



**Australian Government**

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**Department of Veterans' Affairs**

**NOTES**  
**for**  
**COORDINATED VETERANS'**  
**CARE PROGRAM PROVIDERS**  
**1 May 2011**

These Notes are applicable to the following health care providers under the Coordinated Veterans' Care Program:

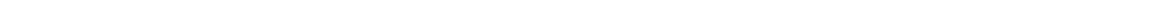
- Local Medical Officers
- Practice Nurses
- Aboriginal Health Workers

I, Shane Carmody, Acting President of the Repatriation Commission, hereby approve these Notes on behalf of the Repatriation Commission, the Military Rehabilitation and Compensation Commission and the Department of Veterans' Affairs.

.....  
SHANE CARMODY

Dated this ..... day of..... 2011

These Notes take effect on 1 May 2011



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## Introduction

These Notes set out additional legal requirements for Local Medical Officers (LMOs) under the Coordinated Veterans' Care Program (CVC Program). Primary requirements are in the legislative instrument "the Treatment Principles".

In the event of an inconsistency between these Notes and the Treatment Principles, the Treatment Principles prevail.

The CVC Program is a treatment Program provided by the Department of Veterans' Affairs (DVA).

The Program's aim is to improve the coordination of primary and community care for our veterans and war widow/ers who are most at risk of hospitalisation due to chronic disease. They will need to hold a current Gold Card which will entitle them to treatment of all conditions. Similarly the Program will extend to certain Defence Force members and their dependants who meet the eligibility criteria. In these Notes, all beneficiaries of the program are collectively referred to as veterans.

The key components of the CVC Program are:

- LMO ensures that any changes to the practice, its staffing, its training, its systems and its commitment to the Program are carried out before admitting a participant to the Program.
- Potential participants are identified by DVA, the LMO or a patient self identifies.
- Potential participants are assessed by the LMO for eligibility to participate in the Program.
- If eligible, the LMO explains the Program and the veteran provides informed consent to being admitted to the Program.
- A comprehensive assessment of the veteran is carried out by the Practice Nurse or the LMO (if no Practice Nurse).
- The data from the assessment is used to formulate a comprehensive individual care plan.
- The care plan is agreed with the veteran and a patient friendly copy provided to the veteran and any carer/ family.
- Consideration is also given to the need for short term social assistance.

- LMO's Practice Nurse (or a Community Nurse or the LMO) co-ordinates treatment services under the care plan, observing the minimum contact requirements.
- Nurse coordinator provides regular feedback to the LMO observing minimum contact requirements.
- LMO supervises the overall provision of care to a person under the Program.
- The care plan is regularly updated, reviewed and renewed.
- Quarterly periods of care are renewed so that most veterans going on the Program, stay on the Program.
- LMOs are paid an Initial Incentive to admit veterans to the Program and Quarterly Payments to provide ongoing care leadership. Payments are higher where a Practice Nurse or Aboriginal Health Worker employed by the practice is the care coordinator.
- Payments are in addition to all existing items.
- Where a Practice Nurse is not available, the LMO can provide a referral to a DVA contracted community nursing provider to secure a Community Nurse to be the care coordinator.

# **1. THE PURPOSE OF THE NOTES FOR COORDINATED VETERANS' CARE PROGRAM PROVIDERS**

- 1.1 These 'Notes for Coordinated Veterans' Care Program Providers' (Notes) have been developed to define the parameters for providing health care treatment under the Coordinated Veterans' Care Program (the CVC Program) to the veteran and defence community and to describe the relationship between the Department of Veterans' Affairs (DVA), the patient and the provider.
- 1.2 The CVC Program is administered under the Treatment Principles for the Veterans' Entitlements Act 1986 and the Military Rehabilitation and Compensation Act 2004.
- 1.3 In addition to the Treatment Principles, these Notes are a legally binding document setting out the conditions under which LMOs may provide treatment to entitled persons under the CVC Program.
- 1.4 LMOs are required to deliver treatment and meet the accountability requirements as set out in these Notes. Any breach of these Notes may lead to an action in accordance with the Treatment Principles, such as non-payment of claims or recovery of moneys from claims previously paid.
- 1.5 For the purposes of these Notes, Local Medical Officer (LMO) means a medical practitioner who is registered under the *Notes for Local Medical Officers* as a Local Medical Officer and who has been given a provider number by Medicare Australia in respect of being a medical practitioner, that has not been suspended or revoked. A reference to an LMO includes any medical practitioner who has been given a provider number by Medicare Australia in respect of being a medical practitioner, that has not been suspended or revoked.
- 1.6 For the purposes of the CVC Program and these Notes, Aboriginal Health Worker means a person who is qualified as an Aboriginal Health Worker after undertaking a course in Aboriginal and Torres Strait Islander Health, provided by an institution recognised by the Department of Health and Ageing as suitable for providing a course of that nature, and who obtained a Certificate Level III (or higher) under the course. Aboriginal Health Worker includes a person known as an Indigenous Health Worker with the same qualifications as above.

- 1.7 For the purposes of the CVC Program and these Notes, a reference to a Practice Nurse includes a nurse known as a Nurse Practitioner and employed by the LMO or the LMO's practice.

## **ROLE AND RESPONSIBILITIES OF THE LOCAL MEDICAL OFFICER (LMO)**

### **2. LMO Practice Set-up, Staffing, Training and Procedures**

- 2.1. Before admitting a person to the Coordinated Veterans' Care Program (the CVC Program) the LMO must understand all the requirements in these Notes and implement any changes required to the practices and procedures in the LMO practice.
- 2.2. Where the LMO plans to use a Practice Nurse or an Aboriginal Health Worker to coordinate the care, the practice must have:
- a) a discrete space for the care coordination activity to take place in privacy;
  - b) a reminder system in place to prompt the Practice Nurse (including an Aboriginal Health Worker) to
    - i. undertake coordination activity at least monthly; and
    - ii. make appointments and remind a participant of appointments;and
  - c) the capability for the Practice Nurse to make home visits to participants living within a reasonable time and distance from the practice.
- 2.3. Where the LMO plans to use a Practice Nurse who is an enrolled nurse or an Aboriginal Health Worker to coordinate the care the LMO must:
- a) be prepared to play a closer clinical role than if a registered nurse was coordinating the care; and
  - b) ensure that the enrolled nurse or the Aboriginal Health Worker completes the CVC Module One Training in Chronic Disease Management within a reasonable period of time and encourage the completion of additional training modules as they are released.
- 2.4. The LMO must ensure that the practice including all nursing and other staff understand the basic requirements and intent of the CVC

Program and the roles to be played and are committed to work collaboratively to provide care leadership, coordination and support.

