Australian Government
Department of Veterans' Affairs

Changes to Allied Health Arrangements for Veteran Card Holders

Discussion Paper

The Department of Veterans' Affairs is keen to hear from veterans, families of veterans, allied health providers, peak bodies, ex-service organisations and other stakeholders on the detailed design and implementation changes to allied health arrangements from 1 July 2027.

Your contributions will help inform the development of practical, clinically appropriate and clearly understood arrangements that support access to allied health care for Veteran Card holders.

Date: August 2026

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1. Introduction

The Government has the greatest respect for the Australians who have served our country, and we are committed to ensuring veterans and their families get the care and support they deserve. That means listening to veterans and working with them when we make changes to the services they rely on.

The Government is seeking the views of veterans, families of veterans, allied health providers, health providers, peak bodies, ex-service organisations and other stakeholders to inform the implementation of, and detailed design and operational planning for, the new allied health funding arrangements.

The Australian Government is investing $169.7 million to strengthen Veteran Card holders' access to allied health services.

This is the largest investment in veteran allied health provider fees in more than two decades and responds directly to Recommendation 71 of the Royal Commission into Defence and Veteran Suicide, which called for increases to the Department of Veterans' Affairs' (DVA) fee schedules to improve access to care.

From 1 July 2027, the 12-session treatment cycle will be removed. Veterans will still need initial GP referrals but will no longer need GP referrals after every 12 sessions to access allied health care.

A $5,000 annual threshold for allied health services will be introduced for reviewing treatment. This threshold will not apply to Veteran Card holders who are eligible for the Special Rate Disability Pension, the Totally and Permanently Incapacitated Pension, or those who have been determined to be Catastrophically Injured.

For those it is applicable to, before Veterans reach that threshold, DVA will work with them and their health care team to review their treatment plans and approve additional care. Veterans who are nearing the threshold will still be able to access care while the approval process is underway and will not see a gap in service.

This consultation is seeking feedback on how that process should work in practice.

2. Consultation overview

Consultation will help ensure the new arrangements are practical, clinically appropriate, clearly understood and able to support Veteran Card holders to access clinically effective allied health care treatment. Importantly, the intent of this consultation is to ensure changes do not result in any gap in accessing service for veterans who have a clinical need for allied health treatment.

- **Section 3:** provides a brief overview of how allied health services are currently delivered.
- **Section 4:** provides a brief overview of what is changing and why.
- **Section 5:** explains the key design questions and invites you to provide practical feedback that will inform policy, operational, clinical and digital design decisions before commencement on 1 July 2027.

Details of consultation activities are available on the DVA website and can be found here: https://www.dva.gov.au/what-we-help-with/health-support/allied-health.

2.1. How to provide feedback

Stakeholders are invited to provide feedback on the issues for discussion set out in this paper.

Feedback may include comments on the proposed approach, practical implementation issues, risks, opportunities, impacts on Veteran Card holders and providers, and suggestions for the design of the measure. To support a shared understanding of the terminology and consultation questions, key terms used in this paper are set out in **Appendix 1**.

You can submit your feedback through the DVA online consultation hub available at https://consultations.dva.gov.au/.

2.2. How will my feedback be used?

Your feedback will help DVA design a process for veterans who need more than $5,000 of allied health care, while making sure clinically necessary treatment can continue without additional services becoming an obstacle to that care.

2.3. When do submissions to this discussion paper close?

Feedback is sought by Friday, 30 October 2026.

3. How do the allied health arrangements work now

3.1. What do we mean by allied health?

Allied health specifically refers to those services being delivered by a:

- chiropractor
- clinical psychologist or psychologist (excluding those accessed through Open Arms)
- diabetes educator
- dietitian
- exercise physiologist
- occupational therapist (general and mental health)
- orthotist / prosthetist
- osteopath
- physiotherapist
- podiatrist
- social worker (general and mental health)
- speech pathologist, and/or
- neuropsychologist.

Access to medical and other support services outside of those listed above **will not be impacted** by these changes. For example, this measure does **not apply** to medical (i.e. General Practitioner) or specialist services (such as psychiatry), dental, optical, hearing; or psychology and counselling services delivered through Open Arms.

3.2. How services are funded

The Government funds health care that is clinically required for eligible Veteran Card holders through established fee-for-service arrangements.

Where a qualified and registered allied health provider accepts a Veteran Card, they must accept the fees as set out in the DVA fee schedule and agree to provide services in accordance with the Notes for Allied Health Providers. The fee schedules (available here: https://www.dva.gov.au/providers/fees-claims/dental-and-allied-health-fee-schedules) set out

item numbers and fees payable for allied health services. Different fee schedules exist for each type of allied health profession.

The provider accepts the fee paid under these arrangements as full payment and cannot charge the Veteran Card holder a gap or co-payment. In some circumstances providers may receive prior approval from DVA to charge a higher fee based on clinical need.

From 1 July 2027, the Government will be investing $169.7 million to strengthen Veteran Card holders' access to allied health services through an increase in the fees paid to allied health providers. This is the largest investment in veteran allied health provider fees in more than two decades.

