



**Australian Government**  

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**Department of Veterans' Affairs**

**REHABILITATION APPLIANCES PROGRAM  
(RAP)**

**RAP National Schedule of Equipment**

**1 November 2017**



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## REHABILITATION APPLIANCES PROGRAM (RAP)

The Rehabilitation Appliances Program (RAP) assists entitled veterans, war widows and widowers and dependants to be as independent and self-reliant as possible in their own home. Appropriate health care assessment and subsequent provision of aids and appliances may minimise the impact of disabilities, enhance quality of life and maximise independence when undertaking daily living activities.

The program provides safe and appropriate equipment:

- according to assessed clinical need;
- in an effective and timely manner; and
- as part of the overall management of an individual's rehabilitation and health care.

The equipment should be:

- appropriate for its purpose;
- safe for the entitled person; and
- Likely to facilitate the independence and/or self-reliance of entitled persons based on an assessment of clinical need by an appropriately qualified health professional.

Where an entitled person is on a vocational rehabilitation plan, any aids or appliances that they require to assist them with retraining, study or work will need to be provided through the rehabilitation provisions. The RAP is designed to address clinical needs rather than vocational needs.

### The RAP Schedule

The Schedule lists those items most frequently provided to assist entitled persons with their daily living activities and as part of overall management of their rehabilitation and health care.

Schedule items are regularly reviewed and subject to standards monitoring.

The RAP Schedule can be found at: [RAP National Schedule of Equipment](#)

### Who is Eligible to Receive RAP items?

Holders of the Health Care Card– For all conditions (Gold Card) may be able to obtain aids and appliances subject to assessed clinical need. Holders of the Health Card – For Specific Conditions (White Card) may be eligible to obtain aids and appliances subject to assessed clinical need resulting from a condition accepted as being related to the entitled person's service.

The factsheets *Information for Veterans* can be found at: RAP [Factsheet HSV107](#) and *Information for Providers* can be found at: [RAP Factsheet HIP72](#)

### Role of the assessing Health Providers

#### Local Medical Officers (LMO) and General Practitioners (GP) – Referrers

As part of the entitled person's overall health care provision, specific clinical needs may be identified where the provision of RAP items would be beneficial. These clinical needs are usually identified by the LMO or GP (referrers). The role of the referrer includes making referrals to the appropriate Health Provider so that more specific functional/home/product assessments can be undertaken. The referrer is not responsible for providing equipment specifications, but for referring the entitled person to an appropriately qualified Health Provider such as an Occupational Therapist or Physiotherapist.

## Health Providers

Health Providers hold qualifications that are recognised by the Australian Health Practitioner Regulation Agency or the relevant professional association for:

- undertaking clinical/functional assessments to enable selection of the most appropriate appliance that is required for an entitled person's rehabilitation or as an aid to assist with daily living activities;
- providing relevant education/training in the safe and appropriate use of provided equipment; and
- monitoring equipment compliance/usage and evaluating equipment effectiveness.

The approved Health Provider List/Code is set out on page xv.

The Health Provider undertakes specific assessments referred to in the column entitled 'Comments'. Alternatively, they may refer the entitled person to a more suitably qualified Health Provider for that purpose.

The aim of these assessments is to determine a holistic and comprehensive view of the entitled person's health care needs, particularly within the context of their living environment. Where specific aids/equipment are recommended for use by the entitled person (or carer), the most appropriate and cost effective device should then be selected based on functional need, safety and the environment in which the device is to be used.

The types of assessment undertaken are:

- functional;
- home; and
- product.

Recommended assessments should be undertaken before an aid or appliance is issued.

### Definitions of assessment types

Functional Assessment is the assessment of the entitled person's ability to undertake the normal activities associated with daily living, including self-mobility. Assessments may include:

- quantitative measurements of muscle strength, joint range of motion, cognition and perception, oedema and sensation; and
- qualitative activity analysis.

Home Assessment is the assessment of the entitled person's functional abilities within their primary living environment (private residences only) including:

- environmental access, and associated risks to safe function within and around the primary living environment;
- recommendations to reduce risks associated with the entitled person's functional abilities;
- trial and review of recommended equipment (as below in Product Assessment); and
- education of the entitled person and/or carer.

Product Assessment is undertaken in conjunction with the entitled person's functional and/or home assessment needs. This assessment incorporates:

- determining the best "fit" of equipment to the functional needs of the entitled person;
- knowledge of the specifications of the recommended equipment (e.g. weight capacity, measurements, size and method of operation);
- physical (anthropometric) assessment of the entitled person to meet equipment specifications; and
- education of the entitled person and/or carer in the operation, maintenance and safety features of the product.

## **RAP Business Rules**

### **1. Legislative Basis**

Section 90 of the *Veterans' Entitlements Act (VEA) 1986*, Chapter 6, Part 3 of the *Military, Rehabilitation and Compensation Act (MRCA) 2004*, Part 2 of the *Australian Participants in British Nuclear Tests (Treatment) Act 2006* and Section 39 of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)* provide that only entitled persons may receive items on the Schedule. They include entitled persons:

- a) holding a Health Card for All Conditions (Gold Card); or
- b) holding a Health Card for Specific Conditions (White Card)

These pieces of legislation set out "Treatment Principles" (TPs) which describe the objectives of the RAP program and impose conditions on the supply of aids and appliances. Part 11 of the Treatment Principles made under the VEA, extend provision of Rehabilitation Appliances Program (RAP) services to DRCA clients with a White Card.

The TPs made pursuant to Section 90 of the VEA can be found at: [Treatment Principles](#)

### **2. Cost-effective, safe and clinically appropriate aids and appliances**

The most cost-effective, safe and clinically appropriate aids and appliances should be recommended by the assessing Health Provider, with due regard to the applicable Australian Standard, if any.

### **3. On what grounds are appliances provided?**

Appliances are provided on the grounds of assessed clinical need by the nominated Health Providers listed in the Schedule.

### **4. Aged Care Reforms**

From 1 July 2014, the classifications of low care and high care for permanent residents in residential aged care facilities were removed. The Aged Care Funding Instrument (ACFI) classification code replaced any references to a 'low care' or 'high care' classification in the eligibility criteria determining a resident's access to services at the expense of the facility.

A facility is responsible for paying for the provision of health care services and equipment identified in The Quality of Care Principles 2014 Schedule 1, Part 3 (in addition to Parts 1 and 2) for a permanent resident whose classification includes:

- a high domain category in at least one ACFI domain; or
- a medium domain category in at least two ACFI domains.

Residential respite care recipients continue to be classified as low care and high care.

## **5. Can items be provided to veterans and/or war widows(ers) in Residential Aged Care Facilities (RACF)?**

Entitled persons requiring a greater level of care in a Commonwealth Funded RACF are not provided with RAP equipment. However, RAP items issued prior to permanent entrance into a RACF care may be retained subject to the approval of the RACF. Approved providers of Commonwealth funded aged care services are required to provide care and services as specified by the Department of Social Services under the *Aged Care Act 1997* and *Quality of Care Principles 2014*. The *Quality of Care Principles 2014* Schedule 1, Parts 1 and 2, lists the specified care, services and equipment to be provided for all residents who need them. However, if RAP equipment is customised for a particular entitled person then provision at DVA expense may be considered, subject to assessed clinical need(s).

Entitled persons receiving a lesser level of care in a Commonwealth funded RACF and those receiving Home Care Packages may be eligible for provision of RAP equipment if additional criteria are met.

Entitled persons receiving Level 1 or 2 Home Care Packages may also be eligible for provision of aids and appliances if additional criteria are met.

### My Aged Care website

The [My Aged Care](http://www.myagedcare.gov.au) website (www.myagedcare.gov.au) and phone line (1800 200 422) is available to assist people to find clear and reliable information on aged care services. The My Aged Care website provides up-to-date information about aged care and healthy and active living.

## **6A. Home Modifications in Retirement Villages**

Delegates could approve modifications if the resident could not have reasonably foreseen – in light of their existing illnesses and/or disabilities – that such modifications would either be necessary on entering a particular residence, or become necessary in order for them to remain living in that residence. This discretion enables delegates, where there is some element of doubt, to take exceptional individual circumstances into account in making a considered decision.

However, it should be born in mind at all times that retirement villages are purpose built institutions designed to cater for the needs of older persons. It is therefore reasonable for the Department to take the approach that home modifications for such institutions will not be normally considered unless there are exceptional individual circumstances.

## **6B. Home Modifications in Lifestyle villages**

These are frequently marketed as “resort style” living and are principally targeted at active over 50s with less emphasis on provision of aged care services such as personal response systems and emergency medical treatment.

In the event that such an institution markets itself as not providing any form of aged care service – personal response systems, personal care/nursing assistance, mobility and functional support equipment etc – then consideration may be given to the installation of home modifications.

## **6C. Home Modifications in Park Complexes**

These may comprise:

- privately owned, prefabricated, relocatable homes located on leased land within a park complex, similar to a caravan park but without short-stay (less than three months) arrangements; or



- leased, prefabricated, relocatable homes located on leased land within a park complex, similar to a caravan park but without short-stay (less than three months) arrangements.

If the park is not restricted to retired persons and offers no aged care service then it may fall outside the scope of the relevant State/Territory retirement villages' legislation. In such cases, it may be appropriate to treat the dwelling as an owner-occupied residence (see above). Such dwellings may be eligible for home modifications if purchased before knowledge of any foreseeable problems that might arise from a disability (related to the need for a modification) or if the degenerative nature of the disability could not reasonably have been foreseen.

Rental park dwellings have more limited eligibility. They are privately owned rental assets located on leased ground. If DVA were routinely to pay for home modifications in such dwellings, it could be value adding to a privately owned rental asset which may well be occupied in the future by a person with no RAP eligibility, but who could nonetheless have the benefit and enjoyment of the modification(s). Therefore, home modifications would only be considered for long-term (two years and over) residents who are assessed as likely to remain in the rental park dwelling for the foreseeable future.

#### **6D. Home Modifications in Rental Houses/Units**

The same considerations as referred to in 6C, paragraph three, above should apply.

#### **7. Who can conduct assessments?**

DVA recommends that assessments be undertaken by the Health Providers specified in the Schedule. Where the specified health professionals are unavailable, the Local Medical Officer (LMO) or other GP may undertake the assessment(s).

See Health Provider list/code on page xiii of the Schedule.

#### **8. Who can conduct assessments in rural and remote areas?**

Should the LMO or other GP require assistance in undertaking the assessment(s), he/she may wish to phone the Health Provider enquiries number on **1300550 457** (Metro) or **1800 550 457** (country). Select Option 1 for RAP and ask to be put through to an Occupational Therapy Adviser or other relevant Adviser to discuss the individual's needs for the RAP items. In metropolitan areas however, it is likely that other Health Providers would be more available and have the resources to conduct assessment(s) as required on the Schedule.

#### **9. Who provides instruction on use of the item?**

Some RAP aids and appliances will require user instruction by the Health Provider and/or supplier to ensure correct and safe usage, and optimal benefit. The supplier of RAP aids and appliances is also asked to include written user instructions/information including care and maintenance where appropriate (eg electric mobility aids).

#### **10. Who refers the entitled person to the Health Provider?**

LMO or other GP is the usual referrer for most RAP items. They are asked to refer entitled persons to suitably qualified Health Provider(s), especially where the Health Provider(s) has particular experience/competency in a specific aid or appliance.

#### **11. What happens if the item does not appear on the Schedule?**

Requests to DVA for the supply of aids and appliances that do not appear on the Schedule must be referred in writing to the Director, Health Access, for consideration. Requests should be based on a clinical need, and evidence provided that this need is not able to be met by the items already available on the RAP Schedule.

If the aid or appliance is not able to be provided through RAP, it may be provided through the rehabilitation provisions, if the client has entitlements under the MRCA or DRCA, as long as it is considered that the item will effectively meet the client's clinical needs and/or assist them to achieve a rehabilitation goal.

For further information, phone the RAP Health Provider enquiries number on **1300 550 457** (Metro) or **1800 550 457** (country).

## **12. Can you provide more than the specified quantity limit?**

Any limits on the quantity of a specific aid or appliance are indicated in the 'prior approval required' column of the Schedule. It remains at the discretion of the authorised DVA RAP delegate to authorise supply above the specified limit(s) in cases where the assessing health provider considers there to be a clinical justification.

For most RAP items there are no quantity limits imposed by the Department. The quantity of items required is determined by the assessing health provider.

## **13. Prior approval arrangements for the provision of an item**

### **13(a). Where prior approval is required**

Delegates and health providers should consult the 'Prior Approval Required' column of the Schedule to determine if prior approval for the provision of the item is required. Prior approval is required for the following reasons:

- mandatory PA by the Department;
- requests are above the specified financial limits; and/or
- requests are above the specified quantity limits.

Where prior approval is required, the Repatriation Commission, and/or the Military Rehabilitation and Compensation Commission (in practice a delegate of either or both) is required to consider requests for such items that have been submitted by an appropriately qualified health provider.

### **13(b). Where prior approval is not required**

Where prior approval is not required, the assessing health provider must direct source the item through a DVA contracted supplier by completing the relevant assessment and direct order form. In this situation, the assessing health provider is to recommend the most cost effective and clinically appropriate aids and appliances, in quantities that meet clinical need.

All RAP Assessment and Direct Order forms are available on the DVA website at <http://www.dva.gov.au/dvaforms>. Listed below are the specific RAP forms for items where prior approval is generally not required.

- D0804: Application for Home Medical Oxygen Therapy and/or Respiratory Home Therapy Appliances
- D0998: Direct Order Form – Continence Products
- D0992: Direct Order Form – Mobility Functional Support
- D9140: Application for CPAP/Bi-Level Therapy Equipment
- D9199: Assessment Form for the supply of a Personal Response System

For holders of a Health Card for Specific Conditions (White Card), where prior approval is not required, the assessing health provider should confirm eligibility with DVA before direct sourcing the item through a DVA contracted supplier by completing the relevant assessment and/or direct order form.

All assessing health providers will be required to keep assessment forms and clinical records. This is to assist DVA in monitoring and ensuring overall appropriateness and necessity of health services being provided to the veteran community.

#### **14. Contracted Suppliers of Equipment**

Health providers should consult the 'Contracted Item' column of the Schedule to determine whether the item of equipment is to be sourced from a DVA contracted supplier.

