

Respite Care Services

Respite care is designed to provide relief for a carer who has the responsibility for a person requiring ongoing care, attention or support; it may be used in times of unavailability of the carer, for any reason. It gives the regular carer the opportunity for time out, while still ensuring quality care for the disabled person.

The respite care options currently available under the *Safety, Rehabilitation and Compensation Act 1988 (SRCA)*, the *Veterans' Entitlements Act 1986 (VEA)* or through the SHOAMP Health Care Scheme are considered adequate to provide relief for a carer who has ongoing responsibility for a person requiring ongoing care.

This document outlines respite care services currently available under SRCA; the VEA; or, a combination of both the VEA and SRCA.

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Under the VEA the Department of Veterans' Affairs currently provides access to respite services to veterans and war widows/widowers who are Gold or White Card holders. Respite care may be provided:

- in-home;
- in an Australian Government-funded aged care facility; or
- as emergency respite care in the home.

Veterans' Home Care (under VEA)

Veterans' Home Care (VHC) respite services are funded by DVA and are accessed through the VHC program. To be eligible, **the recipient/disabled person must be either a Gold or White repatriation health card holder**. Recipients must have compensation/health care entitlements for accepted conditions, under the *Veterans Entitlements Act (1986)*, the VEA, or the *Military Rehabilitation and Compensation Act (2004)* the MRCA. In addition, claimants may or may not have claims accepted under SRCA.

With the Veterans' Home Care (VHC) program, in any one financial year, the Department may pay for up to 196 hours of in-home or 28 days of residential respite care, or a combination of both.

Access to additional residential respite (to a total of 63 days per year) is also funded by the Department, however the eligible Gold or White Card holder would be responsible for paying the basic daily care fee for residential respite for any care that is in-excess of the 196 hour or 28 day limit (which ever occurs first). DVA approval and funding for respite care occurs following an assessment of need and approval by the VHC assessment agency.

Attendant care (for clients with conditions accepted under SRCA)

Section 29 of the SRCA makes provision for Attendant Care (the provision of essential and regular personal care services that may be reasonably required by military services personnel (either members or former member) with accepted condition/s).

The types of attendant care/personal care services that can be funded for claimants with conditions accepted under SRCA/MRCA include: assistance with mobility; personal hygiene (bathing and toileting); dressing; grooming; and feeding. (Medical, surgical, nursing or household services are not considered attendant care services).

There is a statutory limit (currently \$398.08 per week) for this type of care. If in-home nursing care services, provided by a qualified nurse, are required, then those specific expenses may be met as a medical treatment expense, for which no statutory limit applies, in addition to Attendant Care services. (However, the provision of Attendant Care cannot be approved for someone who is in a hospital or similar acute-care institution).

In-home respite care type services may be provided as Attendant Care under Section 29 of the SRCA.

Home care provided by a family member (SRCA)

Where Attendant Care services are already being provided in a domestic situation and the provider of the care services is the client's partner or a family member, respite-type services are possible for the carer - by engaging an external carer to provide the approved care services (within the statutory limit) for the period required.

Where an eligible care recipient is required to enter an institution for a period of time, including to provide respite for their carer, then the cost of that service would be met by DVA/Government as medical treatment under section 16 of SRCA.

Household services (SRCA)

Household services are also provided to minimise the impact of injury, disease and illness on a person's ability to perform pre-injury tasks. The Commonwealth may reimburse costs incurred if, because of a compensable injury or illness, there is a need for assistance with cooking, house cleaning, gardening, laundry or other similar household services in the home. This reimbursement is subject to a maximum weekly amount, which is indexed annually.

DVA may meet the costs (up to a statutory limit) for household services that are assessed as being reasonably required by a SRCA, MRCA or VEA client as a result of a compensable injury. The approval of household services depends on: the level of assessed need (identified by an occupational therapist or other professional); the claimant's current household circumstances. Household services payments are only made for expenses incurred (up to a maximum of \$398.08 per week under SRCA and up to \$413.56 under MRCA – current as at July 2010). The payments are additional to any other compensation payment being received through DVA.

Clients waiting for a decision about their claim

The SHOAMP Health Care Scheme is a DVA health care program that covers the costs of treatment and counselling services for serving and ex-serving Australian

Defence Force and civilian personnel who were involved in F-111 desal/reseal and fuel tank maintenance work, while their claims are under consideration. Carers of seriously ill personnel can receive respite care services while a compensation/health care claim is under consideration. The SHOAMP Health Care Scheme requires medical evidence that respite care is being accessed in relation to a claimed condition. (Access to SHOAMP is limited to the period between the claim being lodged and the decision being made about the claim).

Other Commonwealth programs

If an F-111 worker is not eligible under the VEA, SRCA or SHOAMP Health Care Scheme, a full range of respite access options exist through other Commonwealth and State funded programs. For example, the Department of Health and Ageing provides up to 63 days of respite care in a financial year, and can provide extensions of up to 21 days.

Commonwealth Respite and Carelink Centres: These Centres are a pivotal delivery mechanism for respite programs. They are principally funded by the Department of Health and Ageing (DoHA), with additional funding provided by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), to deliver a range of respite and carer support programs. Centres provide advice about respite services; find the most appropriate respite services for carers; and coordinate access to respite services in a carer's local area. There are 54 Centres located around Australia.

For **emergency respite support**, after business hours - call **1800 059 059**. For all other information about respite services and assistance please call **1800 052 052** during business hours.

Programs delivered by the Centres include:

- **Home and Community Care (HACC)** - jointly funded by the Commonwealth and State and Territory Governments. The HACC program provides a range of basic maintenance and support services including respite to frail older people, younger people with disabilities and their carers, to assist in preventing inappropriate or premature admission to long term residential care.
- **National Respite for Carers Program (NRCP)** - funded by DoHA. This program provides respite, information services and other support for the carers of frail older Australians, as well as carers of younger people with disabilities. There are more than 600 community-based respite services across Australia, which deliver respite care in a wide range of settings including carers' own homes, day centres and overnight cottages.

Additional support: Carer Counselling Services – DoHA funded service providing counselling, to support carers, through Carers Australia. If you would like to find out more about carer counselling, offered through a network of caring associations around Australia, please call **1800 242 636**, or talk to your nearest doctor so that they can refer you.

Further information can be obtained from FaHCSIA's website (see below).

Further respite care information

Fact sheet: **Respite care HSV06** available through a link from the F-111 website (f111.dva.gov.au) or via DVA's website. Fact sheet **MRC 41 Attendant Care** is also available through the F-111 website.

Other relevant fact sheets include:

- Veterans Home Care – Personal Care HCS 08
- Veterans Home Care – Domestic Assistance HCS 06

VHC Assessment Agency (who provide needs assessments) call: **1300 550 450**

For further information please see the DVA website at:
www.dva.gov.au/BenefitsAndServices

Or you can call DVA on **133 254** or **1800 555 254**.

General Carer Overview at:
www.fahcsia.gov.au/sa/carers/overview/Pages/default.aspx

Carer Benefits & Payments at:
www.fahcsia.gov.au/sa/carers/payments/Pages/default.aspx