can be positioned anywhere on the chair.

Ancillary equipment

Recliner chairs come with a footrest and back support, which may require customisation. Accessories may be supplied include sheepskins, neck supports etc.

Australian Standards

There are no Australian Standards for recliner chairs. If Australian Standards are developed, compliance is required.

Prior to recommending a recliner chair

Initial request

The initial request for a recliner chair should come from a prescriber. The request should provide all the necessary clinical information.

Issues to consider

Prior to giving approval for a recliner chair, the following issues should be considered:

- eligibility;
- clinical assessment; and
- clinical and functional criteria.

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war caused injury/disease and/or as specified under Treatment Principle 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with recliner chairs through RAP as aged care providers would usually supply these items, when needed, under Parts 1.4 and 3.2 of Schedule 1 of the *Quality of Care Principles (1999)*.

However, DVA may consider providing the item if the requirements of this Guideline are met **and** the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Hospitals

The Department does not supply appliances to eligible beneficiaries who are receiving in-patient treatment at a private or public hospital.

Assessment

An assessment and report by the Prescriber is required to:

- provide clinical information to the Department to support the request;
- conduct a home assessment to assess suitability of existing furniture; and
- decide, in partnership with the potential user (and/or their carer) which type of recliner chair is most the appropriate;
- trial the chair to determine the suitability and the entitled person's ability to operate the recliner chair safely;
- arrange any necessary training and provide advice.

Clinical criteria

The following clinical criteria should all be met before recommending a recliner chair:

1. transferring in and out of a chair is difficult or impossible;
2. the entitled person has a clinical condition that results in the need to sit in a reclined position;
3. there is an assessed clinical need for leg elevation that cannot be achieved by the use of a leg rest or adjustable footstool;
4. there is an assessed clinical need to frequently change positions whilst seated to manage pain levels;
5. to provide appropriate equipment for sleeping when modification of the bed has been unsuccessful.

Functional criteria

The functional criteria below should **all** be met before recommending a recliner chair.

The entitled person should have:

- adequate physical strength and cognitive ability to safely operate recline mechanism; and
- available space within the house.

In addition, the following functional criteria should be considered prior to the issue of an electrically operated recliner chair:

- the entitled person ought to be unable to operate the functions of a manual recliner; and
- the carer is unable to operate the adjustable functions of a manual recliner.
- a power point within reach of an electrically operated chair.

Reasons for not issuing equipment

Recliner chairs should not be approved when:

1. clinical needs can be met by current seating or furniture, eg: reclining on a two or three seater lounge; **or**
2. clinical needs can be met by modifying existing furniture or through the provision of other rehabilitation appliances, eg: chair raises, high back chairs, leg rests, adjustable footstools, cushioning, etc; **or**
3. the request is for comfort only; **or**
4. there are more appropriate means of managing pain, eg: changing position.

Also, an electrically operated chair should not be issued if a manually operated recliner chair will suffice.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the entitled person, including a list of his/her responsibilities;
- the prescriber; and
- the supplier.

The entitled person's responsibilities

Maintenance

The entitled person/carers should be able to personally maintain or arrange maintenance of the recliner chair, which includes keeping the equipment in safe working order.

Repairs

The entitled person should arrange repairs directly with the specified supplier. Under no circumstances should the entitled person attempt to repair the chair or the chair's mechanism.

The Department shall usually meet the cost of repairs due to normal wear and tear. The entitled person shall meet the cost of any repairs due to misuse.

Safe usage

The entitled person should use the recliner chair in a safe manner, and only in the manner for which it was designed.

Return of appliance

When the recliner chair is no longer required, it should be returned as directed by the Department.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 15

National Guideline

for

Stairlifts

(RAP Schedule No. AL05)

Definition of a Stairlift

A stairlift is any type of electrical, hydraulic or battery-operated stair mobility equipment that assists an individual while sitting or standing to access different levels in their home (internally and externally).

Use of a Stairlift

Subject to eligibility, clinical, functional and social criteria, the stairlift can be installed for individual home use only.