There are a number of DVA contracted suppliers for each product group and the choice of supplier is up to the assessing health provider. Contact details for contracted suppliers are listed on the [Rehabilitation Appliances Program](http://www.dva.gov.au/providers/provider-programs/rehabilitation-appliances-program-rap#contracted-suppliers) page of the DVA website (<http://www.dva.gov.au/providers/provider-programs/rehabilitation-appliances-program-rap#contracted-suppliers>). Contracted supplier contact details are also listed on the relevant RAP assessment/direct order form.

#### **15. Therapeutic Goods Administration (TGA)**

From 4 October 2007, any product that is defined as a "medical device" under the *Therapeutic Goods Act 1989* must be entered in the Australian Register of Therapeutic Goods before it can be legally sold in Australia. This means that individual aids and equipment that are so defined under this Act and are not on the Australian Register of Therapeutic Goods, may not be provided under the RAP.

Further information is available on the TGA website at: [TGA - Therapeutic Goods Administration](#)

[TGA medical device Incident Reporting and Investigation Scheme \(IRIS\)](#) - Where a health professional or veteran has concerns that a medical device may pose a possible health hazard, their concerns should be raised with the IRIS.

Further information can be found at: [TGA – Reporting Safety Problems](#)

## RAP National Guidelines

There are specific RAP National Guidelines for complex equipment. The Guidelines contain eligibility criteria for the item, and the direct order forms for each explains the assessment process.

Following is the list of the RAP National Guidelines:

- Adjustable Electrical Beds
- Assistive Communication Devices
- Closed Circuit Television (CCTV)
- Vehicle Modifications
- Driving Assessments
- Electric Scooters & Electric Wheelchairs
- Home Modifications
- Recliner Chairs
- Stairlifts

The RAP National Guidelines can be found at: [RAP National Guidelines](http://www.dva.gov.au/providers/provider-programs/rehabilitation-appliances-program-rap#national-guidelines)  
(<http://www.dva.gov.au/providers/provider-programs/rehabilitation-appliances-program-rap#national-guidelines>)

Requests for complex equipment sent to DVA for approval must be complete and address the criteria listed in the relevant RAP National Guideline. Requests that are incomplete or that do not address the RAP National Guidelines will not be considered by DVA.

## RAP Equipment Provision Process

Aids and appliances that are available to the veteran community are listed in the *RAP National Schedule of Equipment*. The Schedule outlines the criteria for provision and whether prior approval is required from DVA.

Requests for RAP items should be forwarded directly to the appropriate DVA contracted supplier using the relevant Product Direct Order Form.

The relevant Product Direct Order Forms can be located at: [RAP Forms](http://www.dva.gov.au/providers/provider-programs/rehabilitation-appliances-program-rap#forms)  
(<http://www.dva.gov.au/providers/provider-programs/rehabilitation-appliances-program-rap#forms>)

For items that need prior approval, Health Providers are required to attach a comprehensive assessment report with the relevant Product Direct Order Form and forward to the appropriate DVA contracted supplier.

For assistance with request, Health Providers may contact the Health Provider enquiries number on **1300 550 457** (Metro) or **1800 550 457** (Country) and select Option 1 for RAP.

## Arrangements for Palliative Care Aids and Appliances

The RAP Program has the capacity to provide a range of aids and appliances required by veterans and war widows who have palliative care needs (refer to [AT00](#)). Recognising the often urgent nature of assisting entitled persons who have a palliative condition, requests may be expedited if Health Providers mark these requests as 'URGENT & PALLIATIVE'.

Health Providers can make direct contact for urgent processing of palliative requests by phoning the Health Provider number on **1300 550 457** (Metro) or **1800 550 457** (Country) and select Option 1 for RAP.

## Other DVA Services

### Medical Grade Footwear (MGF)

Under DVA's health care arrangements, eligible veterans with a clinical need may be provided with custom made footwear recommended by their podiatrist.

Further information can be found at: [RAP Homepage](#)  
(<http://www.dva.gov.au/providers/provider-programs/rehabilitation-appliances-program-rap#medical-grade>)

### Community Nursing

Community Nursing is the provision of clinically necessary nursing and/or personal care services to eligible members of the veteran community in their own home. Community nursing also assists to restore or maintain the maximum level of health and independence at home, and to avoid premature or inappropriate admittance to hospital or residential care.

Community nursing services are provided by a mix of personnel including registered and enrolled nurses, who work within the framework of the relevant national standards, and nursing support staff.

For further details phone general enquiries **133 254** (metro) or **1800 555 254** (for rural and remote areas). The factsheet for Community Nursing can be found at: [Community Nursing Factsheet](#)

## **Veterans' Home Care**

Veterans' Home Care is designed to assist those veterans and war widows/widowers who wish to continue living at home, but who need a small amount of practical help. Veterans' Home Care is part of a broader Government strategy to ensure veterans and war widows/widowers maintain optimal health, well-being and independence. Veterans' Home Care consists of a range of services that include domestic assistance, personal care, respite care, and safety-related home and garden maintenance.

Access to services is not automatic and is based on an assessed need. To arrange an assessment for services, call the regional Veterans' Home Care Agency on 1300 550 450.

Note that calls from mobile phones cannot be connected to the correct/nearest office. Callers are advised to ring from a standard landline phone.

The factsheet for Veterans' Home Care can be found at: [Veterans' Home Care Factsheet](#)

## **Other Services**

Meals on Wheels (delivered meals), community transport and other social support services are provided through arrangements with Commonwealth and State/Territory governments.

## Relevant Links

[RAP Homepage](#)

[RAP National Guidelines](#)

[RAP Forms and Factsheets](#)

[DVA Factsheets](#)

[Treatment Principles](#)

[TGA - Therapeutic Goods Administration](#)

[TGA – Reporting Safety Problems](#)

[Department of Health and Ageing - Aged Care Act 1997](#)

## Health Provider List/Codes

|        |   |
|--------|---|
| AC     | Amputee Clinic  |
| A      | Audiologist   |
| At     | Audiometrist  |
| CA     | Continenence Adviser (RN or Physiotherapist Continenence Adviser) |
| Ch     | Chiropractor  |
| DC     | Diabetes Clinic   |
| DE     | Diabetes Educator   |
| D      | Dietitian   |
| EP     | Exercise Physiologists  |
| LDO    | Local Dental Officer (or dentist)                                 |
| LMO    | Local Medical Officer (or General Practitioner)                   |
| LVC    | Low Vision Clinic   |
| O      | Orthotist   |
| Op     | Optometrist   |
| Ost    | Osteopath   |
| OT     | Occupational Therapist  |
| PC     | Pain Clinic   |
| Physio | Physiotherapist   |
| Pod    | Podiatrist  |
| P      | Prosthetist   |
| RC     | Respiratory Clinic  |
| ReC    | Rehabilitation Clinic   |
| RN     | Registered Nurse  |
| S      | Specialist (includes all medical specialists in relevant field)   |
| SP     | Speech Pathologist  |



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**Note:** A search function box will appear by pressing 'CTRL f' on the RAP Schedule which allows the user to look up individual RAP items.

**AA00 – Alarm System / Communication Appliances / Assistive Listening Devices**

| Item No | Description of appliance                  | Prior Approval Required                  | Assessing Health Provider | Contracted Item                      | Comments   |
|---------|---|--|---------------------------|--------------------------------------|--|
| AA02    | Induction Loop                            | No                                       | S, A, At, SP              | No                                   | <p>Hearing aid must incorporate a compatible T switch.</p> <p>Product assessment should be conducted to determine the best “fit” of the equipment to the needs of the client.</p>  |
| AA03    | Personal Response Systems - Non-Monitored | No                                       | OT, RN, Physio, LMO, S    | Yes<br>Mobility & Functional Support | <p>Non-monitored PRS are devices which, when activated, make a loud noise and/or flashing light to alert persons nearby or ring in a nearby residence.</p> <p>Health Providers should conduct an in-home falls risk assessment, cognitive assessment, in-home assessment of the placement of the device within the home, training in the use of the equipment and follow up on usage.</p> <p><a href="#">PRS Assessment Form</a></p>                   |
| AA04    | Listeners (TV hearing system)             | No, unless exceeds \$713 or 1 per person | A,S, At                   | No                                   | <p>Includes infrared systems.</p> <p>Functional and product assessments should be conducted, including any specific training in the use of the equipment (i.e. assessments of the entitled person's hearing condition and the equipment's features to ensure the provision of equipment is suitable to the entitled person's needs).</p> <p>The current practice is for hearing clinics to conduct the assessments and forward the request to RAP.</p> |
| AA05    | Personal Response Systems – Monitored     | No, unless exceeds 1 per person          | OT, S, RN, Physio, LMO    | Yes<br>Personal Response System      | <p>Monitored PRS are devices which involve installation and are monitored by an emergency alarms service.</p> <p>Health Providers should conduct an in-home falls risk assessment, cognitive assessment, in-home assessment of the placement of the device within the home, training in the use of the equipment and follow up in usage.</p> <p>Prior Approval is required where a spouse still requires the PRS after the</p>                         |



**AA00 – Alarm System / Communication Appliances / Assistive Listening Devices**

| Item No | Description of appliance                                 | Prior Approval Required    | Assessing Health Provider | Contracted Item                      | Comments  |
|---------|--|----------------------------|---------------------------|--------------------------------------|---|
|         |  |                            |                           |                                      | <p>existing user's death. DVA will allow a period from the date of death in order to determine the spouse's potential eligibility.</p> <p><a href="#">PRS Assessment Form</a></p>   |
| AA06    | Microphone/FM Listening System                           | Yes, limit of 1 per person | A, S, At                  | No                                   | <p>The entitled person will require compatible hearing aid and a hearing assessment prior to supply.</p> <p>Functional and product assessments should be conducted, including any specific training in the use of the equipment. (i.e. assessments of the entitled person's hearing condition and the equipment's features to ensure the provision of equipment is suitable to the entitled person's needs). The current practice is for hearing clinics to conduct the assessments and forward the request to RAP.</p> |
|         | Computer – Personal (see <a href="#">BA04</a> )          |                            |                           |                                      |   |
| AA08    | Telephone Typewriter (TTY)                               | No                         | OT, SP, S                 | No                                   | <p>Functional and product assessments should be conducted. Alternatively, Telstra and Optus provide this equipment under their disability equipment programs. There are no additional costs over the standard service charges.</p> <p><a href="#">Telstra Disability Products and Services</a><br/><a href="#">Optus Disability Products and Service</a></p>  |
| AA10    | Telephone Coupler – Portable                             | No                         | OT, SP, S                 | No                                   | <p>Functional and product assessments should be conducted. Alternatively, Telstra and Optus provide this equipment under their disability equipment programs. There are no additional costs over the standard service charges.</p> <p><a href="#">Telstra Disability Products and Services</a><br/><a href="#">Optus Disability Products and Service</a></p>  |
| AA11    | Door Bell with Signal Light (Hearing impaired appliance) | No                         | OT, RN, LMO,S             | Yes<br>Mobility & Functional Support | <p>Health Providers should conduct an assessment of function, vision and cognition to determine the most suitable item for the entitled person.</p> <p>Home Assessment should be undertaken to determine the appropriate placement of signal light and door bell.</p>   |

**AA00 – Alarm System / Communication Appliances / Assistive Listening Devices**

| Item No | Description of appliance                       | Prior Approval Required  | Assessing Health Provider        | Contracted Item  | Comments  |
|---------|--|--------------------------|----------------------------------|--|---|
| AA15    | Replacement Parts and/or Repairs for AA items. | No, unless exceeds \$592 | S, A, OT, SP, Op, At, RN, Physio | Refer to RAP AA Item Number                                  | <p>If repairs and replacements parts are more than \$582, consider replacing the item.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p>   |
| AA16    | Sensor Mat – low frequency                     | No                       | OT, RN, Physio, LMO              | Yes<br>Mobility & Functional Support                         | <p>This item may be considered to facilitate safety and independence within the home for entitled veterans who may wander due to dementia or cognitive and memory dysfunction.</p> <p>Must have a clinical indication for provision of this item e.g. falls risk, wandering.</p> <p>Health Providers should conduct the following assessments to determine the type of sensor mat most appropriate for the entitled person e.g. bed mats, chair mats, floor mats and train the carers in usage:</p> <ul style="list-style-type: none"> <li>• in-home falls risk</li> <li>• cognitive</li> <li>• placement of device</li> </ul> <p>See also <a href="#">BF00 Cognitive, Dementia and Memory Assistive Technology</a>.</p>  |
| AA17    | Smoke Alarm Package for the Hearing Impaired   | No                       | A, S, At, OT, RN, Physio, LMO    | No<br><br>Installation through Mobility & Functional Support | <p>The smoke alarm package for the hearing impaired includes a photoelectric smoke alarm, a vibration pad and flashing light.</p> <p>To obtain the package, an audiologist is to confirm a profound hearing loss, or a severe hearing loss in the better ear.</p> <p>Hard-wired smoke alarms as part of a package for hearing impaired will only be provided where a standard hard-wired smoke alarm is already installed in the home. The Building Code of Australia (BCA) outlines under what circumstances a smoke alarm should be either hard-wired (240-volts) or battery operated. As a general rule, homes built or undergone significant renovations from 1997 onwards require a hard-wired smoke alarm.</p> <p>Installation of hard wired smoke alarms must address the manufacturer's instructions and be undertaken by a qualified electrician and hard-wired smoke alarms must have a lithium battery back-up</p> |