### **3. Potential Participants are Identified**

The CVC Program is a targeted initiative. There are several ways that potential participants can be identified:

- 3.1 **DVA identifies** –DVA will use predictive modelling to analyse the health care data of Gold Card holders and identify the most likely potential participants - focussing on veterans with congestive heart failure, coronary artery disease, pneumonia, chronic obstructive pulmonary disease and diabetes.  
Letters will be sent to those identified and to their most usual LMO. When an LMO receives one of these letters, the LMO or the Practice Nurse should firstly check the patient's medical record to make sure there are no obvious disqualifying factors e.g. has a terminal condition or lives in a residential aged care facility (*for full list see eligibility criteria in 4*). The LMO or the Practice Nurse should then contact the patient, explain the CVC Program and make an assessment appointment if the patient is interested.
- 3.2 **LMO identifies** – An LMO may identify a Gold Card patient who is a potential participant, explain the CVC Program and invite them to make an assessment appointment.
- 3.3 **Patient or a care provider identifies** - A patient may request, or a patient's care provider such as a carer, specialist, allied health worker, hospital discharge planner or Community Nurse may recommend, an assessment for the CVC Program. In taking a request for an assessment appointment, the LMO or the Practice Nurse should firstly check the patient's medical record to make sure there are no obvious disqualifying factors eg has a terminal condition or lives in a residential aged care facility (*for full list see eligibility criteria in 4*).

### **4. LMO Assesses a Person for Eligibility**

- 4.1. In a consultation with the person, the LMO assesses a person's eligibility for the CVC Program and decides whether to admit the person as a participant. The assessment consultation can be billed as a separate consultation to the CVC Program items which are in addition to all existing Repatriation Medical Fee Schedule items.

- 4.2. Eligibility is confined to current Gold card holders. This includes veterans, war widows, war widowers, dependants and other eligible persons under the Veterans' Entitlements Act 1986 or the Military Rehabilitation and Compensation Act 2004. A Gold Card holder is eligible if in the opinion of the LMO the person has one or more chronic conditions that:
- a) have resulted or could reasonably result in frequent hospitalisation;
  - b) require complex care needs being one or more of :
    - i multiple co-morbidities that complicate the treatment,
    - ii the person's condition is unstable with a high risk of acute exacerbation,
    - iii the condition is contribute to by frailty, age and/or social isolation factors, and/or
    - iv there are limitations in self management and monitoring; and
  - c) the needs require a treatment regimen that involves one or more of the following complexities of ongoing care:
    - i multiple care providers,
    - ii complex medication regimen,
    - iii frequent monitoring and review, and/or
    - iv support with self management and self monitoring.
- 4.3. Notwithstanding that a person satisfies all of the above criteria, a person is **ineligible** if :
- a) living in a residential aged care facility that provides nursing or personal care services as well as meals, cleaning services, appropriate staffing, furnishings furniture and equipment to people who are frail and aged ( this does not include a hospital, psychiatric facility or services provided in a person's private home) ;
  - b) diagnosed with a condition that in the opinion of the LMO would be likely to be terminal within 12 months (applies only for initial admission – does not apply where the diagnosis occurs after admission to the Program); or
  - c) participating in any of the following Commonwealth Department of Health and Ageing Programs:
    - i "Coordinated Care for Patients with Diabetes" (including any pilot Program);
    - ii "Extended Aged Care at Home";
    - iii "Community Aged Care Packages";
    - iv "Transition Care"; or
    - v similar Program but with a different name.

An LMO should enquire from the patient or carer if applicable, whether the criteria in (a) and (c) apply but is not expected to make further enquiry.

4.4. If the person is eligible, the LMO then explains what it means to be on the CVC Program, the sharing of the person's medical information and the consents that the person will have to make. The consents are in addition to the standard consents of a Gold Card holder. Once a participant has provided informed consent, their medical information will be shared with all of the participant's health care providers including any specialists, pharmacists, allied health, Community Nurses, hospital discharge planners, nominated carers etc. In addition, a private firm called Bupa Health Dialog has been contracted to DVA to produce regular monthly reports for LMOs on all of the treatments and medications that a CVC Program participant is receiving. In consenting to participate in the CVC Program, a person is consenting to the sharing of appropriate medical information and data, to the use of the nominated nurse coordinator and to the care plan that will be prepared as part of the admission to the CVC Program. The sharing of relevant medical information amongst the care providers allows a shared holistic understanding of the participant's condition. Information privacy principles will be observed by all recipients of the information.

4.5. The following form of words is recommended to obtain informed consent from the person before admitting them to the Program:

*An important part of being on the CVC Program is that your relevant medical information is shared with all of your health care providers including any specialists, pharmacists, allied health, Community Nurses, hospitals, discharge planners, and nominated carers. The sharing of relevant medical information allows a common understanding of your condition and treatments and allows everyone to operate as a team to improve your health. In addition, a private firm called Bupa Health Dialog has been contracted to DVA to produce regular monthly reports for me on all of the treatments and medications that you are receiving. This allows me to see the whole picture of your care. Bupa will also report to DVA on the project. DVA may need to access care plans and other personal information for the purposes of monitoring the quality of services delivered or the performance of the program. All of the people*

*receiving your medical information must respect your privacy and comply with all relevant privacy legislation.*

*Do you consent to participating in the CVC Program and to the sharing of your personal information including relevant medical information and data as I have outlined and to the use of a nurse coordinator? A yes/no answer will be expected and a record made of the response].*

*You will also be asked to consent to the care plan that will be prepared as part of your admission to the CVC Program.*

- 4.6. If the entitled person is unable to provide informed consent, a person who is legally authorised to give substitute consent to treatment under State law (eg The Public Trustee, Guardian, a holder of an appropriate Special Power of Attorney, etc.) may consent on their behalf.
- 4.7. If the person does not provide consent they cannot be admitted to the Program.