3.3. The treatment cycle veterans and providers are required to follow

Under current DVA arrangements, allied health treatment is managed through the Treatment Cycle. In summary:

- A Veteran Card holder needs a referral from their General Practitioner (GP), medical specialist or other authorised referrer to access allied health treatment.
- The referral, which is required for each provider, generally covers up to 12 sessions or 12 months, whichever occurs first.
- If a veteran has a long break between treatments, they may require another referral if it is more than 12 months since the initial referral.
- At the end of the cycle, the allied health provider is expected to report back to the referrer about the treatment provided, the Veteran Card holder's progress and whether further treatment is recommended.
- If ongoing treatment is needed, a new referral is generally required. This could result in multiple treatment cycles requiring approval for different allied health providers for overlapping periods, in some cases requiring repeated GP visits for each referral.

Under the current system, veterans do not have visibility of which allied health or other services have been billed on their behalf using their Veteran Card details.

4. What is changing and why?

DVA has been working to ensure veterans receive better coordinated care when they need it. As part of this initiative, we're looking to strike the balance between ensuring a veteran receives the care they need and are seeing positive outcomes, with reducing the current administrative burden on them.

From 1 July 2027, the 12-session treatment cycle will be removed. Veterans will still need initial GP referrals but will no longer need GP referrals after every 12 sessions to access allied health care.

A $5,000 annual threshold for allied health services will be introduced for reviewing treatment.

This threshold will not apply to Veteran Card holders who are eligible for the Special Rate Disability Pension, the Totally and Permanently Incapacitated Pension, or those who have been determined to be Catastrophically Injured.

For those it is applicable to, before Veterans reach that threshold, DVA will work with them and their health care team to review their treatment plans and approve additional care.

The review will also provide an opportunity for the veteran and their treating team to consider whether any changes to treatment could improve their health outcomes.

Veterans who are nearing the threshold will still be able to access care while the approval process is underway and will not see a gap in service.

In 2024–25, the median annual allied health expenditure was around $1,900 per Veteran Card holder. After the planned increase in provider fees, this is expected to be around $2,600.

4.1. Better information about allied health usage

Veterans currently cannot see which allied health services have been billed to their Veteran Card.

MyService will be updated so veterans can see their allied health expenditure and services in real time.

It will also support veterans and their treating doctors to consider clinical effectiveness and the need for and nature of continued treatment well before the threshold is reached.

4.2. Less admin for both the Veteran Card holder and the provider

Removing the 12 session treatment cycle will reduce the number of repeat referrals and reduce the administrative burden on doctors and providers.

The new arrangements will result in clear communication, practical guidance, appropriate digital updates, and support for Veteran Card holders and providers.

4.3. System integrity issues are addressed in other ways

DVA recognises that most providers deliver care appropriately and in line with veterans' clinical needs.

DVA separately monitors provider compliance and investigates suspected fraudulent behaviour. This work will continue independently to the changes outlined in this paper.

5. Proposed approach and feedback sought

This section seeks feedback on how Veteran Card holders could access allied health services above the $5,000 threshold.

DVA is considering how requests for additional services should be made and what evidence should be required. Consultation feedback will help inform the final design of the pathway, including the role of the veteran, their usual GP, treating allied health providers and DVA.

DVA considers that best practice allied health treatment should aim to improve or maintain a veteran's function, recovery, independence and participation using evidence-based, high value care that avoids unnecessary interventions.

Best practice allied health care should therefore:

- respond to an established clinical need
- be evidence-based, safe and proportionate
- be focused on clinically effective treatment
- be guided by goals that are meaningful and achievable for the veteran
- use appropriate (and where possible standardised and validated) assessment and outcome measures to guide ongoing treatment, and
- recognise veteran voice and lived experience.

DVA acknowledges the importance of the provider-veteran relationship, and that most providers are providing best practice care. DVA considers that the pathways for both requesting additional services, and processes for approval of these should aim to:

- maintain continuity of care where ongoing treatment is justified;
- be simple and proportionate for veterans, providers and government;
- operate efficiently at scale;
- promote appropriate communication between providers involved in the veteran's care, and
- adopt a risk based approach in application noting some cohorts of veterans with high or complex needs may inherently require additional allied health services.

5.1. A proposed model for additional services

Your feedback will help to shape the implementation arrangements from 1 July next year. However, DVA recognises it can however be difficult to provide input into government process without having something to respond to.

To help inform feedback, DVA has developed one possible model for how the process could work. It is included as a starting point for discussion and will be refined through consultation.

1. A Veteran Card holder is notified via push notification (i.e. through MyService messaging and mobile phone text messaging) that they are approaching the $5,000 threshold.
2. The Veteran Card holder consults with their allied health provider or providers to identify what additional treatment is needed. The provider submits this via a DVA webform.
3. The veteran's GP reviews their overall care and proposed additional treatment from the provider. The GP completes the DVA webform and provides their recommendation on the additional sessions before the veteran reaches the $5,000 threshold.
4. DVA considers the request. Treatment can still continue while this is happening, provided the request was made prior to reaching the $5,000 limit. This means that you don't have to wait for DVA to approve your request to continue to access allied health treatment above the threshold.
5. DVA will process requests within 28 days and advises the veteran of the outcome. If approved, DVA advises the Veteran Card holder of the outcome of the request via MyService messaging and text message. In the event the requested treatment is no longer clinically appropriate, DVA would directly contact the Veteran Card holder or their authorised representative to discuss options for referral to other more appropriate supports.
6. MyService updates to account for additional services approved.