**AA00 – Alarm System / Communication Appliances / Assistive Listening Devices**

| Item No | Description of appliance | Prior Approval Required | Assessing Health Provider | Contracted Item | Comments  |
|---------|--------------------------|-------------------------|---------------------------|-----------------|---|
|         |                          |                         |                           |                 | <p>system.</p> <p>Where the Building Code of Australia allows for battery operated smoke alarms to be installed; only a 10 year lithium battery alarm is to be prescribed.</p> <p>The assessing health provider needs to ensure that the prescribed smoke alarm package meets the relevant Australian Standard.</p> <p>Installation:<br/>Funding of installation costs for a Smoke Alarm Package for the Hearing Impaired may be considered under AL16.</p> <p>Only standard installation costs of a Smoke Alarm Package for the Hearing Impaired will be funded. If installation is not provided by the supplier of the Smoke Alarm Package for the Hearing Impaired, the assessing health provider must complete a <a href="#">D0992: Direct Order Form – Mobility Functional Support</a> and send the completed form to one of DVA's Contracted Mobility &amp; Functional Support Suppliers. The assessing health provider must state on the D0992 Direct Order Form whether the installation is for either a hard-wired (240-volts) or battery operated smoke alarm.<br/>Refer <a href="#">AL16</a> for installation</p> <p><a href="#">Link Back to Index of RAP Equipment</a></p> |

| <b>AB00 – Beds / Bedding / Pressure Care</b> |                                 |                                 |                                     |                                      |  |
|--|---------------------------------|---------------------------------|-------------------------------------|--------------------------------------|--|
| <b>Item No</b>                               | <b>Description Of Appliance</b> | <b>Prior Approval Required</b>  | <b>Assessing Health Provider</b>    | <b>Contracted Item</b>               | <b>Comments</b>  |
| AB01   | Bed - Adjustable electrical     | No, unless exceeds 1 per person | OT, RN, Physio, LMO, S, Ch, Ost     | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted. RAP National Guidelines apply.<br><a href="#">RAP National Guidelines</a>  |
| AB02   | Bed Back Rest – Manual          | No                              | OT, Physio, RN LMO, S, Ch, Ost      | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.<br>The item is provided for one bed.   |
| AB03   | Bed Blocks                      | No                              | OT, Physio, RN LMO, S, Ch, Ost      | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.  |
| AB04   | Bed Board                       | No                              | OT, Physio, RN LMO, S, Ch, Ost      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>This item is to be used to create a firmer transfer surface and not as a therapeutic tool.  |
| AB06   | Bed Cradle                      | No                              | OT, Physio, RN LMO, S, Ch, Ost, Pod | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.  |
| AB08   | Bed Stick                       | No                              | OT, Physio, RN LMO, S, Ch, Ost      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>All entitled persons should have a comprehensive assessment undertaken by the assessing health provider to determine risk factors in supplying this item. |
| AB09   | Bedside Rail                    | No                              | OT, Physio, RN LMO, S, Ch, Ost      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.  |

**AB00 – Beds / Bedding / Pressure Care**

| <b>Item No</b> | <b>Description Of Appliance</b>                               | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b>    | <b>Contracted Item</b>               | <b>Comments</b>   |
|----------------|---|--------------------------------|-------------------------------------|--------------------------------------|---|
| AB11           | Sheepskin Rugs / Foot / Heel / Elbow Pads (medical type only) | No                             | OT, Physio, RN LMO, S, Pod, Ch, Ost | Yes<br>Mobility & Functional Support | <p>Functional and Product assessments should be conducted.</p> <p>This item code includes:</p> <ul style="list-style-type: none"> <li>* sheepskin bed and chair overlays; and</li> <li>* foot, heel and elbow pressure care products.</li> </ul> <p>This item does not include:</p> <ul style="list-style-type: none"> <li>* Pressure care mattresses - refer to AB14</li> <li>* Pressure care cushions - refer to AE04</li> </ul> <p>Use a validated pressure injury risk assessment scale such as Braden Scale, Norton Scale or Waterlow Score to determine the risk of pressure injury and to inform the development of prevention and management plans.</p> <p>Medical grade sheepskin is one that complies with the recognised Australian Standard. Refer to Australian and international guidelines when assessing entitled persons for the prevention and management of pressure injury.</p> <p>Only consider using a medical grade sheepskin as an adjunct or when a low pressure or pressure support surface is not tolerated.</p> |
| AB12           | Monkey Bar / Self-Lifting Stand                               | No                             | OT, Physio, RN LMO, S, Ch, Ost      | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.   |
| AB13           | Table – Over Bed  | No                             | OT, Physio, RN LMO, S, Ch, Ost      | Yes<br>Mobility & Functional Support | Functional assessment should be undertaken.<br>Provided to entitled persons who are confined to bed or chair.   |
| AB14           | Pressure Care Mattress  | No                             | OT, Physio, RN LMO, S               | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.<br>A validated pressure care assessment is required e.g. Waterlow scale.  |

| <b>AB00 – Beds / Bedding / Pressure Care</b> |   |                                |                                     |                                      |   |
|--|---|--------------------------------|-------------------------------------|--------------------------------------|---|
| <b>Item No</b>                               | <b>Description Of Appliance</b>               | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b>    | <b>Contracted Item</b>               | <b>Comments</b>   |
| AB16   | Replacement Parts and/or Repairs for AB Items | No                             | OT, Physio, RN LMO, S, Pod, Ch, Ost | Yes<br>Mobility & Functional Support | Consider replacement of lower cost items.<br><br>DVA accepts financial responsibility for items not covered under the warranty period.  |
| AB17   | Heel Elevators for Pressure Care              | No                             | OT, Physio, RN LMO, S, Pod          | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.<br>A validated pressure care assessment is required e.g.waterlow scale.   |
| AB18   | Bed Back Rest - Electrical                    | No                             | OT, Physio, RN LMO, S, Ch, Ost      | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.<br>Only provided when the entitled person requires only the elevating head-end features of an electric bed, and simpler options such as cushions, wedges and over bed poles do not meet the functional need.<br><br><a href="#">Link Back to Index of RAP Equipment</a> |

**AC00 – Chairs / Seats**

(see also AB00 – Beds/Bedding/Pressure Care)

| Item No | Description Of Appliance                             | Prior Approval Required         | Assessing Health Provider       | Contracted Item                      | Comments   |
|---------|--|---------------------------------|---------------------------------|--------------------------------------|--|
| AC01    | Chairs - Low/High Back                               | No                              | OT, Physio, RN, S, LMO, Ch, Ost | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>Optional extras are not provided (e.g. trays, wheels).  |
| AC03    | Stool – Height Adjustable                            | No                              | OT, Physio, RN, S, LMO, Ch, Ost | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.<br>This is a perch stool and commonly used at home for meal preparation and other bench activities e.g. washing dishes.  |
| AC04    | Chair – Platform / Blocks                            | No                              | OT, Physio, RN, S, LMO, Ch, Ost | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.<br>Home assessment should be undertaken to measure chair platform raiser and/or blocks.  |
| AC06    | Chair – Electrically Operated Lift and Recline Chair | No, unless exceeds 1 per person | OT, Physio, S, LMO              | Yes<br>Mobility & Functional Support | <p>An electric recliner chair is intended for use by entitled persons with clinical conditions causing a permanent inability to transfer or sit erect. There should be evidence that physiotherapy treatment cannot improve the client's dysfunction.</p> <p>Electric recliner chairs <u>cannot</u> be approved:</p> <ul style="list-style-type: none"> <li>• when the clinical needs can be met by current furniture or by modifying current furniture;</li> <li>• for comfort only;</li> <li>• primarily for use as a bed; or</li> <li>• primarily for management of lower limb oedema*.</li> </ul> <p>* When treating lower limb oedema it is important to be aware of current best practice that informs health providers that elevation of the feet below the level of the heart is ineffective and should be avoided. Best practice includes: calf pumping exercises, regular walks and elevation of lower limbs on a bed.</p> <p>Functional assessment should include assessment of:</p> <ul style="list-style-type: none"> <li>• transfers;</li> <li>• ability to sit in an erect position;</li> <li>• ability to operate the chair safely; and</li> <li>• trial of simpler equipment for example other types of high back chairs, chair raises</li> </ul> |

**AC00 – Chairs / Seats***(see also AB00 – Beds/Bedding/Pressure Care)*

| Item No | Description Of Appliance      | Prior Approval Required         | Assessing Health Provider       | Contracted Item                      | Comments   |
|---------|-------------------------------|---------------------------------|---------------------------------|--------------------------------------|--|
|         |                               |                                 |                                 |                                      | <p>Home assessment should include:</p> <ul style="list-style-type: none"> <li>• evaluation of alternative chairs in the home; and</li> <li>• identification of safety hazards</li> </ul> <p>A product assessment should also be conducted.<br/>Heating/massaging units are not provided.</p> <p>The assessing health provider must retain information to support the clinical need of an electric recliner chair in the entitled person's records.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p><a href="#">RAP National Guidelines</a></p> <p><a href="#">Recliner Assessment Form</a></p> |
| AC07    | Footstool – Height Adjustable | No                              | OT, Physio, RN, S, LMO, Ch, Ost | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.<br>Falls risk should be considered before ordering this item.  |
| AC08    | Chair – Fallout / Water       | No, unless exceeds 1 per person | OT, Physio, RN, S, LMO, Ch, Ost | Yes<br>Mobility & Functional Support | Same assessments as per item AC06 should be undertaken prior to provision.   |



**AC00 – Chairs / Seats**

(see also AB00 – Beds/Bedding/Pressure Care)

| Item No | Description Of Appliance | Prior Approval Required         | Assessing Health Provider       | Contracted Item                      | Comments   |
|---------|--------------------------|---------------------------------|---------------------------------|--------------------------------------|--|
| AC09    | Chair – Manual Recliner  | No, unless exceeds 1 per person | OT, Physio, RN, S, LMO, Ch, Ost | Yes<br>Mobility & Functional Support | <p>A manual recliner chair is intended for use by entitled persons with clinical conditions causing a permanent inability to transfer or sit erect. There should be evidence that physiotherapy treatment cannot improve the client's dysfunction.</p> <p>Recliner chairs <u>cannot</u> be approved:</p> <ul style="list-style-type: none"> <li>• when the clinical needs can be met by current furniture or by modifying current furniture;</li> <li>• for comfort only;</li> <li>• primarily for use as a bed; or</li> <li>• primarily for management of lower limb oedema*.</li> </ul> <p>* When treating lower limb oedema it is important to be aware of current best practice that informs health providers that elevation of the feet below the level of the heart is ineffective and should be avoided. Best practice includes calf pumping exercises, regular walks and elevation of lower limbs on a bed.</p> <p>Functional assessment should include assessment of:</p> <ul style="list-style-type: none"> <li>• transfers;</li> <li>• ability to sit in an erect position;</li> <li>• ability to operate the chair safely; and</li> <li>• trial of simpler equipment for example other types of high back chairs, chair raises</li> </ul> <p>Home assessment should include:</p> <ul style="list-style-type: none"> <li>• evaluation of alternative chairs in the home; and</li> <li>• identification of safety hazards</li> </ul> <p>A product assessment should also be conducted.<br/>Heating/massaging units are not provided.</p> <p>The assessing health provider must retain information to support the clinical need of a recliner chair in the entitled person's records.</p> |

**AC00 – Chairs / Seats***(see also AB00 – Beds/Bedding/Pressure Care)*

| <b>Item No</b> | <b>Description Of Appliance</b>               | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b>               | <b>Comments</b>  |
|----------------|---|--------------------------------|----------------------------------|--------------------------------------|--|
| AC10           | Replacement Parts and/or Repairs for AC items | No                             | OT, Physio, RN, S, LMO, Ch, Ost  | Yes<br>Mobility & Functional Support | Consider replacement of the item for lower cost items.<br><br>DVA accepts financial responsibility for items not covered under the warranty period.<br><br><a href="#">Link Back to Index of RAP Equipment</a> |

### AD00 - Continence Products

- After the initial assessment and ordering of products by the assessing Health Provider, ongoing supply of products can be ordered as required by the entitled person.
- Recommend reassessment of the entitled persons needs every 2 years by any of the Assessing Health Providers specified below.
- Health Providers who specialise in the non surgical treatment of continence and urological conditions are preferred when undertaking the required assessments

| Item No | Description Of Appliance   | Prior Approval Required | Assessing Health Provider  | Contracted Item                                    | Comments  |
|---------|--|-------------------------|----------------------------|--|---|
| AD01    | Draw Sheet – Absorbent, Waterproof Backing   | No                      | OT, RN, CA, S, LMO, Physio | Yes<br>Continence                                  | <p>The assessments that should be undertaken prior to provision are outlined below:</p> <p>Functional assessment to establish:</p> <ul style="list-style-type: none"> <li>• cause of incontinence and instigation of appropriate therapy programs;</li> <li>• severity of incontinence and the amount of leakage;</li> <li>• the absorbency level required when assessing the continence pads/aid; and</li> <li>• the health, safety and comfort needs of the entitled person.</li> </ul> <p>Product assessment to identify:</p> <ul style="list-style-type: none"> <li>• from the plethora of products available from the DVA Contracted Suppliers product list those that meet the clinical and functional needs of the entitled person. Knowledge of the products available and their capabilities are required so as to provide the most efficient service to the entitled person.</li> </ul> <p><a href="#">Continence Direct Order Form</a></p> |
| AD02    | Disposable Liners/Underpads (blue underlay)  | No                      | OT, RN, CA, S, LMO, Physio | Yes<br>Continence                                  | Same assessments as per item AD01 should be undertaken.   |
| AD03    | Catheter Drainage Bag – overnight (non-sterile/sterile) non-drainable i.e. overnight bags, only used once. | No                      | RN, CA, S, LMO, Physio     | Yes<br>Continence                                  | Same assessments as per item AD01 should be undertaken.   |
| AD04    | Urinal (with/without holder) (male and female)   | No                      | OT, RN, CA, S, LMO, Physio | Yes<br>Continence<br>Mobility & Functional Support | Same assessments as per item AD01 should be undertaken.   |

### AD00 - Continence Products

- After the initial assessment and ordering of products by the assessing Health Provider, ongoing supply of products can be ordered as required by the entitled person.
- Recommend reassessment of the entitled persons needs every 2 years by any of the Assessing Health Providers specified below.
- Health Providers who specialise in the non surgical treatment of continence and urological conditions are preferred when undertaking the required assessments

| Item No | Description Of Appliance   | Prior Approval Required | Assessing Health Provider  | Contracted Item   | Comments  |
|---------|--|-------------------------|----------------------------|-------------------|---|
| AD05    | Catheters - In-Dwelling (e.g. Foley)                               | No                      | LMO, S, CA,RN, Physio      | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD06    | Continence Briefs - Long Lasting                                   | No                      | OT, RN, CA, LMO, S, Physio | Yes<br>Continence | Non-disposable and washable briefs.<br><br>Various types available, similar to "regular" underwear. It may already have a pad stitched in, or Velcro or pockets to allow for the addition of a pad (i.e. an AD 21 washable pad). Another type is waterproof pants to be worn over underwear (these can be washed up to 200 times).<br><br>Same assessments as per item AD01 should be undertaken. |
| AD07    | Continence Pads - Disposable                                       | No                      | OT, RN, CA, LMO, S, Physio | Yes<br>Continence | Disposable 'pull-ups' are considered to be pads.<br><br>Same assessments as per item AD01 should be undertaken.   |
| AD08    | Urine Drainage Bottle - 4 Litres (with connecting tubing)          | No                      | RN, CA, S, LMO             | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD09    | Leg Bag (non sterile/sterile)                                      | No                      | RN, CA, S, LMO             | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD10    | Penile Clamp   | No                      | S,RN, LMO, CA              | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD11    | Catheters – Intermittent (e.g. Nelaton)                            | No                      | LMO, S, CA,RN              | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD12    | Catheters - External (e.g. uridome / penile sheath / penile pouch) | No                      | RN, CA, S, LMO             | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD13    | Urine Collection Bag Hanger  | No                      | RN, CA, S, LMO             | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD14    | Waterproof Sheet (rubberised)                                      | No                      | OT, RN, CA, S, LMO         | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |

### AD00 - Continence Products

- After the initial assessment and ordering of products by the assessing Health Provider, ongoing supply of products can be ordered as required by the entitled person.
- Recommend reassessment of the entitled persons needs every 2 years by any of the Assessing Health Providers specified below.
- Health Providers who specialise in the non surgical treatment of continence and urological conditions are preferred when undertaking the required assessments

| Item No | Description Of Appliance  | Prior Approval Required | Assessing Health Provider  | Contracted Item   | Comments  |
|---------|---|-------------------------|----------------------------|-------------------|---|
| AD15    | Continence Consumables  | No                      | RN, CA, LMO, S             | Yes<br>Continence | Includes sterile gloves, KY Jelly, sterilising agents, tubing, and perineal/stoma cleansing products, sterile water and normal saline.<br><br>Same assessments as per item AD01 should be undertaken.   |
| AD16    | Occlusive Devices (e.g. anal plugs)                                   | No                      | CA, S, LMO, RN             | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD17    | Urethral Meatal Dialator  | No                      | S, LMO                     | Yes<br>Continence | Product assessment.   |
| AD18    | Faecal Collector – Perianal   | No                      | RN, CA, S, LMO             | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD19    | Continence Briefs - (mesh/stretch)                                    | No                      | OT, RN, CA, LMO, S, Physio | Yes<br>Continence | Stretch, mesh, disposable briefs but can be washed/re-washed between 4-30 times before needing to be replaced. Used to hold either disposable pads (AD07) or washable pads (AD21) firmly in place.<br><br>Same assessments as per item AD01 should be undertaken. |
| AD20    | Pessary Ring  | No                      | RN, CA, LMO, S             | Yes<br>Continence | Initially by LMO, S, and subsequent request for supplies can be made by RN, CA or the entitled person.<br><br>Same assessments as per item AD01 should be undertaken.   |
| AD21    | Continence Pads – Re-usable/Washable                                  | No                      | OT, RN, CA, LMO, S         | Yes<br>Continence | Often used in conjunction with AD06 (long lasting continence briefs) or AD19 (continence briefs – short term).<br><br>Same assessments as per item AD01 should be undertaken.   |
| AD22    | Catheter Drainage Bag – overnight - (non-sterile/sterile) - Drainable | No                      | RN, CA, LMO, S             | Yes<br>Continence | Entitled person education and follow-up should be undertaken to ensure that the entitled person is aware of the number of usages possible per bag e.g. change the bag once a week and not daily.<br><br>For non-drainable bag see AD03.                           |

### AD00 - Continence Products

- After the initial assessment and ordering of products by the assessing Health Provider, ongoing supply of products can be ordered as required by the entitled person.
- Recommend reassessment of the entitled persons needs every 2 years by any of the Assessing Health Providers specified below.
- Health Providers who specialise in the non surgical treatment of continence and urological conditions are preferred when undertaking the required assessments

| Item No | Description Of Appliance  | Prior Approval Required | Assessing Health Provider  | Contracted Item   | Comments  |
|---------|---|-------------------------|----------------------------|-------------------|---|
| AD23    | Catheter Valves - Long/Short Term   | No                      | RN, CA, LMO, S             | Yes<br>Continence | Same assessments as per item AD01 should be undertaken.   |
| AD24    | Chair Pads - Waterproof   | No                      | OT, RN, CA, S, LMO, Physio | Yes<br>Continence | <p>Same assessments as per item AD01 should be undertaken. A home assessment should be undertaken to determine suitability of chair being utilised and to identify potential falls risk.</p> <p>The entitled person may require an assessment of appropriate continence pad/product or consideration of item AD26.</p>  |
| AD26    | Continence Absorbent Mat - For Beside the Bed Only                                      | No                      | RN, CA, LMO, S, OT         | Yes<br>Continence | <p>This mat may assist entitled persons with urgency and/or nocturia, particularly when moving from sitting to standing position. An appropriate continence pad/product may also be required.</p> <p>Home Assessment should be undertaken to assess and evaluate the entitled person's home environment for the purposes of determining whether products are required, and if so, establishing the most suitable type of product.</p> |
| AD27    | Muscle Stimulator for Continence Issues (includes appropriate electrodes and batteries) | No                      | CA, S, LMO, Physio         | Yes<br>Continence | Use of the muscle stimulator would be part of an overall management plan which includes a home exercise program and appropriate reviews. Instruction in use, prescription of exercises and continence education would be provided by a continence nurse or physiotherapist. Evaluation of the effectiveness of this type of intervention would be completed prior to recommendation of supply.  |
| AD28    | Replacement Parts, Repairs and Accessories  | No                      | OT, RN, CA, S, LMO, Physio | Yes<br>Continence | <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p><a href="#">Link Back to Index of RAP Equipment</a></p>   |

### AE00 – Cushions / Supports

Note: Magnetic/heating/vibrating items are not provided.

| Item No | Description Of Appliance                                    | Prior Approval Required | Assessing Health Provider       | Contracted Item                      | Comments  |
|---------|---|-------------------------|---------------------------------|--------------------------------------|---|
| AE01    | Back Supports   | No                      | Physio, OT, Ch, Ost, RN, S, LMO | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>Back supports are recommended as part of a management plan for an assessed clinical need.  |
| AE02    | Bed Wedges and Supports                                     | No                      | Physio, OT, RN, Ch, Ost, S, LMO | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted.<br>Bed wedges and supports are recommended as part of a management plan of an assessed clinical need.   |
| AE03    | Therapeutic Neck Supports (see also AR 18 Cervical Collars) | No                      | OT, Physio, Ch, Ost, S, RN, LMO | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>Therapeutic neck supports are recommended as part of a management plan for an assessed clinical need.<br><br>DVA does not accept financial responsibility for the provision of standard pillows. |
| AE04    | Pressure Care Cushion                                       | No                      | OT, Physio, RN, Ch, Ost, S      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>A validated pressure care assessment should be undertaken e.g. Waterlow.   |
| AE06    | Replacement Parts and/or Repairs for AE items               | No                      | OT, Physio, Ch, Ost, RN, S, LMO | Yes<br>Mobility & Functional Support | Consider replacement if the cost of replacement is less than \$232.<br><br>DVA accepts financial responsibility for items not covered under the warranty period.<br><br><a href="#">Link Back to Index of RAP Equipment</a>                                 |

## AF00 – Diabetes Products

On 1 July 2016, through Commonwealth Department of Health arrangements, the National Diabetes Support Scheme (NDSS) took on responsibility for supplying a range of diabetes products including needles, syringes, blood glucose strips, urine test strips and insulin pump consumables. Items AF03, AF06 and AF07 are now only available through various NDSS access points, usually through a local community pharmacy or by calling NDSS on 1300 136 588. DVA will continue to pay all co-payments for NDSS products supplied to eligible persons.

| Item No | Description Of Appliance   | Prior Approval Required | Assessing Health Provider | Contracted Item | Comments  |
|---------|--|-------------------------|---------------------------|-----------------|---|
| AF01    | Blood Glucose Monitor (standard contract)  | No                      | DC, LMO, S, DE, RN        | No              | Functional and Product assessments should be conducted.   |
| AF02    | Finger Pricking Device   | No                      | DC, LMO, S, DE, RN        | No              | Functional and Product assessments should be conducted.   |
| AF03    | Insulin Syringes and Needles   | No                      | DC, LMO, S, DE, RN        | No              | Supplied through NDSS.<br>Contact NDSS by telephone on 1300 136 588 or by fax 1300 536 953.             |
| AF04    | Lancets  | No                      | DC, LMO, S, DE, RN        | No              | Functional and Product assessments should be conducted.   |
| AF05    | Pen Injection Device (insulin)   | No                      | DC, LMO, S, DE, RN        | No              | Functional and Product assessments should be conducted.   |
| AF06    | Pen Injection Needles  | No                      | DC, LMO, S, DE, RN        | No              | Supplied through NDSS.<br>Contact NDSS by telephone on 1300 136 588 or by fax 1300 536 953.             |
| AF07    | Diabetes Consumables   | No                      | DC, LMO, S, DE, RN        | No              | Supplied through NDSS.<br>Contact NDSS by telephone on 1300 136 588 or by fax 1300 536 953.             |
| AF09    | Blood Glucose Monitor (non-contracted)   | No                      | DC, LMO, S, DE, RN        | No              | Functional and Product assessments should be conducted.<br>This item refers to specialised glucometers. |
| AF10    | Para-Diabetic Products (control solutions, check paddles, end caps, sharps collectors and diabetic aids) | No                      | DC, LMO, S, DE, RN        | No              | Functional and Product assessments should be conducted.   |
| AF11    | Diabetes Education & Support Service   | No                      | DC, LMO, S, DE, RN, D     | No              | <a href="#">Link Back to Index of RAP Equipment</a>   |



| <b>AH00 – Eating / Kitchen / Household Adaptive Appliances</b> |   |                                |                                  |                                      |   |
|--|---|--------------------------------|----------------------------------|--------------------------------------|---|
| <b>Item No</b>   | <b>Description Of Appliance</b>                         | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b>               | <b>Comments</b>   |
| AH01   | Crockery and Cutlery – Adaptive                         | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | AH06 should be considered in the first instance. Assessment of upper limb function, seated posture and functional vision should be undertaken.                                |
| AH04   | Book Holder   | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.   |
| AH06   | Handle – Utensil  | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | This item should be considered prior to AH01. Assessment of upper limb function, seated posture and functional vision should be undertaken.                                   |
| AH07   | Jar Opener  | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | Assessment of upper limb function and functional vision should be undertaken.   |
| AH08   | Key Turner  | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | Assessment of upper limb function and functional vision should be undertaken.   |
| AH09   | Non-Slip Table Mat                                      | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | Product assessment.   |
| AH11   | Reaching Appliances                                     | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.   |
| AH12   | Scissors - Spring Loaded Adaptive                       | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | Assessment of upper limb function should be undertaken to determine the most suitable aid.  |
| AH13   | Tap Turner (see also <a href="#">AL04</a> – lever taps) | No                             | OT, RN, Physio, LMO, S           | Yes<br>Mobility & Functional Support | Assessment of upper limb function, including functional hand grip, and home and product assessments should be undertaken to determine the most suitable style of tap turners. |

| AH00 – Eating / Kitchen / Household Adaptive Appliances |  |                         |                             |                                      |   |
|---|--|-------------------------|-----------------------------|--------------------------------------|---|
| Item No   | Description Of Appliance   | Prior Approval Required | Assessing Health Provider   | Contracted Item                      | Comments  |
| AH14  | Traymobile – Height Adjustable                                     | No                      | OT, RN, Physio, LMO, S      | Yes<br>Mobility & Functional Support | Assessment of in-home mobility and environment in which the aid is to be used should be undertaken to determine safe and appropriate use.   |
| AH15  | Vegetable Board – Modified   | No                      | OT, RN, Physio, LMO, S      | Yes<br>Mobility & Functional Support | Assessment of hand and upper limb function and stability to handle one-handed food preparation should be undertaken.  |
| AH17  | Eating/Kitchen/Household Adaptive Appliances – Miscellaneous Items | No                      | OT, RN, Physio, LMO, S, SP  | Yes<br>Mobility & Functional Support | Items specifically designed for individuals with an illness or disability eg tea-pot tipper, dysphagia mug.<br><br>Functional assessment of ADL should be undertaken in determining functional need for adaptive appliance.   |
| AH18  | Replacement Parts and/or Repairs for AH items.                     | No                      | OT, RN, Physio, LMO, S      | Yes<br>Mobility & Functional Support | If costs of repairs are over \$207 consider replacement.<br><br>DVA accepts financial responsibility for items not covered under the warranty period.   |
| AH19  | Long Handled Shoe Horn   | No                      | OT, RN, Physio, LMO, S, Pod | Yes<br>Mobility & Functional Support | Used to accommodate various conditions including post knee and hip replacement so that independence in dressing can be achieved. Long handle assists in reaching down to feet for donning of shoes where there is reduced lower limb and spinal range of motion, reduced balance or neurological weakness affecting upper/lower limbs.<br><br><a href="#">Link Back to Index of RAP Equipment</a> |

| AJ00 – Footwear |  |  |                               |                                      |   |
|-----------------|--|--|-------------------------------|--------------------------------------|---|
| Item No         | Description Of Appliance                             | Prior Approval Required                        | Assessing Health Provider     | Contracted Item                      | Comments  |
|                 | Foot Orthoses/Insoles<br>(See <a href="#">AR04</a> ) |  |                               |                                      |   |
| AJ06            | Footwear Temporary (includes cast boots/shoes)       | No   | Pod, O, S, Physio, P, RN, LMO | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>Footwear temporary refers to footwear/cast boots provided for temporary transitional use during a clinical episode that prevents use of everyday footwear. |
| AJ07            | Footwear for Limb Prosthesis (ambulatory)            | No, unless exceeds three pairs at any one time | O, Pod, S, Physio, P          | No                                   | Functional and Product assessments should be conducted.<br>Four pairs of shoes are provided if the entitled person lives more than 100kms from the nearest footwear supplier.   |
| AJ08            | Footwear Repairs                                     | No   | O, Pod, S, Physio             | No                                   | For DVA issued temporary footwear only.<br><br>DVA accepts financial responsibility for items not covered under the warranty period.<br><br><a href="#">Link Back to Index of RAP Equipment</a>                       |

**AK00 – Hearing Aids**

(See Also AA00 – Alarm System/Communication Appliances/Assistive Listening Devices)

Note: All hearing aids must be accessed through Office of Hearing Services (OHS). Subject to separate contractual arrangements.