## **5. LMO Determines Care Coordinator**

- 5.1. The LMO determines whether the care coordination role will be performed by a Practice Nurse, or Aboriginal Health Worker, or a Community Nurse. Where none of these are available or suitable, the LMO may perform the coordination role.
- 5.2. Where the LMO performs the coordination role, the LMO must observe all the requirements of the Practice Nurse as stated in these Notes.
- 5.3. Where the LMO performs the coordination role, the LMO is not entitled to any “LMO with Practice Nurse” payments.

## **6. LMO With Practice Nurse Admits a Participant and Quarterly Care Period Commences**

- 6.1. Where the LMO decides to admit a person to the Program, the person consents to being a participant and a Practice Nurse or Aboriginal Health Worker employed by the practice will be coordinating the care,

the following steps must occur before a quarterly period of care commences.

- 6.2. The LMO prepares any supplementary notes for the Practice Nurse and arranges for the Practice Nurse (including Aboriginal Health Worker) to conduct a comprehensive needs assessment either in the surgery or preferably in the person's home using the CVC standardised questionnaire or similar.
- 6.3. Using the results of the comprehensive needs assessment and with the assistance of the Practice Nurse, the LMO prepares a General Practitioner Management Plan (GPMP) or updates an existing GPMP. The GPMP is individualised to be consistent with the participant's preferences, priorities and intentions. As a minimum the GPMP contains:
  - a) a description of all chronic and other health conditions;
  - b) for each condition- current care guide, targets, red flags, background information, current management and most recent results;
  - c) medications list including dose frequency and known adherence;
  - d) allergies and adverse reactions;
  - e) self management goals and strategies;
  - f) any family and/ or carer contact details;
  - g) significant medical events and results;
  - h) other treatment providers and their contact details;
  - i) referrals planned and reasons for referral; and
  - j) devices being used.
- 6.4. The LMO or the Practice Nurse discusses the GPMP with the participant so that they understand the goals, interventions and self-management aspects, the methods of monitoring and evaluating the plan as well as the need for regular monitoring and review.
- 6.5. The LMO then:
  - a) records the decision to admit the person to the Program;
  - b) records, on the GPMP, the participant's consent to participation in the Program and to the GPMP; and
  - c) provides the participant and /or carer with a patient friendly version of the GPMP.

- 6.6. A patient friendly version of a GPMP should:
- a) be in large type and lay language;
  - b) remind the participant to take medications, observe dietary restrictions, participate in appropriate physical activity, monitor physiological parameters such as weight and blood pressure and to follow up with other health professionals; and
  - c) provide symptoms and situations where the participant or carer should contact the practice or an after hours service and provide contact details for these.
- 6.7. The participant is then admitted to the Program and the Initial Incentive payment can be claimed immediately by the LMO. The first quarterly period of care commences on the date of admission. The date of service for the quarterly period is the first day of the period. The claim cannot however be made until the quarterly period expires.

## **7. LMO without Practice Nurse Admits a Participant and Quarterly Care Period Commences**

- 7.1. Where the LMO decides to admit a person to the Program, the person consents to being a participant and a DVA contracted Community Nurse will be coordinating the care, the following steps must occur before a person is admitted to the Program and a quarterly period of care commences.
- 7.2. The LMO conducts a comprehensive needs assessment either in the surgery or preferably in the person's home using the CVC standardised questionnaire or similar.
- 7.3. Using the results of the comprehensive needs assessment, the LMO prepares a General Practitioner Management Plan (GPMP). The GPMP is individualised to be consistent with the participant's preferences, priorities and intentions. As a minimum the GPMP contains:
- a) a description of all chronic and other health conditions;
  - b) for each condition- current care guide, targets, red flags, background information, current management and most recent results;
  - c) medications list including dose frequency and known adherence;
  - d) allergies and adverse reactions;
  - e) self management goals and strategies;
  - f) any family and/ or carer contact details;

- g) significant medical events and results;
- h) other treatment providers and their contact details;
- i) referrals planned and reasons for referral; and
- j) devices being used.

7.4. The LMO discusses the GPMP with the participant so that they understand the goals, interventions and self-management aspects, the methods of monitoring and evaluating the plan as well as the need for regular monitoring and review.

7.5. The LMO then:

- a) records the decision to admit the person to the Program
- b) records the participant's consent to participation in the Program and to the GPMP;
- c) provides the participant and /or carer with a patient friendly version of the GPMP; and
- d) prepares a referral to a DVA contracted Community Nursing provider and sends the referral, the GPMP and any supplementary notes to the DVA contracted Community Nursing provider. The referral documents should include the LMO's expectations for initial set-up, contact preference e.g. telephone/fax/ e-mail (secure e-mail only), medical appointment schedule including dates, care coordination recommendations and the circumstances in which the LMO is to be alerted to the participant's change in condition/deviation from the care plan.  
The Panel of DVA-contracted community nursing providers is available at:

Website

[http://www.dva.gov.au/service\\_providers/community\\_nursing/contracted\\_providers/Pages/index.aspx](http://www.dva.gov.au/service_providers/community_nursing/contracted_providers/Pages/index.aspx)

7.6. A patient friendly version of a GPMP should:

- a) be in large type and lay language;
- b) remind the participant to take medications, observe dietary restrictions, participate in appropriate physical activity, monitor physiological parameters such as weight and blood pressure and to follow up with other health professionals; and
- c) provide symptoms and situations where the participant or carer should contact the practice or an after hours service and provide contact details for these.