Types of Stairlifts & accessories

There are six different types of stairlifts listed in the RAP Schedule AL05. They are:

1. Stairchair
2. Wheelchair Platform Lifts (for step rail)
3. Vertical Platform Lift
4. Inclinator
5. Waterlift
6. Stairclimber

1. Stairchair (AL05)

A stairchair can be described as a seat attached to the banister, which when activated, will go up/down the staircase.

“Stairchairs are most commonly used in private dwellings. When the person requiring a stairchair uses a mobility aid such as a walking frame or wheelchair, it is essential to have this aid at each level for independent mobility. Ability to transfer on/off the stairchair (presently and in the future) needs to be considered. The controls are usually located on the arms of the chair, and also at either end of the staircase. Different models are available for indoor and outdoor use. Some stairchairs have swivel seats for easier transferring.” (NSW ILC Journal Spring 1994, Page 19)”

2. Wheelchair Platform Lifts (AL05)

A Wheelchair Platform Lift is a device that transports a wheelchair up/down a staircase. The platform is attached to the staircase banister, and when activated, will move up/down the staircase.

“Wheelchair Platform Lifts are more commonly installed in public areas as a wider stairway is required, although they may also be installed in a private home. The platform folds against the wall when the lift is not in use, providing clear access to the stairwell.

Attendant and carer controls can be provided on all lifts, and are especially necessary in a public area. The platform lift will have access and exit ramps to be used at landings. These can be operated electrically or mechanically. Different models are available for indoor and outdoor use” (NSW ILC Journal, Spring 1994, Page 19).

3. Vertical Platform Lifts (AL05)

Vertical Platforms Lifts are installed adjacent to vertical walls, and travel up and down. The platform finishes flat against the floor, and the user embarks/disembarks onto an even surface.

There are many different types of vertical platform lifts available, depending on the environment where the lift is to be installed. Vertical lifts can be internal or external.

“There is an Australian Standard AS1735 which covers lifts, and Part 14 of this Standard specifies requirements for machine-driven low-rise platforms which raise people to a vertical point of 600mm. Part 15 of AS1735 applies to vertical platforms which raise people to heights exceeding 600mm. These latter lifting devices are subject to approval by Workcover Authority, and are required for inspection, both after installation and prior to human use”. (NSW ILC Journal, Autumn 1993, Page 25).

4. Inclinator (AL05)

“Inclinator are designed to transport people up steep slopes. The inclinator can operate over angles up to 45 degrees (or gradient of ½). The inclinator is operated by control buttons. It can be stopped or reversed as desired and the carriage can be called from one level to another” (NSW ILC Journal, Spring 1994, Page 19)

5. Waterlifts (AL05)

A waterlift is a hydraulic elevator that can be installed internally or externally. There are state restrictions pertaining to the installation of waterlifts eg NSW building code will not allow such devices.

6. Stairclimbers (AL05)

Stairclimbers are different from the other five stairlifts, in that the stairclimber is an individual piece of equipment that assists a person up/down the steps, but is not installed. **It is not a fixture.**

Stairchairs, Wheelchair Platform Lifts and Inclinator are covered by AS1735.12.

Vertical Platform Lifts are covered by AS1735, in particular Parts 14 & 15.

Waterlifts are covered by AS1735, in particular Parts 3 & 17:

“Electrohydraulic lifts” and “Waterdrive lifts”.

Stairclimbers are not covered by an Australian Standard. If Australian Standards are developed, compliance is required.

Each State may have a specific governing body that oversees the installation and subsequent periodic inspections of installed stairlifts. An annual fee is sometimes paid to this body for registration. DVA will pay for this and any services etc.

Australian Standards

Governing Body

Prior to recommending a Stairlift

Issues to consider

Prior to recommending the provision of a stairlift, a number of issues should be considered:

- eligibility
- accommodation with shared access
- assessment
- clinical criteria
- functional criteria
- social criteria

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card) there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war caused injury/disease and/or as specified under Treatment Principle 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

DVA does not provide stairlifts to entitled persons receiving **low or high level care** in an Australian Government funded aged care facility.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not legally required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider. This provision does not apply to stairlifts.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Accommodation with shared access

The Department does not supply stairlifts to entitled persons who require the stairlift to be installed on a public access route.