| <b>Item No</b> | <b>Description Of Appliance</b>                | <b>Prior Approval Required</b>   | <b>Assessing Health Provider</b> | <b>Contracted Item</b> | <b>Comments</b>  |
|----------------|--|----------------------------------|----------------------------------|------------------------|--|
| AK02           | Tinnitus Maskers and Inhibitors                | Yes,<br>limit of 1<br>per person | S, A                             | No                     | Functional and Product assessments should be conducted.<br>To be issued on a trial basis and assessed by the Health Provider after four (4) weeks. |
| AK03           | Replacement Parts and/or Repairs for AK Items. | No                               | S, A                             | No                     | DVA accepts financial responsibility for items not covered under the warranty period.<br><br><a href="#">Link Back to Index of RAP Equipment</a>   |

### AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

| Item No | Description Of Appliance | Prior Approval Required          | Assessing Health Provider | Contracted Item                      | Comments  |
|---------|--------------------------|----------------------------------|---------------------------|--------------------------------------|---|
| AL04    | Lever Taps               | No                               | OT, S                     | Yes<br>Mobility & Functional Support | <p>Assessment of upper limb function should be undertaken along with trial of simpler products within the home environment i.e. tap turners.</p> <p>Maintenance of tap washers should be considered before prescribing lever taps. Entitled persons should be responsible for maintenance. VHC should be considered for maintenance issues.</p>   |
| AL05    | Lifts                    | Yes,<br>limit of 1<br>per person | OT, S                     | No                                   | <p>Lift installations are considered complex major modifications and can only be installed to one primary residence. If the entitled person is residing in a shared housing complex e.g. unit/townhouse, please contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) to discuss. RAP National Guidelines apply.</p> <p><a href="#">RAP National Guidelines</a><br/><a href="#">Home/Access Modifications Assessment Form</a><br/><a href="#">Authority to Install/Modify Form</a></p> <p>Functional Assessment should include:</p> <ul style="list-style-type: none"> <li>Objective assessment of mobility (including balance, falls risk, strength). Assessment by Physio is recommended;</li> <li>Activities of daily living and community access issues;</li> <li>Investigation of other access options; and</li> <li>Cognition, upper limb function and ability to safely operate the lift.</li> </ul> <p>Home Assessment should include:</p> <ul style="list-style-type: none"> <li>Detailed diagrams and measurements of access and surrounding areas of residence for the proposed installation (AS1428.1 2001).</li> </ul> <p>Product Assessment should include:</p> |

### AL00 – Home Modifications

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Installations should only be carried out on one place or residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

| Item No | Description Of Appliance                       | Prior Approval Required    | Assessing Health Provider | Contracted Item                      | Comments   |
|---------|--|----------------------------|---------------------------|--------------------------------------|--|
|         |  |                            |                           |                                      | <ul style="list-style-type: none"> <li>Assessment of appropriate access for installation; and</li> <li>Assessment of most appropriate device and method of operation as it relates to functional need.</li> </ul> <p>Please ensure requests are complete and address all criteria contained in the National Guidelines prior to forwarding to DVA for consideration.</p>   |
| AL06    | Non slip surfacing (including non slip strips) | No                         | OT, Physio, RN, S         | Yes<br>Mobility & Functional Support | Functional, Home and Product assessments should be conducted. Non slip strips are more suitable to assist grip on stairs that are not open to weather. Strips are not supplied for maintenance purposes.   |
| AL07    | Vertical Platform Lifts                        | Yes, limit of 1 per person | OT, S                     | No                                   | <p><u>Eligibility:</u> Vertical Platform Lifts will only be supplied in respect of a war caused injury or disease/accepted disability (refer <i>Treatment Principle 11.3.1</i>).</p> <p>Lift installations are considered complex major modifications and can only be installed to one primary residence. If the entitled person is residing in a shared housing complex e.g. unit/townhouse, please contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) to discuss. RAP National Guidelines apply.</p> <p><a href="#">RAP National Guidelines</a><br/> <a href="#">Home/Access Modifications Assessment Form</a><br/> <a href="#">Authority to Install/Modify Form</a></p> <p>Same assessments as per item AL05 should be undertaken.</p> |
| AL09    | Rails (internal and external)                  | No                         | OT, S                     | Yes<br>Mobility & Functional Support | <p>Includes internal and external grab rails and hand rails.</p> <p>Any request for rails that do not provide direct access externally, to and from the house, should be referred to DVA with clinical justification.</p>  |

**AL00 – Home Modifications**

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

| Item No | Description Of Appliance | Prior Approval Required | Assessing Health Provider | Contracted Item | Comments   |
|---------|--------------------------|-------------------------|---------------------------|-----------------|--|
|         |                          |                         |                           |                 | Rails on verandas and balustrades should be referred to DVA as they may have building code ramifications.<br><br>Functional and Home Assessment should include: <ul style="list-style-type: none"> <li>• Assessment of functional mobility and consideration of other options e.g. appropriate gait aid or more specific therapy program;</li> <li>• Functional mobility within the home and the need for rail support as well as the type of rail required; and</li> <li>• Assessment of location for rails and associated measurements and diagrams for installation.</li> </ul> |

### AL00 – Home Modifications

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Installations should only be carried out on one place or residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

| Item No | Description Of Appliance | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments   |
|---------|--------------------------|-------------------------|---------------------------|--------------------------------------|--|
| AL10    | Ramps – Fixed            | Yes                     | OT, S                     | Yes<br>Mobility & Functional Support | <p>Ramp installations are considered complex major modifications and can only be installed to one primary residence. If the entitled person is residing in a shared housing complex e.g. unit/townhouse, please contact RAP general enquiries to discuss.</p> <p><a href="#">Home/Access Modifications Assessment Form Authority to Install/Modify Form</a></p> <p>Functional Assessment should include:</p> <ul style="list-style-type: none"> <li>• Objective assessment of mobility (including balance, falls risk, strength, implementation of treatment program if appropriate). Assessment by a Physio is recommended;</li> <li>• Activities of daily living and community access issues;</li> <li>• Investigation of other access options; and</li> <li>• Ability to safely negotiate ramp gradient with mobility aid.</li> </ul> <p>Home Assessment should include:</p> <ul style="list-style-type: none"> <li>• Functional assessment of access and simpler alternatives;</li> <li>• Product assessment of ramp options for access; and</li> <li>• Detailed diagrams and measurements of access and surrounding areas of residence for the proposed installation (AS1428.1 2001).</li> </ul> <p>Product Assessment should include:</p> <ul style="list-style-type: none"> <li>• Assessment of appropriate access for installation; and</li> <li>• Assessment of most appropriate ramp (timber, modular etc) and configuration in terms of functional need.</li> </ul> <p>Please ensure requests are complete and address all criteria contained in the National Guidelines prior to forwarding to DVA for consideration</p> |



### AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

| Item No | Description Of Appliance  | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments   |
|---------|---|-------------------------|---------------------------|--------------------------------------|--|
| AL11    | Ramps – Portable (includes folding or retractable aluminium/fibreglass) | No                      | OT, S                     | Yes<br>Mobility & Functional Support | Provided where wedge ramps (AL21) are not suitable.<br>Same assessments as per item AL10 should be undertaken.   |
| AL14    | Step Modifications  | No                      | OT, S                     | Yes<br>Mobility & Functional Support | <p>Step modifications are limited to widening/increasing depth of the step tread to accommodate walking aid, where other simpler access and mobility options are not suitable. It may also include halving height of existing high step up to a doorway.</p> <p>Step modifications do not include maintenance of unsafe stairs or standardising uneven steps that do not meet relevant building code.</p> <p>New steps are not installed in cases where no steps currently exist.</p> <p>Modifications to more than one step should be referred to DVA with clinical justification.</p> <p>Functional and Home Assessment should include:</p> <ul style="list-style-type: none"> <li>• Assessment of mobility and stair climbing; and</li> <li>• Assessment of simpler options for access e.g. wedge ramps, hand or grab rails, alternative access.</li> </ul> |
| AL15    | Home Modifications – Complex  | Yes                     | OT, S                     | No                                   | <p>Home (Bathroom) Modifications are considered complex major modifications and can only be carried out to one primary residence. If the entitled person is residing in a shared housing complex e.g. unit/townhouse, please contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) to discuss.</p> <p>Purchase of the residence should have occurred prior to any knowledge of the disability and where the entitled person would not have been able to reasonably judge that access was likely to become an issue.</p>  |

**AL00 – Home Modifications**

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Installations should only be carried out on one place or residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

| Item No | Description Of Appliance | Prior Approval Required | Assessing Health Provider | Contracted Item | Comments   |
|---------|--------------------------|-------------------------|---------------------------|-----------------|--|
|         |                          |                         |                           |                 | <p>Functional Assessment should include:</p> <ul style="list-style-type: none"> <li>• Objective assessment of activities of daily living;</li> <li>• Therapy program to be implemented if appropriate; and</li> <li>• Investigation and trialling of simpler equipment options.</li> </ul> <p>Home Assessment should include:</p> <ul style="list-style-type: none"> <li>• Functional assessment of access and simpler alternatives;</li> <li>• Product assessment of simpler options within the home for access;</li> <li>• Detailed diagrams and measurements of the area to be modified with proposed installation/modification (AS1428.1 2001); and</li> <li>• Preconstruction and post construction visits with builders to procure quotes.</li> </ul> <p>Product Assessment should include:</p> <ul style="list-style-type: none"> <li>• Assessment of most appropriate and simplest equipment that meet functional needs.</li> </ul> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p><a href="#">RAP National Guidelines</a><br/> <a href="#">Home/Access Modifications Assessment Form</a><br/> <a href="#">Authority to Install/Modify Form</a></p> <p>Please ensure requests are complete and address all criteria contained in the National Guidelines prior to forwarding to DVA for consideration</p> |

### AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

| Item No | Description Of Appliance                      | Prior Approval Required | Assessing Health Provider            | Contracted Item                      | Comments   |
|---------|---|-------------------------|--------------------------------------|--------------------------------------|--|
| AL16    | Home Modifications – Minor – Labour Component | No                      | OT, S<br><br>*A, At, RN, Physio, LMO | Yes<br>Mobility & Functional Support | * Assessing Health Providers A, At, RN, Physio and LMO may only prescribe AL16 for the installation of AA17 – Smoke Alarm Package for the Hearing Impaired. A <a href="#">Direct Order Form – Mobility Functional Support</a> must be completed and sent to a MFS contracted supplier. The form must specify whether installation is for a hard-wired or battery operated smoke alarm. Hard-wired smoke alarm installation will only be funded where the Building Code of Australia requires a 240 volt alarm to be installed. Refer <a href="#">AA17</a> .  |
| AL21    | Home Modifications – Minor                    | No                      | OT, S                                | Yes<br>Mobility & Functional Support | Minor Modifications are partial changes to an already existing dwelling that enables the entitled person to achieve an appropriate level of independence and safety. Minor Modifications May include: rod for shower curtain, wooden wedges, step ramp, shower base platform, toilet door reversal or installation of lift-off hinges, threshold wedge, relocation of door handles/locks, relocation of existing hanging rods in wardrobe.<br><br>DVA does not fund home maintenance and/or repairs to existing structures such as pathways or stairs.<br><br>Functional, Home and Product assessments should include: <ul style="list-style-type: none"> <li>• Assessment of functional need;</li> <li>• trial/implementation of simpler equipment, alternative techniques and where appropriate, recommend referral to other Health Provider services; and</li> <li>• measurements and relevant drawings/diagrams for proposed minor modifications.</li> </ul> |
| AL22    | Replacement Parts and/or Repairs for AL Items | No                      | OT, S                                |                                      |  |

**AL00 – Home Modifications**

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Installations should only be carried out on one place or residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

| Item No | Description Of Appliance | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments  |
|---------|--------------------------|-------------------------|---------------------------|--------------------------------------|---|
| AL23    | Stove Isolation Switch   | No                      | OT, RN                    | Yes<br>Mobility & Functional Support | <p>This item can only be provided to enhance the entitled person's safety and independence at home where a high level of safety risk has been assessed. This risk may be due to dementia or cognitive and memory dysfunctions.</p> <p>In-home functional assessment and a cognitive evaluation is recommended.</p> <p>See also <a href="#">BF00 Cognitive, Dementia and Memory Assistive Technology</a>.</p> <p><a href="#">Link Back to Index of RAP Equipment</a></p> |

| AM00 – Lifting Devices |  |                         |                           |                                      |   |
|------------------------|--|-------------------------|---------------------------|--------------------------------------|---|
| Item No                | Description Of Appliance                       | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments  |
| AM01                   | Hoist/Personal Lifting Device (includes sling) | No                      | Physio, OT, RN, S         | Yes<br>Mobility & Functional Support | <p>Includes full body hoists or standing hoists.</p> <p>Functional assessment should be undertaken to determine:</p> <ul style="list-style-type: none"> <li>• Mobility and transfers e.g. bed to chair, chair to commode; and</li> <li>• Alternative simpler methods or equipment that enables safe transfers.</li> </ul> <p>A home trial of the hoist is to be completed where practical. Where it is not practical to be trialled in the home, simulation of home transfer situations should be undertaken. Education and training on the safe hoist and sling operation is essential and should be undertaken in the presence of the Health Provider.</p> <p>Product assessment includes recommendation of the most appropriate hoist and sling in relation to assessed functional need, individual weight and measurements.</p> |
| AM02                   | Sling for Hoist (additional)                   | No                      | OT, Physio, RN, S         | Yes<br>Mobility & Functional Support | <p>This item is provided when the functional assessment indicates an additional specialised sling is required e.g. bathing/toileting sling.</p> <p>Education and training of carers in the safe operation of the hoist and sling is essential and should be undertaken in the presence of the Health Provider.</p>  |
| AM03                   | Replacement Parts and/or Repairs for AM Items  | No                      | OT, Physio, RN, S         | Yes<br>Mobility & Functional Support | <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p><a href="#">Link Back to Index of RAP Equipment</a></p>   |
| AM04                   | Ceiling Hoist                                  | Yes                     | Physio, OT, RN, S         | No                                   | <p>Functional assessment should be undertaken to determine:</p> <ul style="list-style-type: none"> <li>• Mobility and transfers e.g. bed to chair, chair to commode; and</li> <li>• Alternative simpler methods or equipment that enables safe transfers.</li> </ul> <p>A home trial of the hoist is to be completed where practical. Where it is not practical to be trialled in the home, simulation of home transfer situations should be undertaken. Education and training on the safe hoist and sling operation is essential and should be undertaken in the presence of the</p>  |

| AM00 – Lifting Devices |                          |                         |                           |                 |  |
|------------------------|--------------------------|-------------------------|---------------------------|-----------------|--|
| Item No                | Description Of Appliance | Prior Approval Required | Assessing Health Provider | Contracted Item | Comments   |
|                        |                          |                         |                           |                 | <p>Health Provider.</p> <p>Product assessment includes recommendation of the most appropriate hoist and sling in relation to assessed functional need, individual weight and measurements.</p> |