- 7.7. The participant is then admitted to the Program and the Initial Incentive payment claim should be made immediately so that the DVA contracted Community Nurse provider is able to claim for CVC coordination activity. The first quarterly period of care commences on the date of admission. The date of service for the quarterly period is the first day of the period. The claim cannot however be made until the quarterly period expires.

## **8. Social Assistance Considered**

- 8.1 Social Assistance for CVC participants is primarily the provision of short term assistance to encourage longer term socialisation outcomes, for example assistance with participating in community activities or courses.
- 8.2 Assistance will be short term (up to 12 weeks) intensive services focussed on building the confidence of participants to promote ownership and motivation for their ongoing social health, with a view to establishing and maintaining long term benefits. These benefits include re-entry into community life, expanding the type and frequency of social contact and encouraging the veteran to proactively engage with communities of interest.
- 8.3 Importantly, the focus is on short term intervention rather than ongoing assistance, aiming to promote social health and independence rather than dependency.
- 8.4 At the point of admission to the CVC Program or any time thereafter, the LMO may determine that a participant could benefit from a Veterans' Home Care (VHC) assessment for Social Assistance. The LMO provides a written referral to a VHC assessment agency.
- 8.5 The criteria for a referral for a VHC assessment are that the LMO:
- a) has determined the CVC participant has a limited or inadequate social support network and could reasonably be at risk of hospitalisation because of that social situation; and
  - b) believes the risk of the CVC participant being hospitalised for a chronic condition may be significantly reduced if the person received social assistance.

Note: Only the most socially isolated CVC participants will receive social assistance.

The referral for a VHC assessment is completed by the LMO and faxed to the VHC Assessment Agency.

- 8.6 The locations and fax numbers of VHC Assessment Agencies can be found on DVA's website:  
[http://www.dva.gov.au/service\\_providers/veterans\\_homecare/Pages/index.aspx](http://www.dva.gov.au/service_providers/veterans_homecare/Pages/index.aspx).
- 8.7 The LMO and/or the nurse coordinator follows up on the referral with the participant and monitors the assistance supplied and the effect on the participant's social isolation.

## **9. Care Coordination by a Practice Nurse (including Aboriginal Health Worker)**

Where the LMO uses a Practice Nurse to provide care coordination, the LMO ensures that:

- 9.1. The Practice Nurse carries out coordination activity regularly including at least monthly contact with the participant to ensure adherence to the care plan, provide health coaching and motivational counselling and to detect and address emerging problems promptly. Contact may be by telephone or home visit. Where the participant lives within a reasonable distance and time from the practice, at least one home visit is to be undertaken within the first month of entering the CVC Program, if no initial in-home assessment was conducted, and at least one home visit per year.
- 9.2. The Practice Nurse provides a copy of the GPMP to all specialists, allied health practitioners and other care providers to the participant and monitors the actions of all care providers (for example prescriptions, tests, referrals and recommendations) through feedback from the participant, the carer, consultation reports and calls to other care providers.
- 9.3. The Practice Nurse involves a participant's carer in the care coordination process and informs the carer of progress and any changes to the GPMP.
- 9.4. The Practice Nurse maintains up to date records of all monitored actions and coordination activity.
- 9.5. The Practice Nurse regularly reviews the monthly Patient Registry Reports from DVA on each participant, cross checks with the records

and information held by the practice and alerts the LMO to any discrepancies or deviations from the GPMP.

- 9.6. The Practice Nurse provides feedback to the LMO on the participant's condition and progress against the goals regularly and at a minimum every quarter.
- 9.7. Regular advice and guidance is provided to the Practice Nurse.
- 9.8. Updates to the GPMP are made as necessary.
- 9.9. the need for a review or renewal of the GPMP is discussed and agreed with the Practice Nurse before the expiry of all quarterly periods of care and any appointments for the participant to attend the practice for a review or renewal are arranged.
- 9.10. The GPMP is reviewed at least every six months and renewed at least every 12 months.
- 9.11. The participant and/or carer receive a patient friendly version of any new or reviewed GPMP where appropriate.
- 9.12. The participant's other care providers receive a copy of any new or reviewed GPMP where appropriate.
- 9.13. On learning of an unplanned admission of the participant to hospital, the LMO or Practice Nurse contacts the hospital, advises that the participant is on the CVC Program, has a GPMP and requests to be advised of the discharge date, receive a copy of the discharge papers and if appropriate, to be involved in the discharge planning process.
- 9.14. One to two days following discharge from hospital the participant is contacted by the LMO or Practice Nurse to arrange for an appointment with the LMO either in the surgery or at home, to review the participant's condition and possibly review the GPMP.
- 9.15. Where appropriate, the LMO or Practice Nurse should liaise with the hospital during a planned admission and follow up with the participant on discharge.

- 9.16. The participant is provided with maximum opportunity to continue on the CVC Program as an ongoing means of managing the participant's chronic condition/s.

## **10. Care Coordination by a DVA contracted Community Nurse**

Where the LMO uses a Community Nurse to provide care coordination, the LMO ensures that:

- 10.1. A referral is prepared and sent to the DVA contracted Community Nursing provider along with the GPMP and any supplementary notes. Information must include LMO's expectations for initial set-up, contact method preference i.e. telephone/fax/ e-mail (secure e-mail only), medical appointment schedule and dates and any care coordination recommendation. The referral is valid for 12 months unless withdrawn by the LMO or a disqualifying event occurs e.g. participant enters a residential aged care facility. If the participant is already receiving community nursing services, the existing referral should be withdrawn and a new referral covering the CVC Program and other nursing services must be sent to the DVA contracted Community Nursing provider. There must be only one provider of community nursing services to any participant at any one time. The GPMP must be attached to the referral;
- 10.2. A Community Nurse Management Plan (CNMP) is received from the Community Nurse and any necessary changes to the GPMP are made and any feedback provided to the Community Nurse;
- 10.3. Up to date records of all communications with the Community Nurse are maintained;
- 10.4. Feedback from the Community Nurse on the participant's condition and progress against the goals regularly is received at least monthly and is regularly reviewed;
- 10.5. Regular advice and guidance is provided to the Community Nurse;
- 10.6. Updates to the GPMP are made as necessary;