Assessment

An assessment and report by an Occupational Therapist is required to:

- provide clinical, functional and social information to the Department to support the need for a stairlift; *and*
- decide, in partnership with a supplier and the potential user (and their carer/representative), which type of stairlift is most suitable, and provide clinical/functional/social justifications; *and*
- provide advice and any necessary training for the entitled person/carer; *and*
- advise the entitled person/carer that the Department may not fund the repairs or make good of the area when the stairlift is removed.

Clinical criteria

The following clinical criteria should be met before approval will be given for the issue of a stairlift:

- the entitled person should have a severe reduction in mobility resulting in a complete inability to negotiate steps at any time; **and**
- the prognosis has been considered.

Functional criteria

The following functional criteria should be met before approval will be given for the issue of a stairlift.

The entitled person **should** be:

- wheelchair dependent; **and**
- unable to negotiate steps safely with bilateral rails; **and**
- unable to negotiate steps safely with the assistance of another person.

Social criteria

The following social criteria should **all** be met before approval will be given for the issue of a stairlift.

The entitled person **should**:

- be unable to relocate to more suitable accommodation because the close proximity of existing social supports cannot be provided at the new location;
- a ramp is not a suitable option;
- need to have access to more than one level of the house is not a viable option, ie. entitled person does not have access to a toilet, bathroom and sleeping area on one level;
- live alone or with a carer who is unable to assist them to manage steps, and therefore unable to provide basic support. (Community support may be an option, ie. shopping delivered, doctors visit, etc);
- not have access to community resources to assist with daily living requirements eg. shopping, appointments, etc;
- own their own home, which should be an individual residence that does not share access with other facilities, eg. unit, townhouse (protective Tenants of rented accommodation may be considered);
- have purchased the residence prior to any knowledge of the disability;
- not have been able to reasonably judge that the access was likely to become an issue.

Also, consideration should be given as to whether other less sophisticated modifications will suffice or are structurally practical (eg. ramps).

Reasons for not approving a Stairlift

Provision of a stairlift is based on clinical and functional criteria and not on leisure or recreational or home security needs. Stairlifts will not be provided unless **all** the clinical, functional and social criteria detailed above are met.

When approval has been determined

Notification

When the Department has approved the issue of a stairlift, notification is sent to:

- the entitled person;
- the prescriber; and
- the supplier

Notification to the

The notification to the LMO should include details regarding their

LMO

responsibility to undertake regular reviews of the entitled person's condition in order that he/she continues to meet the criteria.

Notification to the entitled person

The notification to the entitled person should include:

- details of the entitled person's responsibilities as listed in the section "Entitled Person's Responsibilities"; and
- notice that the stairlift remains the property of the Department, and that the Department has the right to withdraw it if:
 - the entitled person's clinical/functional/social criteria change, or
 - the entitled person (after assessment) no longer requires the stairlift; and
- notice that the entitled person and/or carer may be responsible for "making good" following the removal of the stairlift; and
- notice that the entitled person is responsible for using the stairlift in a safe manner, according to the regulations outlined by the OT, the supplier and/or the governing body.

The entitled person's responsibilities

Maintenance

The entitled person should ensure that the supplier carries out regular servicing of the stairlift (at least annually), following approval from the Department. The Department will pay these maintenance costs.

Repairs

The entitled person should contact the supplier to arrange any necessary repairs. Under no circumstances should the entitled person attempt to repair the stairlift.

Note: In the case of emergency repairs, the Department requires the entitled person to seek post-approval from the Department.

Safe usage

The entitled person should use the stairlift in a safe manner, and only in the manner for which it was designed.

Changed circumstances

The entitled person should advise the Department of any changes in personal circumstances (clinical, social or functional) that may result in the withdrawal of the stairlift.

Return of the appliance

The stairlift remains the property of the Department, and should be returned to the Department when it is no longer required. The family are responsible for "making good".

In certain situations when the entitled person no longer requires the stairlift, it may be more cost-effective to give the entitled person's family the option to retain the lift and take over responsibility for future on-costs, eg. repairs, servicing, etc. Documentation to relevant parties should reflect this outcome and the understanding that the stairlift remains the property of DVA and can be withdrawn at the Department's discretion.