**AN00 – Low Vision Appliances (Non-Optical)**

(See also AA00 – Alarm System/Communication Appliances/Assistive Listening TV Devices)

| Item No | Description Of Appliance                                  | Prior Approval Required          | Assessing Health Provider | Contracted Item   | Comments   |
|---------|---|----------------------------------|---------------------------|-------------------|--|
| AN01    | Clock (braille alarm clock/ talking clock)                | No                               | LVC, S, Op, OT            | Yes<br>Low Vision | Product assessment should be conducted.<br>See also BF00 Cognitive, Dementia and Memory Assistive Technology.  |
| AN02    | Guide Dog   | Yes,<br>limit of 1<br>per person | LVC, S                    | Yes<br>Low Vision | Functional and Home assessments should be conducted.<br>Provision of a Guide Dog is based on assessed clinical need due to a war-caused injury/accepted disability (refer to <i>Treatment Principles 11.3.1</i> ).<br><br>Including: dog, harness, training, freight, and accommodation during training. DVA will refer application to State Branch of Guide Dogs for the Blind Association, for assessment and interview.<br><br>DVA will accept financial responsibility for the upkeep costs and maintenance of the guide dog which includes food costs, annual injections and worming tablets. |
| AN03    | Library Service Fee for Talking Books                     | No                               | LVC, S, Op, OT            | Yes<br>Low Vision | Vision Australia also provides a library service free of charge to people who meet the clinical criteria.<br><br><a href="http://www.visionaustralia.org.au/">http://www.visionaustralia.org.au/</a>   |
| AN05    | Orientation and Mobility Training (for visually impaired) | No                               | LVC, S, Op                | Yes<br>Low Vision | Includes mobility training for walking canes and electronic mobility aid.  |
| AN08    | Electronic Mobility Aid                                   | No                               | LVC, S, Op                | Yes<br>Low Vision | Product assessment should be conducted.  |
| AN09    | Talking Book Device (Daisy Player)                        | No                               | LVC, OT, S, Op            | Yes<br>Low Vision |  |
| AN11    | Television – Closed Circuit                               | Yes,<br>limit of 1<br>per person | LVC, S, Op                | Yes<br>Low Vision | Functional and Product assessments should be conducted.<br>Education and training in usage for the entitled person should be undertaken prior to provision.<br><br>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.<br><br><a href="#">RAP National Guidelines</a>  |

**AN00 – Low Vision Appliances (Non-Optical)**

(See also AA00 – Alarm System/Communication Appliances/Assistive Listening TV Devices)

| Item No | Description Of Appliance                    | Prior Approval Required            | Assessing Health Provider | Contracted Item   | Comments   |
|---------|---|------------------------------------|---------------------------|-------------------|--|
| AN13    | Magnifier - TV Screen                       | No                                 | LVC, S, Op                | Yes<br>Low Vision | Product assessment should be conducted.  |
| AN15    | Watch – Wrist (low vision)                  | No                                 | LVC, S, Op,<br>OT         | Yes<br>Low Vision | Product assessment should be conducted.  |
| AN17    | Low Vision Appliances – Miscellaneous Items | No                                 | LVC, OT, S,<br>Op         | Yes<br>Low Vision | Product assessment should be conducted.<br>Includes coin holders, large print teledex, needle threader, tactile marks for appliances, liquid level indicator, signature guide, white cane, ID cane, writing frame and vision impairment badge, etc. Lamps are not provided.          |
| AN18    | Replacement Part and/or Repairs             | No,<br>unless<br>exceeds<br>\$414  | LVC, OT, S,<br>Op         | Yes<br>Low Vision | DVA accepts financial responsibility for items not covered under the warranty period.  |
| AN19    | TV Connected Video Magnifier                | No,<br>unless<br>exceeds<br>\$1067 | LVC, S, Op                | Yes<br>Low Vision | Functional and Product assessments should be conducted.<br>This item is used like a mouse for the computer. It allows images to be displayed on television or computer screen up to 24x magnification and can be used in a variety of formats e.g. newspapers, prescription bottles. |
| AN20    | Portable Battery Operated Video Magnifier   | No,<br>unless<br>exceeds<br>\$1185 | LVC, S, Op                | Yes<br>Low Vision | Functional and Product assessments should be conducted.<br>This item is an electronic version of a standard handheld magnifier. It would assist with reading food labels and prices etc during shopping.<br><br><a href="#">Link Back to Index of RAP Equipment</a>                  |



| APO0 – Mobility Appliances |   |                            |                             |                                      |  |
|----------------------------|---|----------------------------|-----------------------------|--------------------------------------|--|
| Item No                    | Description Of Appliance                                  | Prior Approval Required    | Assessing Health Provider   | Contracted Item                      | Comments   |
| AP01                       | Vehicle Modifications (e.g. driving controls/alterations) | Yes, limit of 1 per person | OT, S, LMO                  | No                                   | <p>A vehicle modification is a modification made to a car/van to allow an entitled person with a disability to access, and drive, or travel in.</p> <p><u>Eligibility:</u> DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>).</p> <p>The entitled person must verify ownership of vehicle and possession of suitably endorsed licence to drive modified vehicle (if required) before DVA will proceed with modification.</p> <p>The functional and product assessments should include:</p> <ul style="list-style-type: none"> <li>• Detailed physical, visual, cognitive and visual-spatial assessments to demonstrate the entitled person's functional ability to safely operate a modified vehicle;</li> <li>• Recommended car modifications need to be trialled and quotations for the modifications obtained;</li> <li>• Any necessary training that may be required should also be detailed; and</li> <li>• Simpler car modifications should be considered in the first instance.</li> </ul> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p><a href="#">RAP National Guidelines</a></p> |
| AP02                       | Batteries for Electric Scooters                           | No                         | OT, LMO, S                  | Yes<br>Mobility & Functional Support | Entitled person to contact supplier to arrange replacement of batteries for DVA issued electric mobility aid.  |
| AP03                       | Crutches  | No                         | Physio, OT, Ch, Ost, LMO, S | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.  |

| APO0 – Mobility Appliances |                          |                            |                           |                                      |  |
|----------------------------|--------------------------|----------------------------|---------------------------|--------------------------------------|--|
| Item No                    | Description Of Appliance | Prior Approval Required    | Assessing Health Provider | Contracted Item                      | Comments   |
| AP04                       | Safety Helmet - Scooters | No                         | LMO, RN, OT, Physio, S    | Yes<br>Mobility & Functional Support |  |
| AP05                       | Scooter - Electric       | Yes, limit of 1 per person | OT, S, LMO                | Yes<br>Mobility & Functional Support | <p><b>Eligibility:</b> DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>).</p> <p>Detailed physical, visual, cognitive and visual-spatial assessments should be undertaken to demonstrate the entitled person's functional ability to safely operate an electrically operated scooter. The assessed need for the electric mobility aid should be primarily based on functional requirements (not leisure/recreational needs).</p> <p>Reasonable access to viable alternatives for transport should be investigated as simpler options in the first instance e.g. public transport, community transport options, taxis etc.</p> <p>A trial of the recommended scooter within the community is to be undertaken by the Health Provider to determine suitability and safe use. Final Departmental approval is dependant on the trial outcome.</p> <p>A periodic re-assessment of the entitled person's capacity to operate the scooter is required. The re-assessment period will be determined by the assessing Health Provider.</p> <p>Scooter Batteries see AP02.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p><a href="#">RAP National Guidelines</a></p> <p><a href="#">Electronic Mobility Aid Assessment Form</a></p> |
| AP06                       | Quadstick/Quadrapod      | No                         | Physio, OT, S, LMO        | Yes<br>Mobility & Functional Support | Functional assessment should be undertaken of the entitled person's mobility and balance, and to be considered as part of the overall program addressing identified issues such as loss of strength or frailty.  |

| <b>APOO – Mobility Appliances</b> |  |                                |                                  |                                      |  |
|-----------------------------------|--|--------------------------------|----------------------------------|--------------------------------------|--|
| <b>Item No</b>                    | <b>Description Of Appliance</b>                | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b>               | <b>Comments</b>  |
| AP07                              | Knee Walker/Scooter                            | No                             | Physio, S, LMO                   | Yes<br>Mobility & Functional Support | Prescribed for non-weight bearing foot or ankle post-surgical care. Functional and safety assessment including education should be undertaken by the hospital physiotherapist for indoor and outdoor use.    |
| AP09                              | Transfer Equipment                             | No                             | Physio, OT, RN, S, LMO           | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted. Includes boards, slide sheets, and portable swivel pad/turntables.   |
| AP12                              | Walking Frame (includes wheeled walking frame) | No                             | Physio, OT, Ch, Ost, S, LMO      | Yes<br>Mobility & Functional Support | Functional assessment should be undertaken of the entitled person's mobility and balance, and be considered as part of the overall program addressing identified issues such as loss of strength or frailty. |
| AP13                              | Walking Stick                                  | No                             | Physio, OT, Ch, Ost, S, LMO      | Yes<br>Mobility & Functional Support | Functional assessment should be undertaken of the entitled person's mobility and balance, and be considered as part of the overall program addressing identified issues such as loss of strength or frailty. |
| AP14                              | Wheelchair Accessories                         | No                             | Physio, OT, Ch, Ost, S, LMO      | Yes<br>Mobility & Functional Support |  |
| AP15                              | Walking Stick Holder/Strap/Accessories         | No                             | Physio, OT, Ch, Ost, S, RN, LMO  | Yes<br>Mobility & Functional Support |  |

| APOO – Mobility Appliances |                                |                            |                             |                                      |   |
|----------------------------|--------------------------------|----------------------------|-----------------------------|--------------------------------------|---|
| Item No                    | Description Of Appliance       | Prior Approval Required    | Assessing Health Provider   | Contracted Item                      | Comments  |
| AP16                       | Power drive Wheelchair         | Yes, limit of 1 per person | OT, S, LMO                  | Yes<br>Mobility & Functional Support | <p><u>Eligibility:</u> DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>).</p> <p>Detailed physical, visual, cognitive and visual-spatial assessments should be undertaken to demonstrate an entitled person's functional ability to safely operate an electrically operated wheelchair.</p> <p>The assessed need for the electric mobility aid should be primarily based on functional requirements (not leisure/recreational needs).</p> <p>A trial of the recommended powerdrive wheelchair within the home and community should be undertaken by the Health Provider to determine suitability and safe use. Final Departmental approval is dependant on the trial outcome.</p> <p>A periodic re-assessment of the entitled person's capacity to operate the wheelchair is required to be undertaken. The re-assessment period will be determined by the assessing Health Provider.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p><a href="#">RAP National Guidelines</a></p> <p><a href="#">Electronic Mobility Aid Assessment Form</a></p> |
| AP17                       | Wheelchair – Manual (standard) | No                         | Physio, OT, S, Ch, Ost, LMO | Yes<br>Mobility & Functional Support | <p>Detailed functional assessments should be undertaken to determine need for, and the entitled person's ability to operate manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided.</p>  |

| APOO – Mobility Appliances |   |                            |                                 |                                      |   |
|----------------------------|---|----------------------------|---------------------------------|--------------------------------------|---|
| Item No                    | Description Of Appliance  | Prior Approval Required    | Assessing Health Provider       | Contracted Item                      | Comments  |
| AP19                       | Wheelchair – Manual (customised)  | Yes, limit of 1 per person | Physio, OT, S, LMO              | Yes<br>Mobility & Functional Support | Detailed functional assessments should be undertaken to determine need for, and the entitled person's ability to independently operate customised manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided.<br><br>Standard manual wheelchair should be considered in the first instance, if appropriate.  |
| AP20                       | Vehicle Modifications – (training for the use of vehicle modifications provided by DVA) | Yes, limit of 1 per person | OT, S, LMO                      |                                      | <u>Eligibility:</u> DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i> )<br><br>DVA will only cover the cost of lessons to learn to use the car modifications, not to give basic driving lessons on how to drive a car, or to re-learn driving skills. Maximum of six lessons.<br><br>Specialist post-graduate training in driving assessment is required to assess for and recommend this item. |
| AP21                       | Replacement Parts and/or Repairs for AP Items   | No                         | Physio, OT, S, Ch, Ost, LMO, RN | Yes<br>Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period.   |
| AP22                       | Walking Frame Accessories   | No                         | Physio, OT, S, Ch, Ost, LMO, RN | Yes<br>Mobility & Functional Support |   |

| APOO – Mobility Appliances |                                   |  |                           |                 |   |
|----------------------------|-----------------------------------|--|---------------------------|-----------------|---|
| Item No                    | Description Of Appliance          | Prior Approval Required                    | Assessing Health Provider | Contracted Item | Comments  |
| AP23                       | Car Hoist (external and internal) | Yes, limit of 1 for manual wheelchair only | S, OT                     | No              | <p><u>Eligibility:</u> DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>)</p> <p><a href="#">RAP National Guidelines</a></p> <p>Functional assessment should be undertaken to determine:</p> <ul style="list-style-type: none"> <li>• Functional mobility and transfers;</li> <li>• Alternative simpler equipment and other methods in the first instance e.g. use of wheelchair carrier, quick release wheelchair axles, wheelchair accessible taxi; and</li> <li>• Suitable physical and cognitive skills (as assessed) to safely operate the device.</li> </ul> <p>The entitled person is required to own the vehicle to be modified and a regular functional need for community access via private vehicle should be established.</p> |