- 10.7. The need for a review or renewal of the GPMP is discussed and agreed with the Community Nurse before the expiry of all quarterly periods of care and any appointments for the participant to attend the practice for a review or renewal are arranged;
- 10.8. The GPMP is reviewed at least every six months and renewed at least every 12 months;
- 10.9. The participant and/or carer receive a patient friendly version of any new or reviewed GPMP where appropriate;
- 10.10. The participant's other care providers receive a copy of any new or reviewed GPMP where appropriate – this can be done by either the LMO or the Community Nurse by agreement;
- 10.11. On learning of an unplanned admission of the participant to hospital, the LMO or Community Nurse agree on who will contact the hospital, advise that the participant is on the CVC Program, has a GPMP and request to be advised of the discharge date, receive a copy of the discharge papers and if appropriate, to be involved in the discharge planning process;
- 10.12. One to two days following discharge from hospital the participant is contacted by the LMO or Community Nurse, as agreed, to arrange for either or both:
  - a) an appointment with the LMO either in the surgery or at home, to review the participant's condition and possibly review the GPMP; and/or
  - b) a visit from the Community Nurse to review the participant's condition and make a recommendation to the LMO on the need for a review of the GPMP;
- 10.13. Where appropriate, the LMO or Community Nurse should liaise with the hospital during a planned admission and follow up with the participant on discharge; and
- 10.14. The participant is provided with maximum opportunity to continue on the CVC Program as an ongoing means of managing the participant's chronic condition/s.

## **11. Subsequent Periods of Care**

- 11.1. The expectation of the CVC Program is that once a person is admitted to the Program, they will remain on the Program as an ongoing means of managing the participant's chronic condition. This means that the LMO is expected to approve a person's continued participation for subsequent quarterly periods of care unless the person is no longer eligible.
- 11.2. Before a Subsequent Period of Care commences an LMO must:
- a) review the person's medical file and any other relevant information;
  - b) determine whether the person is still eligible for the Program (e.g. still living in the community and not in a residential aged care facility); and
  - c) decide whether the person's continued participation would meet the aims of the Program i.e. reduce hospitalisation of the person, avoid duplication of services, provide cost-effective treatment.
- 11.3. Where the LMO decides not to approve a Subsequent Period of Care, the LMO must:
- a) notify (including by telephone) any relevant DVA contracted Community Nurse provider, if the participant is receiving care coordination from a Community Nurse;
  - b) notify (including by telephone) the VHC Assessment Agency, if the participant is receiving CVC Social support services; and
  - c) notify the participant.
- 11.4. Where the LMO decides that the person should continue on the Program, the LMO then:
- a) approves a Subsequent Period of Care;
  - b) records the approval and the date of the approval, including electronic record; and
  - c) stores the approval in a readily retrievable form.
- 11.5. Where the decision is made before an existing quarterly period of care expires, the Subsequent Period of Care commences on the day after the current period expires. Where a quarterly period has already expired, the Subsequent Period of care commences on the day the decision is made to approve the Subsequent Period of Care.

## **PAYMENTS**

### **12. LMO claims for Initial Incentive payment**

- 12.1. Payment to LMOs for treatment under the CVC Program is based on "the Repatriation Medical Fee Schedule" contained in the DVA document "the Department of Veterans' Affairs Fee Schedules for Medical Services" in force on the date in Schedule 1 to the Treatment Principles (including the MRCA Treatment Principles).
- 12.2. Having admitted the person to the Program, the LMO then claims the LMO Initial Incentive Payment which is higher for an LMO with a Practice Nurse (including an Aboriginal Health Worker) who will be conducting the care co-ordination than for an LMO who does not have a Practice Nurse conducting the care co-ordination.
- 12.3. The Initial Incentive Payment is made only once per participant in the life of the Program. Where the participant changes LMO or ceases to be a participant and later re-enters the Program, the incentive payment will not be applicable.
- 12.4. In making a claim for an Initial Incentive Payment, the LMO is affirming that all of the requirements in these Notes for admitting a person to the CVC Program have been observed.

### **13. LMO claims for Quarterly Payment**

- 13.1 At the expiry of a quarterly period of care, the LMO submits a claim for payment.
- 13.2 The date of service for the quarterly period is the first day of the quarterly period e.g. if the period of care runs from 7 May to 6 August. The date of service is 7 May but the claim cannot be made until after 6 August.

## **14. Effect on claims for other items on the Repatriation Medical Fee Schedule (RMFS)**

- 14.1. A claim for any items in the CVC Program range does not affect a claim for any other items on the RFMS including the Chronic Disease Management items.

## **15. Community Nursing Payments**

An LMO (or practice manager) using a Community Nurse should be aware of the payment methods and rules for Community Nurse providers so that payments to the providers are not held up by the actions of the LMO:

- 15.1. The LMO must have submitted the claim for the LMO Initial Incentive Payment and the claim must have been accepted, before a Community Nurse claim for a CVC item will be accepted and paid.
- 15.2. Payment to a DVA-contracted community nursing provider is made via the existing 28 day claim period for Community Nurses.
- 15.3. A quarterly period of care must be current on at least one day of the 28 day claim period.
- 15.4. The Initial Care Co-ordination Payment covers the first 28 day period of care co-ordination commencing after the date the participant was admitted to the CVC Program by the LMO.
- 15.5. Acceptance of the LMO Initial Incentive claim will enter the participant on the system and will dictate the eligibility for all other payments. It is important that the LMO lodges the Initial Incentive claim promptly.

## **16. Effect of Death on Periods of Care**

- 16.1. Where a participant dies partway through a period of care:
  - 16.1.1 the LMO is entitled to claim the full amount of the LMO quarterly payment, whether that is with or without a Practice Nurse; and

16.1.2 the DVA contracted Community Nurse is entitled to the full amount for the 28 day period in which the death occurred.