"Making good"

The Department provides the stairlift for the assessed entitled person only. When the stairlift is no longer required by the entitled person, the Department may choose to withdraw the lift, and the entitled person/carer is financially responsible for "making good".

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 16

National Guideline
for
**Water Chairs and Pressure-
Relief Chairs**
(RAP Schedule No. AC08)

Definition of water chairs and pressure-relief chairs

A water chair is a water-and-foam-filled or a gel-and-foam-filled combination chair/bed on a mobile castor base designed to relieve pressure. There are several types of water chairs issued under RAP Item AC08:

- fully adjustable;
- semi-adjustable;
- manual adjustment;
- electrical adjustment; and
- gas operated adjustment.

These guidelines also apply to the provision of other pressure-relief chairs such as foam, fall out chair, air chair.

Ancillary equipment

Additional items include:

- full-length lambs wool overlay;
- tray;
- restraining straps;
- armrest; and
- headrest foam cushions

Prior to recommending a water chair or pressure-relief chair

Issues to consider

A number of issues should be considered:

- eligibility;
- clinical assessment; and
- clinical criteria

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card) there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war-caused injury/disease and/or as specified under Treatment Principle 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **low or high level care** in an Australian Government funded aged care facility are not provided with water/ pressure relief chairs through RAP as aged care providers would usually supply these items, when needed, under Parts 1.5 and 3.2 of Schedule 1 of the *Quality of Care Principles (1999)*.

However, DVA may consider providing the item if the requirements of this Guideline are met **and** the aged care provider is not legally required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Hospitals

The Department does not supply RAP appliances to entitled persons who are receiving in-patient treatment at a private or public hospital.

Assessment

An assessment and report by a prescriber is required to:

- assess for, and trial any alternative equipment which may be appropriate for the entitled person's seating and pressure care needs
- provide clinical information to the Department to support the request for a water chair or pressure-relief chair;
- decide in partnership with the potential user and/or their carer which type of water chair or pressure-relief chair is most appropriate to meet clinical needs; and
- arrange any necessary training and provide advice to the user and carer.

Clinical criteria

The following criteria should be met before prescribing a water chair or pressure-relief chair.

The entitled person should have:

1. a permanent and ongoing marked reduction in mobility, ie is bed/chair-bound and unable to change position independently;
2. specialised seating needs which cannot be met by alternative equipment and/or strategies.

Reasons for not issuing the appliance

The issue of a water chair or pressure-relief chair will not normally be approved if any of the following criteria apply:

1. there are viable alternatives for meeting the entitled person's clinical needs, eg: modification to the existing bed or seating, prescription of alternative seating and/or pressure care equipment, etc; or
2. the carer does not have adequate physical strength or cognitive abilities to move the entitled person in the water chair or pressure-relief chair around the home environment; or
3. the home environment is unsuitable for their use, eg: inadequate access.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the entitled person, including a list of his/her responsibilities;
- the prescriber; and
- the supplier.

The entitled person's responsibilities

Transport

The entitled person or carer is responsible for transport of the water chair or pressure-relief chair if required.

Maintenance

The entitled person should be able to personally maintain or arrange maintenance of the water chair or pressure-relief chair, which includes keeping the appliance in safe working order.

Repairs

The entitled person should arrange repairs directly with the specified supplier (at the Department's discretion). Under no circumstances should the entitled person attempt to repair the water chair or pressure-relief chair.

The Department shall usually meet the cost of repairs due to normal wear and tear. The entitled person shall meet the cost of any repairs due to misuse.

Safe usage

The entitled person should use the chair in a safe manner, and only in the manner for which it was designed.

Return of appliance

When the chair is no longer required, it should be returned as directed by the Department.

REHABILITATION APPLIANCES PROGRAM (RAP)

CHAPTER 17

National Guideline
for
High-level Pressure Care
Cushions

(RAP Schedule No. AE04)

Definition of a high-level pressure care cushion

A high-level pressure care cushion is a cushion designed to reduce problems resulting from external mechanical forces of pressure, friction and shear.

There are several types of high-level pressure care cushions provided under the RAP item code number AE04:

- Hollow-core fibre cushions;
- Gel cushions; and
- Flotation cushions (dry or water).

