



Australian Government
Department of Veterans' Affairs

DVA Community Nursing Provider

Bulletin

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General update Bulletin No 7

Packaged Aged care

On 1 July 2015, it became mandatory for all home care packages to be delivered on a consumer directed care (CDC) basis. CDC gives consumers greater choice over the types of care and services they access, how and when those services are delivered and by whom. The first stage of the Increasing Choice in Home Care measure was implemented on 27 February 2017, now all home care packages are provided to individual consumers rather than the previous method where home care packages were awarded to approved providers under an allocation process.

Consumers have the choice over how involved they are in managing their home care package, and have a greater say in what care and services are accessed and how these are delivered. Since the introduction of CDC, DVA care and community support programs including Community Nursing, have been under increasing demand to provide additional supplementary services to DVA beneficiaries that are also receiving services under a Home Care Package, regardless of the level of the package.

DVA and Department of Health have a no duplication policy in place. Eligible DVA beneficiaries are able to access both DVA and Health aged care and community support services, as long as there is no duplication in the service being delivered. For example, if a DVA beneficiary is in receipt of domestic assistance through VHC, they are unable to also receive domestic assistance through either the Commonwealth Home Support Program (CHSP) or a Home Care Package.

An eligible DVA beneficiary can continue to access DVA services when in receipt of a level 4 Home Care Package, as long as there is no duplication in the service being delivered.

For your information, the programs under which these supplementary services can be provided are listed at page 35 of the Health publication "Your guide to home care package services." A link to this document is included below.

https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/your_guide_to_home_care_package_services-booklet.pdf

Contract Management update

Updates to Provider Information

To assist with the ongoing management of the Community Nursing (CN) program, Community Nursing (CN) providers are required to advise DVA as soon as practical, of any changes to their administrative and service information, including but not limited to:

- the CN provider's organisation (Legal Entity and ABN)
- geographical coverage (LGAs) of CN services
- types of CN services
- subcontracting arrangements
- capacity of providing CN services

Therefore, please email changes to NMBCN@dva.gov.au, so we can update our records and the panel of CN providers published on the DVA website (if applicable) accordingly.

Second worker

The process for a Second Worker is similar to an exceptional case approval, however the Second Worker form is shorter and there is no clinical assessment undertaken by the ECU. The *Second Worker Form* is available online through the DVA link:

www.dva.gov.au/sites/default/files/dvaforms/D1391.pdf.

CN providers will need to email the completed form to the ECU for processing. ecu@dva.gov.au. The ECU will email confirmation of the prior approval amount to be claimed, the item number NO68 must be claimed retrospectively in conjunction with a core item.

Please note these forms must be submitted through secure email. A CN provider is required to register an email address in order to submit their forms through secure email. The Contractor's Representative (as recorded on the Agreement held with DVA) is first required to email the ECU with the following information regarding the person who will be submitting the ECU forms:

- Contact name;
- Contact phone number; and
- Email address used to submit the forms.

This information should be emailed to ecu@dva.gov.au.

DVA will respond to the email providing information on how to use secure email. Completed and signed forms can be sent by secure email.

Second provider in a 28 day claim period

Generally only one CN provider can be paid per entitled person in a 28-day claim period. However, there are situations where an entitled person may require services from two CN providers in a 28-day claim period, e.g. the entitled person:

- goes on a holiday in the 28-day claim period and has care delivered by two providers (e.g. has CN services at their holiday destination); or
- is referred to another community nursing provider (e.g. post hospital admission).

To establish if there is already a CN provider delivering services to an entitled person, CN providers should contact DVA prior to services commencing.

This will flag with Medicare Australia as a way to monitor appropriate servicing levels, and the provider whose claim is processed second will have their claim rejected. A community nursing provider with a rejected claim will need to submit a form to DVA advising the reason for the provision of services in the same claim period as another provider. This request for payment will be assessed and DVA will advise you of the outcome: <https://www.dva.gov.au/sites/default/files/dvaforms/D9305.pdf>

On line claiming

DVA recommends Medicare's [online claiming](#) services as they provide a number of efficiencies and cost-savings for health care providers. The Community Nursing program intends to move towards online claiming as the only method for CN providers to claim for community nursing services.

Please see section 11 of the Notes

Please ensure that all relevant community nursing staff in your organisation are made aware of the information contained in this Bulletin.