## **RULES FOR TRANSFER OF PROVIDER**

### **17. LMO to LMO**

17.1. Where the participant changes LMO after entering the Program, the new LMO cannot claim the Initial Incentive Payment and can only claim for a quarterly care leadership period that commenced after the expiry of the previous LMOs quarterly care period whether or not the new LMO knew of the existence of a previous period of care.

### **18. Practice Nurse to Community Nurse**

18.1. A change from Practice Nurse to Community Nurse may occur where:

- a) The participant and/or the LMO decide that a Community Nurse is better placed to co-ordinate the care.

In this case, the LMO should make all attempts to complete the current 3 month period of Practice Nurse coordinated care before making the change. This will ensure seamless transition to the Community Nurse who can begin co-ordinating care straight away and can claim after the first 28 day period has been completed. The LMO will be required to provide a referral to the DVA-contracted community nursing provider.

- b) The participant changes LMO and the LMO does not have a Practice Nurse or the Practice Nurse cannot provide the co-ordination service.

18.2. The new Community Nursing provider is unable to make a claim for the first 28 day care coordination period until a new quarterly period of care is in place. In practice the new LMO should not refer the participant to the Community Nurse until the new care period has commenced.

## 19. Community Nurse to Practice Nurse

19.1. A change from Community Nurse to Practice Nurse may occur where:

- a) The participant and/or the LMO decides that a Practice Nurse is better placed to co-ordinate the care, or the LMO previously did not have a Practice Nurse.

In this case, the LMO should attempt to align the transition with the next quarterly care period.

- b) The participant changes LMO and the participant and/or the LMO decides that the care will be co-ordinated by the LMOs Practice Nurse, or the previous LMO did not have a Practice Nurse.

19.2. The new LMO may choose to commence managing and Practice Nurse co-ordinating of the GPMP straight away but will not be entitled to claim for the LMO with Practice Nurse Payment until the current quarterly care period expires.

## GENERAL MATTERS

### 20. Role of the DVA Contracted Providers

DVA will be assisted in the delivery of the Program by three contracted providers:

- **Bupa Health Dialog** to assist in identification of possible participants and provide general support including:
  - Data analysis to identify and notify potential participants and their usual LMO/GP.
  - Undertaking ongoing analysis and reporting to support program evaluation and monitoring.
  - Promoting the program and providing supplementary support materials for LMOs and participants in the Program.
- The **Australian General Practice Network (AGPN)** to deliver four training modules and resources in Chronic Disease Management to GPs, Practice Nurses and Community Nurses. AGPN will be assisted by Flinders University, the Australian Practice Nurses Associations and Baker IDI Heart and Diabetes Institute.

- **Grosvenor Management Consulting** to undertake ongoing and independent monitoring and evaluation of the Program.

An LMO may be contacted by Bupa or Grosvenor in relation to the monitoring roles. This may take the form of requests for data, records or surveys.

## **21. DVA and the Commissions**

- 21.1. Under the CVC Program the Commissions accept financial responsibility for services (incurs a liability) and DVA meets that liability by paying for the services.

## **22. Amendment of the Notes**

- 22.1. These Notes may be amended from time to time by DVA. DVA will take reasonable steps to make relevant LMOs aware of the draft amendments before they take effect.

## **23. Service Standards for Treating CVC Program Participants**

- 23.1. AN LMO under the CVC Program is required to provide services based on the following standards:
- a) LMOs are to recognize DVA's mission, vision and values and undertake, when dealing with entitled persons, to do so with respect, courtesy and understanding in accordance with DVA's Service Charter (available on the DVA Web Site: [www.dva.gov.au](http://www.dva.gov.au))
  - b) LMOs are to act in a manner consistent with APS Values and the APS Code of Conduct. Copies can be obtained from (<http://www.apsc.gov.au/values/conductguidelines.htm>).

## **24. Eligibility to provide DVA funded treatment**

- 24.1 DVA Statutory registration allows LMOs who are eligible to claim for treatment services under the Medicare Scheme to be eligible to provide treatment services to entitled persons under DVA's statutory provisions without having to enter into a contract with DVA. These provisions for statutory registration are covered by the relevant Treatment Principles. To apply for a Medicare provider number or

amend details, please contact Medicare Australia (refer clause 186 for contact details).

24.2 To be eligible to provide treatment to entitled persons under the DVA health care scheme, the LMO must have been a registered provider with Medicare Australia at the time the service was provided and a Medicare Australia benefit must have been claimable for the service (unless an exemption applies. See: clause 66).

24.3 In addition, the following conditions must be met to provide DVA funded treatment:

- a) where the LMO is practising in a State or Territory that has legislation requiring the registration of the occupation, the LMO must be registered under that legislation; or
- b) if the LMO is practising in a State or Territory that does not have legislation concerning registration (occupational licensing legislation), the LMO must, at a minimum, possess qualifications that would permit registration in another State or Territory (if another State or Territory has relevant occupational licensing legislation).

24.4 LMOs must meet the professional and ethical standards set by their professional regulatory and/or representative body. DVA expects LMOs to meet continuing education requirements set by their professional regulatory and/or representative body.

## **25. Insurance & indemnity**

25.1 State or territory laws or provider registration bodies may require, as a condition of registration, that LMOs carry a certain level of insurance and indemnity. This may vary across provider type and jurisdiction. For LMOs covered under DVA's statutory registration scheme, DVA does not stipulate insurance requirements or level of coverage.

25.2 However, DVA does require that the provider shall at all times indemnify and hold harmless the Commonwealth, the Repatriation and Military and Compensation Commissions, their officers, employees and agents (in this paragraph referred to as "those indemnified") from and against any loss (including legal costs and expenses on a solicitor/own client basis), or liability, incurred or suffered by any of those indemnified arising from any claim suit, demand, action, or proceeding by any person against any of those indemnified where such loss or liability was caused by any wilful

unlawful or negligent act or omission by yourself, your officers, employees or agents in connection with DVA's statutory registration scheme or in the course of, or incidental to, performing the health services.