Note: steps 2 to 5 above are similar to the existing Treatment cycle process but would only be required where accessing services above the $5,000 threshold, meaning this new process will be less burdensome for veterans and medical professionals than the current system.

5.2. Accessing allied health services above the annual threshold

Allied health services above the annual threshold would be approved where there is a clinical need for additional services.

Clinical need for further allied health services may be demonstrated where additional allied health services are expected to meet the following criteria:

- Prevent deterioration of medical condition(s), hospitalisation or loss of function.
- Support recovery following surgery, hospitalisation, acute injury or significant health event.
- Maintain essential function.
- Where withdrawal of treatment would be likely to cause decline.
- Achieve a defined and realistic treatment or rehabilitation outcome.
- Complete a course of treatment that is already producing a demonstrated benefit.
- Provide an essential assessment, equipment prescription or training that cannot reasonably be delayed.

5.3. Questions

- **How should the process work for veterans with complex or ongoing health needs?**
- **Are there medical events or circumstances that would be likely to require allied health support above the $5,000 threshold and could alternative pathways for accessing additional allied health services be appropriate?**
- **What else should DVA consider when deciding whether to approve additional allied health treatment?**
- **How should requests for additional services be made?**

  Veteran Card holders will need to begin the approvals process for additional services before reaching the threshold. Seeking this approval at this stage will ensure continuity of care for the veteran. DVA expects most requests to be lodged digitally but will provide other options for veterans who do not use MyService.
- **What information should be submitted with requests for services above the threshold?**
- **What is the best way for requests to be lodged, to enable these to be considered in an efficient and timely manner?**
- **How can DVA ensure the smooth administration of allied health support?**

6. Next steps

Feedback will inform the detailed design of the new arrangements, supporting guidance and provider note improvements and communication products by the end of 2026.

DVA will continue to engage with veterans, families and healthcare providers in the lead up to the 1 July 2027 commencement of this measure. Key dates and milestones for the consultations and implementation are included below.

Key milestones	Date
Expression of interest opens *Allowing stakeholders to register their interest to participate in the consultations.*	**29 June 2026**
Discussion paper released *Providing the next layer of detail to help and seek feedback, and shape, the design and implementation arrangements.*	**31 August 2026**
Direct engagement commences *Ongoing direct engagements informed by the discussion paper, including via town halls, webinars and forums.*	**2 September 2026**
Submission closes *Submissions to the discussion paper close, with feedback then used to inform the final design of the new arrangements.*	**30 October 2026**
Finalisations of arrangements *The release of final administration arrangements, informed by the consultations with veterans, providers and other interested stakeholders.*	**11 December 2026**
Implementation ready *All systems, provider notes and administrative arrangements are required to be in place in advance of the new arrangements commencing.*	**31 May 2027**

Appendix

Glossary

The following terms are used throughout this paper to support a shared understanding of the consultation questions.

Term	Meaning in this paper
Allied Health Measure	The measure announced in the 2026–27 Budget to increase allied health provider fees from 1 July 2027, remove the Treatment Cycle, introduce a $5,000 threshold for clinical effectiveness, and update MyService so Veteran Card holders can track allied health expenditure.
Coordinated Veterans' Care Program	DVA's proactive care coordination program for eligible Veteran Card holders with chronic conditions and complex care needs. The program supports the usual GP, care coordinator and participant to work together on a comprehensive care plan, care coordination, monitoring and review.
DVA fee schedules	Documents that set out item numbers, fees, service descriptions, claiming requirements, exclusions and other rules for allied health services funded by DVA. Web address: https://www.dva.gov.au/providers/fees-claims/dental-and-allied-health-fee-schedules.
Episode of care	A defined period or group of allied health sessions provided for a particular health need, with clear treatment goals, review points and communication back to the referrer or usual GP.
MyService	DVA's online claiming system, which will be updated so Veteran Card holders can track allied health expenditure and see services charged against their Veteran Card holder Card in real time.
Treatment Cycle	The current DVA referral model under which an allied health referral generally applies for up to 12 sessions or 12 months, whichever occurs first, before a new referral is generally required. The Treatment Cycle will cease on 1 July 2027.

Usual GP	The general practitioner with an established and ongoing treating relationship with the Veteran Card holder and who is familiar with the Veteran Card holder's health history, treatment needs and broader care arrangements. *Note: This definition is taken from the Notes for GPs*.
Valid clinical need	A demonstrated need for allied health treatment that is clinically required, effective, recovery focused and aligned with the Veteran Card holder's broader health needs.
Veteran Card holders	Veteran Card holders are people who hold a Veteran Card – All Conditions (colloquially known as the Gold Card) and people who hold a Veteran Card – Accepted Conditions (colloquially known as the White Card). This group may include current and former serving members, as well as War Widow(er)s and other dependants.