| APOO – Mobility Appliances |                          |                                    |                           |                 |   |
|----------------------------|--------------------------|------------------------------------|---------------------------|-----------------|---|
| Item No                    | Description Of Appliance | Prior Approval Required            | Assessing Health Provider | Contracted Item | Comments  |
| AP24                       | Driving Assessment       | Yes, limit of 1 service per person | S, LMO, OT                | No              | <p><b>Eligibility:</b> DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>)</p> <p>Driving Assessment under this RAP Schedule code is defined as an assessment of an entitled person's driving skills to identify a need for car modification (AP01). It does not include assessment for fitness to drive, driver rehabilitation or refresher lessons.</p> <p>A driving assessment and report is to be undertaken by an Occupational Therapist with the relevant post-graduate qualifications in driving assessment, in conjunction with a suitably qualified driving instructor. The following areas are to be reported on:</p> <ul style="list-style-type: none"> <li>• The entitled person's visual, cognitive and visual-spatial abilities;</li> <li>• Level of impairment; and</li> <li>• Ability to operate the vehicle safely.</li> </ul> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p><a href="#">RAP National Guidelines</a></p> <p><a href="#">Link Back to Index of RAP Equipment</a></p> |

| APOO – Mobility Appliances |                                |                            |                           |                                      |  |
|----------------------------|--------------------------------|----------------------------|---------------------------|--------------------------------------|--|
| Item No                    | Description Of Appliance       | Prior Approval Required    | Assessing Health Provider | Contracted Item                      | Comments   |
| AP25                       | Power Assist Device – Electric | Yes, limit of 1 per person | OT, S, LMO                | Yes<br>Mobility & Functional Support | <p><u>Eligibility:</u> DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>).</p> <p>Detailed physical, visual, cognitive and visual-spatial assessments should be undertaken to demonstrate the entitled person's functional ability to safely operate a Power Assist Device. The assessed need for the electric mobility aid should be primarily based on functional requirements (not leisure/recreational needs).</p> <p>A Power Assist Device will only be considered where an electric wheelchair or scooter is not a more appropriate option.</p> <p>An Attendant/Carer operated electric mobility device will only be considered where the carer is unable to propel a manual wheelchair and the veteran is unable to safely operate an electric wheelchair or scooter.</p> <p>A trial of the recommended device within the community is to be undertaken by the Health Provider to determine suitability and safe use. Final Departmental approval is dependent on the trial outcome.</p> <p>The Power Assist Device should only be used with a manual wheelchair with a manufacturer's endorsement of compatibility.</p> <p>A periodic re-assessment of the entitled person's capacity to operate the device is required. The re-assessment period will be determined by the assessing Health Provider.</p> <p>Batteries see AP02.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p><a href="#">RAP National Guidelines</a></p> <p><a href="#">Electronic Mobility Aid Assessment Form</a></p> |



| <b>AR00 – Orthoses – Splints / Supports / Braces / Slings</b> |   |  |                                    |                                      |  |
|---|---|--|------------------------------------|--------------------------------------|--|
| <b>Item No</b>  | <b>Description of Appliance</b>             | <b>Prior Approval required</b>                                   | <b>Assessing Health Provider</b>   | <b>Contracted Item</b>               | <b>Comments</b>  |
| AR01  | Ankle supports/braces                       | No, unless exceeds \$178 per item or 3 per year                  | Physio, Pod, S, Ch, Ost O, P       | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>This item would be provided as part of an overall rehabilitation management plan.   |
| AR02  | Knee supports/braces                        | No, unless exceeds \$357 per item or 3 per year                  | Physio, S, Pod, Ch, Ost, O, P      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>This item would be provided as part of an overall rehabilitation management plan.<br><br>For knee braces over \$1548 an orthopaedic surgeon should nominate a specific brace. |
| AR03  | Upper limb supports/braces                  | No, unless exceeds \$357 per item or 6 items per year            | Physio, S, OT, P, O, Ch, Ost       | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>This item would be provided as part of an overall rehabilitation management plan.   |
| AR04  | Foot orthoses/orthotics                     | No, unless exceeds \$415 per pair or 1 pair of orthoses per year | Pod, Physio, S, P, O, Ch, Ost, LMO | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>Includes any type of corrective or palliative device for the foot.<br><br>This item would be provided as part of an overall rehabilitation management plan.                   |
| AR08  | Lumbar Braces (including abdominal binders) | No, unless exceeds \$712 per item or 2 per year                  | Physio, S, Ch, Ost, OT, P, O       | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>This item would be provided as part of an overall rehabilitation management plan.   |
| AR09  | Scrotal Support                             | No   | S,LMO, OT, Physio                  | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.  |

| <b>AR00 – Orthoses – Splints / Supports / Braces / Slings</b> |   |   |  |                                      |  |
|---|---|---|--|--------------------------------------|--|
| <b>Item No</b>  | <b>Description of Appliance</b>           | <b>Prior Approval required</b>                            | <b>Assessing Health Provider</b>       | <b>Contracted Item</b>               | <b>Comments</b>  |
| AR14  | Surgical Corsets (including belt / truss) | No  | S, LMO, RN, OT, Physio, Ch, Ost        | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.  |
| AR18  | Cervical Collars                          | No, unless exceeds \$594 per item or 2 per year           | Physio, S, Ch, Ost, LMO, P, O          | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted. This item would be provided as part of an overall rehabilitation management plan.  |
| AR19  | Ankle Foot Orthoses (AFO)                 | No, unless exceeds \$238 per item or 2 per year           | Physio, Pod, S, Ch, Ost, OT, P, O, LMO | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted. This item would be provided as part of an overall rehabilitation management plan.  |
| AR22  | Compression Garments                      | No, unless exceeds \$558 per pair or 3 pairs per 6 months | S, RN, Physio, OT, LMO, Pod            | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted. Compression garments are provided as a mode of treatment for conditions such as lymphoedema or venous insufficiency.<br><br>Health Providers should have specialist post graduate training in oedema/lymphoedema management in order to access, measure, fit and review these garments.<br><br>In the case of lymphoedema treatment programs where therapy is more intensive, Health Providers are required to obtain prior approval from the relevant RAP personnel or clinical adviser. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information. |
| AR23  | Lymphoedema Pump                          | Yes, limit of 1 per person                                | S, RN, Physio, OT                      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted. Health Providers with the appropriate training recognised by DVA are required to obtain prior approval for lymphoedema treatment programs from the relevant RAP personnel or clinical adviser.   |

| AR00 – Orthoses – Splints / Supports / Braces / Slings |   |   |                             |                                      |   |
|--|---|---|-----------------------------|--------------------------------------|---|
| Item No  | Description of Appliance  | Prior Approval required                             | Assessing Health Provider   | Contracted Item                      | Comments  |
| AR26   | Compression Garment Consumables (including glue/adhesive/spray) | No  | S, RN, Physio, OT, LMO      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>See also <a href="#">AU13</a> Sock/Hosiery Appliance and Pressure Garment aid.   |
| AR27   | Replacement Parts and/or Repairs for AR Items                   | No  | LMO, OT, S, Physio, Ch, Ost | Yes<br>Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period.   |
| AR28   | Hip Protectors  | No, unless exceeds 6 garments per year plus shields | RN, Physio, S, OT, LMO      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>This item would be provided as part of an overall rehabilitation management plan.  |
| AR29   | Limb Protectors   | No, unless exceeds 6 items per year                 | RN, Physio, S, OT, LMO      | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.   |
| AR30   | Gripping Aid  | No  | OT, Physio, S               | Yes<br>Mobility & Functional Support | Functional and Product assessments should be conducted.<br>This splint may improve hand function when a neurological deficit or an injury makes gripping difficult. For example the gripping aid may enable use of equipment for a rehabilitation strengthening program, holding a racquet, handlebars or gardening tools or cutting with a knife.<br><br><a href="#">Link Back to Index of RAP Equipment</a> |

| <b>AS00 – Other Appliances</b> |   |                                |                                  |  |  |
|--------------------------------|---|--------------------------------|----------------------------------|--|--|
| <b>Item No</b>                 | <b>Description Of Appliance</b>                     | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b>                             | <b>Comments</b>  |
| AS01                           | Blood Pressure Monitor (Sphygmomanometer)           | No                             | S, LMO,                          | Yes<br>Mobility & Functional Support<br>Low Vision | Product assessment should be conducted.<br>Only provided where there is a clinical requirement for home monitoring of blood pressure.  |
| AS11                           | Vacuum Enhancement Device (appliance for impotence) | No                             | S                                | No   | Product assessment should be conducted.<br>Where alternative methods for overcoming impotence are not suitable.  |
| AS12                           | Wig – Synthetic                                     | No                             | S, LMO, RN                       | No   | Product assessment should be conducted.<br>Issued for hair loss due to a medical condition.  |
| AS13                           | Wig – Human Hair                                    | Yes,<br>limit of 2 per person  | RN, S, LMO,                      | No   | Product assessment should be conducted.<br>Supplied to an entitled person who is becoming bald as a result of war caused injury or disease, or as a result of malignant neoplasia, or as a result of treatment of these conditions.<br><br>A synthetic wig should be considered, unless there is a clinical requirement for natural hair. DVA will not accept financial responsibility for cleaning and setting the wig. |
| AS14                           | Enteral Feeding Pump                                | No                             | S, D, LMO                        | Yes<br>Mobility & Functional Support               | Product assessment should be conducted.  |
| AS15                           | Enteral Feeding Pump Consumables                    | No                             | LMO, RN, S, D                    | Yes<br>Mobility & Functional Support               | Product assessment should be conducted.<br>Includes feeding bags, naso-gastric tubes, peg feed tubes, etc.   |
| AS16                           | Bracelet/Pendant – (medical info for emergency)     | No                             | LMO, S, RN                       | Yes<br>Mobility & Functional Support               | To be issued in stainless steel only.<br><br>See also BF00 Cognitive, Dementia and Memory Assistive Technology.  |

| AS00 – Other Appliances |   |                         |                                       |                 |   |
|-------------------------|---|-------------------------|---------------------------------------|-----------------|---|
| Item No                 | Description Of Appliance  | Prior Approval Required | Assessing Health Provider             | Contracted Item | Comments  |
| AS17                    | Replacement Parts and/or Repairs for AS Items                     | No                      | LMO, RN, OT, S                        |                 | If over \$207 consider replacement of the item.<br><br>DVA accepts financial responsibility for items not covered under the warranty period.  |
| AS18                    | Wound Treatment Negative Pressure Equipment – Ambulatory (small)  | Yes                     | S, RN                                 | No              | Product assessment should be conducted.<br>The assessing RN should be a Clinical Nurse Consultant (CNC) in Wound Management. The Specialist and/or CNC should review treatment in 8 weeks and depending on the Health Provider's recommendation, a further 8 weeks of treatment may be approved.<br><br>Limit treatment to 16 weeks in total for each wound in a 12 month period. |
| AS19                    | Wound Treatment Negative Pressure Equipment – Mains Power (large) | Yes                     | S, RN                                 | No              | Product assessment should be conducted.<br>The assessing RN must be a Clinical Nurse Consultant (CNC) in wound management. The Specialist and/or CNC must review treatment in 8 weeks and depending on the prescriber's recommendation, a further 8 weeks of treatment may be approved.<br><br>Limit treatment to 16 weeks in total for each wound in a 12 month period.          |
|                         | Safely Home – Bracelet (see <a href="#">BF10</a> )                |                         |                                       |                 |   |
| AS22                    | One-off RAP items   | Yes                     | Relevant health provider on page xiii | No              | Functional, Home and Product assessments as required.<br>This item code is strictly for RAP items that are provided in exceptional circumstances where no equivalent items appear on the Schedule.<br><br><a href="#">Link Back to Index of RAP Equipment</a>   |

| AT00 – Palliative Care Appliances |  |                                  |                           |                                      |  |
|-----------------------------------|--|----------------------------------|---------------------------|--------------------------------------|--|
| Item No                           | Description Of Appliance   | Prior Approval Required          | Assessing Health Provider | Contracted Item                      | Comments   |
|                                   | Oxygen (See <a href="#">AY00 – Respiratory Home Therapy Appliances</a> ) |                                  |                           |                                      |  |
| AT09                              | Subcutaneous Infusion Device   | Yes, if purchased                | LMO, S, RN                | No                                   | Product assessment should be conducted.<br>If these are supplied on loan from community palliative care clinics, no prior approval is required.  |
| AT10                              | Indwelling Pleural/Abdominal Drainage Kit                                | No                               | S, LMO, RN                | Yes<br>Continence                    | Product assessment should be conducted.<br>The assessing RN should be a Clinical Nurse Consultant or nurse practitioner in palliative care.  |
| AT12                              | Drip Stand   | No                               | LMO, S, RN                | Yes<br>Mobility & Functional Support | Product assessment should be conducted.  |
| AT13                              | Palliative Care Consumables  | No                               | LMO, S, RN                | Yes<br>Mobility & Functional Support | Product assessment should be conducted.<br>Includes cassettes and extension sets, remote reservoir adaptors, etc.  |
| AT14                              | Replacement Parts and/or Repairs for AT Items                            | No                               | LMO, S, RN                |                                      | DVA accepts financial responsibility for items not covered under the warranty period.  |
| AT15                              | Infusion Pump Volumetric   | Yes,<br>limit of 1<br>per person | S, LMO, RN                | No                                   | Product assessment should be conducted.<br>Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) and ask to be put through to the relevant DVA State location Medical Adviser to discuss the entitled person's need for this item.<br><br>Refer to VAPAC for Baxter Pumps. |
| AT16                              | Intravenous (IV) Set   | No                               | LMO, S, RN                | Yes<br>Mobility & Functional Support | Product assessment should be conducted.<br>Includes needles and syringes, butterfly needles, IV giving sets.<br><br><a href="#">Link Back to Index of RAP Equipment</a>  |

**AU00 – Personal Hygiene / Grooming / Dressing Appliances**

| <b>Item No</b> | <b>Description Of Appliance</b>  | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b>               | <b>Comments</b>  |
|----------------|--|--------------------------------|----------------------------------|--------------------------------------|--|
| AU01           | Bottom Wiper   | No                             | OT, LMO, RN, S, Physio           | Yes<br>Mobility & Functional Support | Functional assessment should be undertaken to determine the entitled person's self care abilities and functional need for assistive device.<br><br>Product knowledge is also required for supply of the specific type of device within the respective item number, as well as education and training in use of the device. |
| AU02           | Button Hook  | No                             | OT, LMO, RN, S, Physio           | Yes<br>Mobility & Functional Support | Same assessments as per item AU01 should be undertaken.  |
| AU03           | Denture Brush with Suction Cup   | No                             | OT, LMO, RN, S, LDO, Physio      | Yes<br>Mobility & Functional Support | Same assessments as per item AU01 should be undertaken.  |
| AU04           | Dressing Stick   | No                             | OT, LMO, RN, S, Physio           | Yes<br>Mobility & Functional Support | Same assessments as per item AU01 should be undertaken.  |
| AU05           | Disposable Bed Bath/Shampoo Kit  | No                             | OT, LMO, RN, S, Physio           | Yes<br>Continence                    | Functional and Product assessments should be conducted.  |
| AU08           | Long Handled Comb/Brush  | No                             | OT, LMO, RN, S, Physio           | Yes<br>Mobility & Functional Support | Same assessments as per item AU01 should be undertaken.  |
| AU10           | Long Handled Toe Wiper   | No                             | OT, Pod, LMO, RN, S, Physio      | Yes<br>Mobility & Functional Support | Same assessments as per item AU01 should be undertaken.  |
| AU11           | Nail Brush with Suction Cap  | No                             | OT, LMO, RN, S, Physio           | Yes<br>Mobility & Functional Support | Same assessments as per item AU01 should be undertaken.  |
| AU13           | Donning /doffing aids (i.e. for socks, stockings and compression garments) | No                             | OT, Pod, LMO, RN, S, Physio      | Yes<br>Mobility & Functional Support | Same assessments as per item AU01 should be undertaken.  |