Low-level pressure care cushions, such as foam or static air cushions, are provided under the RAP item code number AE05.

Australian Standards

There are no Australian Standards for this equipment. If Australian Standards are developed, compliance is required.

Prior to recommending a high-level pressure care cushion

Issues to consider

Prior to giving approval for a high-level pressure care cushion, a number of issues should be considered:

- eligibility;
- clinical assessment; and
- clinical criteria.

Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the appliance.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the appliance due to a war caused injury/disease and/or as specified under Treatment Principle (TP) 2.4.

Aged Care

Approved providers of Australian Government funded aged care services are required to provide care and services as specified under the *Aged Care Act (1997)* and *Quality of Care Principles (1999)*. Schedule 1 of the *Quality of Care Principles (1999)* lists the specified care, services and equipment to be provided for all residents who need them.

Entitled persons receiving **high level care** in an Australian Government funded aged care facility are not provided with high level pressure care cushions as aged care providers would usually supply these items, when needed, under Part 3.2 of Schedule 1 of the *Quality of Care Principles (1999)*.

However, the Department will supply high-level pressure care cushions to entitled persons receiving **high-level care** who:

- have been provided with a customised manual or electric wheelchair by DVA; and
- have an assessed clinical need for a high-level pressure care cushion to be used with the customised manual or electric wheelchair.

Entitled persons receiving **low level care** in an Australian Government funded aged care facility may be provided with high level pressure care cushions where the requirements as specified in this Guideline are met **and** the aged care provider is not required to supply the item.

Entitled persons receiving Extended Aged Care at Home (EACH) services or Community Aged Care Packages (CACP) are able to access RAP aids and equipment where the service provider is not required to supply the item.

An entitled person who has been issued RAP items prior to entering aged care may take the equipment into an aged care facility subject to the approval of the aged care provider.

If further information is required concerning the provision of services and care for DVA entitled persons receiving Australian Government funded aged care services contact the Department of Health and Ageing through the **Aged Care Hotline on 1800 500 853**.

Hospitals

The Department does not supply high-level pressure care cushions to entitled persons who are receiving in-patient treatment at a private or public hospital.

Assessment

An **assessment** and **report** by a prescriber is required to:

- ensure pressure-care cushions are prescribed as part of an overall pressure management program which includes correct positioning, frequent changes in position, appropriate skin care strategies, use of continence appliances or controlled toileting, etc;
- decide, in partnership with the potential user (and/or their carer or representative), which type of pressure care cushion is most appropriate;
- provide clinical information to the Department to support the request for a high-level pressure care cushion; and
- arrange any necessary training and provide advice.

Clinical criteria

The following factors should be considered in assessing the risk and to determine the appropriate prescription of high-level pressure care cushions:

- **Mobility:** the entitled person has a reduction in functional mobility including a reduced ability to relieve weight or change positions;
- **Skin Integrity:** presence of ischaemia or pressure areas on the skin including skin discolouration, skin loss or damage;
- **Sensation:** reduction or loss of normal sensation;
- **Contenance:** presence of incontinence of faeces or urine;
- **Body Weight:** above or below average body weight for height; and
- **Age:** increased risk with increased age.

Assessment of risk should indicate a medium, high or very high level of risk of developing pressure areas or sores. Use of a validated risk scale (eg: Waterlow, Norton, Gosnel or Braden Scale) is desirable.

Reasons for not issuing appliance

A high-level pressure care cushion should not be approved if there are viable alternatives for meeting the entitled person's clinical and/or nursing needs.

When approval has been determined

Notification

When the Department has approved the issue of the equipment, notification is sent to:

- the entitled person, including advice of his/her responsibilities;
- the prescriber; and
- the supplier.

The entitled person's responsibilities

Repairs

The entitled person should contact the supplier to arrange any necessary repairs. Under no circumstances should the entitled person attempt to repair the cushion.

The Department shall usually meet the cost of repairs due to normal wear and tear. The entitled person shall meet the cost of any repairs due to misuse.

Safe usage

The entitled person should use the appliance in a safe manner, and only in the manner for which it was designed.

Return of appliance

When the cushion is no longer required, it should be returned as directed by the Department