## **PRIVACY**

### **26. Record Keeping & Retention Requirements**

26.1 The LMO will keep comprehensive clinical records as per the Medical Records Act in each State and Territory.

26.2 As a minimum requirement, LMOs must comply with the Privacy Act 1988 in relation to the collection, storage, security, use and disclosure of the personal information of entitled persons. The *Privacy Act 1988* may be found at:

<http://www.frli.gov.au/comlaw/comlaw.nsf/BrowseLinks?OpenForm>

For the purpose of these Notes, an entitled person is a person admitted to the CVC Program.

### **27. Record keeping requirements and provision of information**

27.1. An LMO must create and maintain adequate and appropriate records relating to details of the provision of treatment to an entitled person under the CVC Program including treatment provided by a Practice Nurse or Aboriginal Health Worker.

27.2. Records are to be retained by an LMO for the period, if any, required by any legislation that regulates the keeping of medical records in the State or Territory in which the LMO provides treatment under the CVC Program. Such records are to be securely stored and must be available to DVA on request

Note: a condition of participation in the Coordinated Veterans' Care Program is that an entitled person consents to his or her personal (treatment) information being provided to DVA, Bupa Health Dialog, Medicare Australia, hospital personnel and to other health care providers in the Program).

27.3. LMOs will comply with any reasonable request from DVA to supply information in relation to any entitled person in the CVC Program. In relation to complaints, the LMO must cooperate fully with DVA in investigating the matter, and must provide sufficient information to

enable a response to the complaint within seven days of receiving any information request from DVA. Where appropriate, DVA may liaise with the relevant regulatory and industry bodies regarding performance issues.

## **28. Advertising**

28.1. LMOs must not refer to DVA or the CVC Program or its participants in any promotional material unless they observe the following conditions:

- a) permission must be sought in writing from DVA to include references to DVA or the CVC Program or its participants in advertisements. The request for permission must include the proposed wording of the advertisement and any image/s which will be used.
- b) the Australian Government logo must not be used in the advertisements;
- c) the advertisement must not imply endorsement as a DVA preferred LMO or that the LMO is an employee or agent of DVA. The advertisement may only advise that the LMO treats participants under the CVC Program.
- d) no false or misleading information is to be included in the advertisement; and
- e) advertisements will not be permitted if legislation or occupational standards prohibit advertising by the LMO.

28.2. If the advertisement is only brought to DVA's attention after publication, the LMO will be contacted and advised of these guidelines. If the advertisement does not conform to these guidelines it can no longer be used.

28.3. If an LMO has been informed of these guidelines and contravenes them, DVA can take any appropriate and necessary action.

## **BENCHMARKING AND MONITORING AND THE AUDIT PROCESS**

### **29. Independent Monitoring and Evaluation**

29.1. Grosvenor Management Consulting has contracted with DVA to develop a monitoring and evaluation framework and undertake an ongoing independent evaluation of the Program outcomes. Monitoring of Program savings is an important element of the Program and this

activity will commence early to establish effective baseline measures, and support monitoring of Program outcomes, including reductions in hospital admissions.

### **30. DVA Monitoring**

- 30.1. DVA has systems in place to monitor the servicing and claiming patterns of LMOs. DVA uses this information, in addition to best practice guidelines from regulatory or representative bodies, to establish internal benchmarks for the future delivery of services and to identify possible instances of overpayment resulting from administrative error, inappropriate-servicing or fraud.
- 30.2. DVA may conduct audits of LMOs. The audits will examine whether an LMO is complying with these Notes, the Treatment Principles and any other relevant documents.
- 30.3. The key objectives of the audit process are to:
  - a) monitor the achievement of service standards for entitled persons;
  - b) monitor the quality of treatment being provided;
  - c) ensure compliance with DVA's management requirements;
  - d) address cases of individual non-compliance, in a manner consistent with the range of remedies available to DVA;
  - e) provide an opportunity for DVA to educate LMOs of their responsibilities when treating entitled persons;
  - f) minimise the risk of overpayment as a result of administrative error, inappropriate-servicing and fraud.
- 30.4. The compliance audits may be conducted via telephone or at the LMO location, or at a DVA Office, at DVA's discretion. The LMO will be given reasonable advance written notification of the audit. DVA has the right to seek feedback on service performance from CVC Program participants through various confidential means including random surveys.

### **31. Inappropriate claiming**

- 31.1. In addition to any levels of servicing imposed by a regulatory body the Commissions reserve the right to determine special levels of servicing for entitled persons for which they will accept financial responsibility.

- 31.2. Should it appear that an LMO may be supplying inappropriate levels or types of services, or has been submitting incorrect claims, DVA may contact the LMO by telephone or in writing to discuss and clarify the Department's concerns. DVA may additionally advise the relevant State/Territory regulatory body.
- 31.3. A reasonable period of time will be given to the LMO either to:
- a) demonstrate that the treatment supplied was appropriate to meet the entitled person's needs in the context of the Coordinated Veterans' Care Program; and/or
  - b) implement an agreed remedial action plan with DVA.

## **32. Right of the Australian Government to recover money**

- 32.1. Without limiting the Australian Government's rights under any provision of these Notes, the Treatment Principles, any other legislation or under the Common Law, any payment or debt owed by the LMO to the Australian Government under these Notes may be recovered by the Australian Government. The Australian Government can recover the amount of payment from any claim or from any other monies payable to the LMO for any debt owed.
- 32.2. Recovery of monies paid to LMOs by DVA can also be pursued via the civil recovery process through the Australian Government Solicitor.

