

# Frequently asked questions — DVA cardholders

## What are the components of the new budget measure?

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This reform package has four main elements (set out in order of implementation):

1. Technical adjustments to the fee schedules..... from November 2018
2. New treatment cycle initiative..... from July 2019
3. Trials of funding models..... from February 2021
4. Schedule upgrades ..... from February 2021

## Who will these changes affect?

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These changes will affect 140,000 DVA cardholders who access DVA dental and allied health services.

## What is the new referral arrangement in allied health care? (that is, the treatment cycle)

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Under the new arrangements, the GP may refer you to allied health care for up to 12 sessions or a year, whichever comes sooner. At the end of the treatment cycle, the allied health provider will report back to the GP. If the GP assesses that further allied health treatment is needed, the GP will refer you for a further treatment cycle of up to 12 sessions. The GP may also refer you to another provider, or for a different form of treatment.

The treatment cycle will start from 1 July 2019.

## Is there a limit on the number of treatment cycles that I can have?

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You may have as many treatment cycles as are clinically required. This includes having more than one treatment cycle in place at the same time. For instance, you may have a cycle of treatment from a dietician, podiatrist and physiotherapist — all at the same time and each cycle for up to 12 sessions.

The treatment cycle will not impose any hard ‘cap’ or limit on the number of clinically-required services. You will receive as many services as determined to be clinically necessary by your GP.

## Will I now have to go to my GP to get a referral for dental or optical services?

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No. Dental and optical services do not require a GP referral and are not limited to the 12 service treatment cycle.

## Why have changes been made to dental and allied health arrangements?

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DVA undertook a review of its dental and allied health service arrangements to ensure that services continue to meet current and future needs of the veteran community. The changes in this measure were informed by the review (see [Review of DVA Dental and Allied Health Arrangements — Final Report](#)).

The changes will strengthen the quality of care you receive and enable the fee schedules for dental and allied health providers to better reflect contemporary clinical practice and future needs.

## When do the changes come into effect?

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Some technical adjustments will be made to the dental and allied health fee schedules in November 2018. The new treatment cycle approach for allied health services is scheduled to start on 1 July 2019. Trials of new funding models are scheduled to commence in February 2021. Upgrades to fee schedules are planned for February 2021.

## What if I need on-going care?

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If you need on-going care you will continue to receive the care you need. After the treatment cycle ends, the GP will decide what treatment is clinically appropriate for you. This includes the option of continuing the same type of treatment or potentially a different type of treatment if it is needed. If you have a chronic condition then treatment can continue if required, but will be assessed at the end of every treatment cycle to ensure this treatment remains the best option for you.

## Are services to veterans being reduced?

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If you need care, you will still get access to care. The aim of this initiative is for DVA cardholders to receive quality care that is clinically appropriate. If a cardholder needs more or different services, these will be offered. Involving the GP in assessing and monitoring treatment means DVA cardholders will receive treatment that is effective and only the level of clinically unnecessary services will be reduced. Any savings will be redirected back into improving dental and allied health services, and other initiatives to improve how DVA supports the veteran community.