Changes to the Remoteness Classification Criteria for Claiming Additional Travel

The eligibility criteria for remoteness used to assess when the additional travel fee item (NA10) can be claimed has been amended. Previously, level of remoteness was determined using the Australian Bureau of Statistics Remoteness Classification (Australian Statistical Geographic Standards (ASGS) Remoteness Areas). The fee item could be claimed when providing services to clients living in a RA4 (Remote) or RA5 (Very Remote) area. In certain circumstances, the allowance could also be claimed when providing services to clients living in an RA3 (outer regional) area.

After reviewing the remoteness classification criteria, the DVA Community Nursing Program has decided to move to the Modified Monash Model (MMM) to determine eligibility to claim the additional travel allowance. The MMM was developed by the Department of Health, and is a geographical classification system using current population data to help address difficulties in accessing health services in regional and remote areas.

The MMM is used by the Commonwealth Home Support Package (CHSP), Home Care Packages Program (HCPP) and NDIS to determine eligibility to claim additional travel allowances / subsidies. Under these programs, additional travel subsidies can be claimed when providing services to clients living in areas MMM4 to MMM7.

With this change to the remoteness classification for the DVA Community Nursing Program, providers may claim additional travel when providing services to clients who reside in area MMM4 to MMM7. This will provide consistency across government programs in claiming additional travel allowances. A map showing the regions is available on the Doctor Connect Page of the Department of Health website, at http://www.doctorconnect.gov.au/locator.

Attachment B – Additional Travel in the Notes for Community Nursing Providers (Notes) will be updated to include the definition of when the Additional Travel Fee item may be claimed. The updated Notes will be added to the Community Nursing page of the DVA website.

FAQs relating to the recent changes to the Community Nursing Schedule of Fees

A number of queries have been received regarding the changes to the Community Nursing Schedule of Fees that took effect on 1 January 2019. Below are responses to some common questions.
Should you have any queries that are not addressed below, please email cmbnurpro@dva.gov.au and we will provide a response via email.

TDS

Q) If a client is receiving TDS services for a 28 day claim period, how is the 28 day RN review classified?
A) The RN review can be done as part of one of the visits. For example, if a client is receiving BD personal care visits and once daily medication visits by an RN, one of the medication visits could be a longer visit to allow time for the medication administration and 28 day review.
Another scenario is if a client is receiving TDS personal care visits and requires a 28 day review by an RN. In this scenario, an RN could do one of the personal care visits and conduct the 28 day review in the same visit.

Q) What if the TDS schedule is insufficient to cover the required care for a client, for example if a client needs more than three daily visits or if all three visits are over one hour?
A) The client may require exceptional case status. If this is the case, contact the ECU to discuss care needs for the client.

ECU Extensions

Q) Does an extension request need to be submitted for an ECU client?
A) Prior approval for ECU clients is now provided to the end of the calendar year. This is so that updated rates can be provided the following year to account of indexation. You only need to advise DVA if there has been a variation (increase or decrease) or interruption to care greater than seven days.

Travel Allowance

Q) How is rural and remote classified in determining eligibility to claim this allowance?
A) DVA has previously used the ABS classification system. This is shown on the Doctor Connect page of the Department of Health website. Under this system, the travel allowance could be claimed for clients living in RA4 or RA5.
The eligibility criteria for the additional travel fee item has been changed to the MMM, effective immediately.

Q) What is the standard kilometre rate?
A) This is 76 cents per kilometre. This rate is set by the Department of Finance, and is the rate that applies to all provider groups.

Q) How does NA10 work?
A) When claiming NA10, enter the total distance travelled for the client in the field. The system will automatically calculate the amount to be paid. The first 20 kilometres is not paid.

Have your Organisation’s Details Changed?
If you have any changes to the email contact for your organisation's receipt of CN Bulletins, please email the DVA Community Nursing Contract Mailbox: NMBCN@dva.gov.au