## **33. GST and ABNs**

- 33.1. It is the LMOs responsibility to notify Medicare Australia of all changes to GST registration status. Medicare Australia must have this information to ensure correct GST processing of claims for payment. Failure to notify Medicare Australia could result in failure to comply with GST law.
- 33.2. DVA requires LMOs treating entitled persons to enter into a Recipient Created Tax Invoice (RCTI) Agreement with DVA if they are registered for GST.
- 33.3. The RCTI Agreement permits Medicare Australia to automatically add GST to claimed taxable items. It also allows Medicare Australia to issue the LMO with a Recipient Created Tax Invoice to comply with GST law.

- 33.4. If an LMO does not complete DVA's RCTI Agreement, Medicare Australia will reject claims for payment. The RCTI Agreement is available on the DVA website.
- 33.5. All LMOs who receive DVA payments under DVA's health care arrangements are required to have an ABN. Having an ABN does not automatically mean a business is registered for GST.

## **FINANCIAL MATTERS**

### **34. Financial responsibilities**

- 34.1. The Commissions will accept financial responsibility for the provision of treatment under the Coordinated Veterans' Care Program to entitled persons. The treatment must be delivered in accordance with these Notes and the Treatment Principles.
- 34.2. Medicare Australia undertakes the processing of LMOs claims. Medicare Australia operates a computerised claims processing system to pay LMOs who treat entitled persons. Payment can be delayed or rejected if LMOs submit claims that contain incomplete, inaccurate or illegible information.

### **35. Schedule of fees**

- 35.1. Payment to LMOs for treatment under the CVC Program is based on "the Repatriation Medical Fee Schedule" contained in the DVA document "the Department of Veterans' Affairs Fee Schedule for Medical Services" in force on the date in Schedule 1 to the Treatment Principles (including the MRCA Treatment Principles).

### **36. Billing Procedures**

- 36.1. DVA's preferred method of invoicing is by electronic means. For treatment under the CVC Program, LMOs should utilise the same claims procedures they would for any other treatment claim.
- 36.2. Claims for payment should be forwarded to DVA or Medicare Australia as soon as practicable after the admission of a participant to the CVC Program or the end of a period of care. A claim submitted after 5 years from the date of service will not be paid unless there are

special circumstances e.g. hardship would be caused to the LMO if the claim is not met.

### **37. Non-payment of claims and resubmitting claims**

- 37.1. If a claim is received by DVA or Medicare Australia and the invoice is not a correctly rendered invoice a request for an amended invoice will be made and payment will not be processed until this amended invoice is received. If an invoice is received and there are discrepancies in treatment data DVA will adjust the invoice and only pay for that treatment where there are no discrepancies. DVA will inform the LMO of any adjustments.
- 37.2. Requests for adjustments should be made in writing, and the following information must be supplied:
- a) the reason for the adjustment;
  - b) the LMO name;
  - c) details of the original invoice; and
  - d) details of the entitled person on the invoice

## **OTHER**

### **38. Continuous Improvement**

- 38.1. DVA's vision is to achieve excellence in service delivery. One of the ways it strives to achieve that vision and improve its performance is through DVA's Continuous Improvement Strategy.

Advancements in the CVC Program due to modernisation and the application of new efficiencies could be expected under DVA's Continuous Improvement Strategy and LMOs will need to accommodate those developments as they affect the provider's relationship with DVA.

Accordingly LMOs must be flexible in their dealings with DVA and receptive to evolving improvements in the CVC Program and be prepared to alter their business practices in order to ensure the business relationship with DVA works effectively.

DVA undertakes to consult with Regulators and professional bodies

where a change to the CVC Program would affect LMOs and to give reasonable notice to providers before a change is implemented, with a period of 21 days to be used as a guide as to what may be reasonable notice.

### **39. Treatment/payment enquiries**

39.1 LMOs can contact DVA for advice, including requests for prior financial authorisation, on the following numbers.

Metro	1300 550 457
Non-metro	1800 550 457
Fax	(08) 8290 0422
Postal address	GPO Box 9998 In your capital city

39.2 Entitled persons can contact DVA for general information on the following.

General enquiries	133 254
Country callers	1800 555 254
Interstate Dial-in	1300 13 1945
Email	<a href="mailto:GeneralEnquiries@dva.gov.au">GeneralEnquiries@dva.gov.au</a>

39.3 Information about DVA's Community Nursing Program is available at:

Website

[http://www.dva.gov.au/service\\_providers/community\\_nursing/Pages/index.aspx](http://www.dva.gov.au/service_providers/community_nursing/Pages/index.aspx)

Phone 1300 550 466

39.4 The Panel of DVA-contracted community nursing providers is available at:

Website

[http://www.dva.gov.au/service\\_providers/community\\_nursing/contracted\\_providers/Pages/index.aspx](http://www.dva.gov.au/service_providers/community_nursing/contracted_providers/Pages/index.aspx)

39.5 Information about DVA's Veterans' Home Care (VHC) services is available at:

Website:

[http://www.dva.gov.au/service\\_providers/veterans\\_homecare/Pages/index.aspx](http://www.dva.gov.au/service_providers/veterans_homecare/Pages/index.aspx)

Phone: 1300 550 450

- 39.6 Telephone queries about payments should be directed to Medicare Australia on  
Phone 1300 550 017.
- 39.7 Written queries and completed claims for payment should be sent to:  
Medicare Australia  
GPO Box 964  
ADELAIDE SA 5001
- 39.8 Information about online claiming  
Phone 1800 700 199  
Email [onlineclaiming@dva.gov.au](mailto:onlineclaiming@dva.gov.au)
- 39.9 Reporting Fraud  
To report allegations of fraud to the Department's Business Compliance Section either email [fraudallegation@dva.gov.au](mailto:fraudallegation@dva.gov.au) or report suspected fraud to  
Ph: 03 9284 6402.

#### **40. DVA Fact Sheets**

- 40.1. DVA produces a range of fact sheets with information for LMOs and entitled persons. To access the fact sheets, go to

<http://factsheets.dva.gov.au/factsheets/>

and search by Keyword or use the Numeric Index.

The fact sheet on the CVC Program is:

HSV 101 Coordinated Veterans' Care Program.