**AU00 – Personal Hygiene / Grooming / Dressing Appliances**

| Item No | Description Of Appliance | Prior Approval Required | Assessing Health Provider   | Contracted Item                      | Comments   |
|---------|--------------------------|-------------------------|-----------------------------|--------------------------------------|--|
| AU14    | Elasticised Shoe Laces   | No                      | OT, Pod, LMO, RN, S, Physio | Yes<br>Mobility & Functional Support | Same assessments as per item AU01 should be undertaken.<br><a href="#">Link Back to Index of RAP Equipment</a> |



| AV00 – Physiotherapy Appliances |   |  |                            |                                      |  |
|---------------------------------|---|--|----------------------------|--------------------------------------|--|
| Item No                         | Description Of Appliance  | Prior Approval Required                | Assessing Health Provider  | Contracted Item                      | Comments   |
| AV01                            | Bicycle – Stationary Exercise (includes recumbent stationary bikes)     | No, unless exceeds 3 month hire period | Physio, S, Ch, Ost, EP     | Yes<br>Mobility & Functional Support | <p>The hire of exercise bikes may be considered for a 3 month episode of care e.g. post knee surgery rehabilitation. For the initial 3 month hire period, send a direct order form to the contracted supplier. To ensure safe use of the stationary exercise bike, the LMO should provide a document that states it is medically safe for the entitled person to undertake this exercise program. Retain this document in the client's records.</p> <p>At the end of 3 months, the health provider is required to complete, and submit to DVA, the "Request for Exercise Bike" form to indicate there is a clinical necessity for further hire periods.</p> <p><a href="#">Request for Exercise Bike Form</a></p> <p>An exercise bike is not intended for general fitness. An exercise bike may be considered for weight loss upon request by a Bariatric Specialist who is supervising a weight loss program for medical reasons.</p> |
| AV02                            | Pedals Exercise   | No, unless exceeds 1 per person        | Physio, S, Ch, Ost, EP     | Yes<br>Mobility & Functional Support | The use of the pedals is expected to form part of an individually prescribed and monitored exercise program. The Health Provider is responsible for the assessment of the safe use of this item. Factors such as risk of skin tears and tripping must be considered.   |
| AV10                            | Exercise Band – Progressive Elastic Resistance/Hand Cone/Exercise Putty | No                                     | Physio, S, OT, Ch, Ost, EP | Yes<br>Mobility & Functional Support | <p>The use of the exercise band is expected to form part of an individually prescribed and monitored exercise program.</p> <p>The Health Provider is responsible for the assessment of the safe use of this item.</p>  |
| AV16                            | Replacement Parts and/or Repairs for AV Items                           | No                                     | Physio, S, S, Ch, Ost, EP  | Yes<br>Mobility & Functional Support | <p>If over \$258, consider replacing the item.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p><a href="#">Link Back to Index of RAP Equipment</a></p>   |

| AW00 – Protheses |   |   |                               |                 |   |
|------------------|---|---|-------------------------------|-----------------|---|
| Item No          | Description Of Appliance                    | Prior Approval Required   | Assessing Health Provider     | Contracted Item | Comments  |
| AW01             | Ears Artificial                             | No  | LMO, S                        | No              | Product assessment should be conducted.   |
| AW02             | Breast Prosthesis - Non-Implanted           | No  | LMO, S, RN                    | No              | Product assessment should be conducted.<br>This item refers to the purpose designed bras to hold the prosthesis.  |
| AW03             | Eye Prosthesis                              | No  | LMO, S                        | No              | Product assessment should be conducted.   |
| AW04             | Nose Prosthesis                             | No  | LMO, S                        | No              | Product assessment should be conducted.   |
| AW06             | Prosthetic Accessories                      | No  | S, LMO, Physio, P, OT, AC, RN | No              | Product assessment should be conducted.<br>Includes stump socks, silicon liners, silicon knee sleeves.<br><br>Health Providers may authorise the issue of replacement stump socks as required.  |
|                  | Voice Protheses (See <a href="#">BA12</a> ) |   |                               |                 |   |
| AW07             | Everyday Prosthesis                         | No, unless exceeds 2 everyday prosthesis per limb every 3 years | S                             | No              | Functional and Product assessments should be conducted.<br><br>The provision of an everyday prosthesis follows assessment by the multidisciplinary prosthetic team. The request should include specific functional goals with evidence of the prosthetic evaluation and review. Details of the assessment may include but not be limited to the following: stump integrity, residual limb, general muscle strength and endurance, balance, cardio-vascular fitness, the presence of comorbidities and/or psychosocial factors that may influence compliance and functional goals.<br><br>In addition, there should be evidence of use of relevant standardised outcome measures e.g. Six Minute Walk Test, Activities-Specific Balance Confidence Scale, Amputee Mobility Predictor – K level, C-Leg Evaluation Protocol, Timed Get Up and Go Test. |

| AW00 – Protheses |  |   |                           |                 |  |
|------------------|--|---|---------------------------|-----------------|--|
| Item No          | Description Of Appliance   | Prior Approval Required   | Assessing Health Provider | Contracted Item | Comments   |
| AW08             | Secondary Prosthesis<br>(Also see AW13)                                      | Yes, 1 per person per limb every 3 years.<br><br>* A second prosthesis may be provided if it is for sports or recreational purpose if the first is for an occupational purpose. | S                         | No              | Functional and Product assessments should be conducted.<br><br>Includes e.g. shower leg, water arm/leg, sports leg, occupational limb, cosmetic limb.<br><br>In addition to comments in AW07, the request should include evidence of clinical appropriateness and specific need.<br><br>When the request is for an occupational prosthesis it is important to demonstrate why the everyday prosthesis does not meet the entitled person's need.<br><br>When the request is for a sport specific prostheses e.g. running blade there must be evidence that the entitled person has the functional capacity and physical attributes necessary to participate in the sport as well as the resilience and commitment to pursue the sport and training. |
|                  | Footwear to accompany an artificial leg (See Footwear <a href="#">AJ00</a> ) |   |                           |                 |  |
| AW10             | Replacement Parts and/or Repairs for AW Items                                | No, unless exceeds \$593  | LMO, Physio, P, OT, AC, S | No              | DVA accepts financial responsibility for items not covered under the warranty period.  |
| AW11             | Functional electrical stimulation lower limb neuroprosthesis                 | Yes, limit of 1 per person every 8 years  | ReC, S                    | No              | Functional and Product assessments should be conducted.  |
| AW12             | Hand rehabilitation system and neuroprosthesis                               | Yes, limit of 1 per person every 8 years  | ReC, S                    | No              | Functional and Product assessments should be conducted.<br><br><a href="#">Link Back to Index of RAP Equipment</a>   |

| AW00 – Protheses |  |   |                           |                 |   |
|------------------|--|---|---------------------------|-----------------|---|
| Item No          | Description Of Appliance   | Prior Approval Required                   | Assessing Health Provider | Contracted Item | Comments  |
| AW13             | <p>Prosthetic Recreational Sports Aid</p> <p>If AW13 does not meet the full needs of a single sport or recreation, supply of AW08 and/or AW14 may also be considered to meet the needs of that sport or recreation.</p>            | Yes, 1 per person per limb every 3 years. | S                         |                 | <p>Upper limb prosthetic attachments to enable participation in recreation/sports e.g. swimming freestyle aid, basketball hand.</p> <p>Detailed assessment is necessary as per AW07/AW08 and should include information regarding the appropriateness of the current componentry.</p> <p>There should also be evidence that entitled person has the necessary physical attributes, functional capacity and commitment to perform the activity/sport on a regular basis.</p> |
| AW14             | <p>Adaptive Recreational Sports Aid for Amputees</p> <p>If AW14 does not meet the full needs of a single sport or recreation, supply of AW08 and/or AW13 may also be considered to meet the needs of that sport or recreation.</p> | Yes, 1 per person per limb every 3 years. | S                         |                 | <p>Appliances to facilitate participation in recreation/sports with/without use of a prosthesis e.g. Sports Wheelchair. Detailed assessment is necessary as per AW07/AW08.</p> <p>There should also be evidence that entitled person has the necessary physical attributes, functional capacity and commitment to perform the activity/sport on a regular basis e.g. membership of sporting club, details of coaching program.</p>  |

### AY00 – Respiratory Home Therapy Appliances

Specialist advice plus assessment by Health Provider should be undertaken for all items except nebulisers, sputum mugs and peak flow meters

| Item No | Description Of Appliance                   | Prior Approval Required                     | Assessing Health Provider    | Contracted Item       | Comments   |
|---------|--|---|------------------------------|-----------------------|--|
| AY01    | CPAP (Continuous Positive Airway Pressure) | No  | RC S                         | Yes<br>CPAP           | Functional, Home and Product assessments should be conducted.<br><a href="#">Application for CPAP/Bi-level Therapy Equipment Form</a>  |
| AY02    | Oxygen – Domiciliary and Portable          | No  | RC, S                        | Yes<br>Oxygen         | Functional, Home and Product assessments should be conducted.<br>Includes oxygen concentrators, replacement cylinders, etc.<br><br>Thoracic Society Guidelines apply.<br><br><a href="#">Home Medical Oxygen Therapy Application Form</a><br><a href="#">Thoracic Society of Australia</a> |
| AY03    | Humidifier / Vaporiser                     | No  | LMO, S, RN,<br>Physio, RC    | Yes<br>CPAP<br>Oxygen | Functional, Home and Product assessments should be conducted.<br>This item should form part of the CPAP system and should not be provided in isolation, with the exception of people with laryngectomy.  |
| AY05    | Nebuliser                                  | No  | LMO, S, RN,<br>Physio, RC    | Yes<br>Oxygen         | Product assessment should be conducted   |
| AY07    | Peak Flow Meter                            | No  | RC, LMO,<br>RN, Physio,<br>S | Yes<br>Oxygen         | Mask only provided where necessary to co-ordinate use of peak flow meter.  |
| AY08    | Sleep Apnoea Positional Therapy Device     | No  | RC, LMO,<br>RN, Physio,<br>S | Yes<br>CPAP           | Body position devices that discourage supine sleep.<br>Simplest item to meet functional need should be provided in the first instance.   |
| AY12    | Respiratory Suction Apparatus              | No  | RC, RN, S,<br>Physio, LMO    | Yes<br>Oxygen         |  |
| AY14    | Bi-PAP or V-PAP                            | No,<br>unless<br>exceeds<br>1 per<br>person | RC, S                        | Yes<br>CPAP           | <a href="#">Application for CPAP/Bi-level Therapy Equipment Form</a>   |
| AY15    | Volumatic Spacer                           | No  | RC, LMO,<br>RN, Physio,<br>S | Yes<br>Oxygen         |  |

**AY00 – Respiratory Home Therapy Appliances**

Specialist advice plus assessment by Health Provider should be undertaken for all items except nebulisers, sputum mugs and peak flow meters

| Item No | Description Of Appliance                       | Prior Approval Required | Assessing Health Provider | Contracted Item       | Comments   |
|---------|--|-------------------------|---------------------------|-----------------------|--|
| AY16    | Oxygen Consumables and Accessories             | No                      | RC, LMO, Physio, RN, S    | Yes<br>Oxygen         |  |
| AY17    | Replacement Parts and/or Repairs for AY Items. | No                      | RC, LMO, RN, Physio, S    | Yes<br>CPAP<br>Oxygen | DVA accepts financial responsibility for items not covered under the warranty period.  |
| AY18    | Flutter Valve (Lung Mucous Clearance Device)   | No                      | S, Physio, RC, LMO        | Yes<br>Oxygen         |  |
| AY19    | CPAP Consumables and Accessories               | No                      | RC, LMO, Physio, RN, S    | Yes<br>CPAP           | e.g. masks, filters, tubing.   |
| AY20    | Inspiratory Muscle Respiratory Trainer         | No                      | LMO, Physio, S            | Yes<br>Oxygen         | This product is prescribed for entitled persons with asthma, bronchitis, Chronic Obstructive Pulmonary Disease. DVA will not pay for this item as part of fitness training.<br><br><a href="#">Link Back to Index of RAP Equipment</a> |

| AZ00 – Showering / Bathing Appliances |                          |                         |                           |                                      |   |
|---------------------------------------|--------------------------|-------------------------|---------------------------|--------------------------------------|---|
| Item No                               | Description Of Appliance | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments  |
| AZ01                                  | Bath Board / Bench/ Seat | No                      | OT, RN, S                 | Yes<br>Mobility & Functional Support | <p>Functional, home and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> <li>• Entitled person's function and whether the equipment is indicated to facilitate independence/safety;</li> <li>• The specific item that is required, depending on the size, layout and type of shower/bathing area in conjunction with the entitled person's functional need, carer ability to provide assistance etc;</li> <li>• The measurement of some aids for fit (e.g. bath boards and swivel bathers); and</li> <li>• Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence.</li> </ul> <p>Simplest item to meet functional need should be provided in the first instance.</p> <p>Trialling equipment within the home may be indicated to assist in determining the most appropriate device for the entitled person's circumstances.</p> |
| AZ02                                  | Shower – Hand Held       | No                      | OT, RN, S                 | Yes<br>Mobility & Functional Support | <p>Functional, home and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> <li>• Entitled person's function and whether equipment is indicated to facilitate independence/safety;</li> <li>• The specific item that is required, depending on the size, layout and type of shower/bathing area in conjunction with the entitled person's functional need, carer ability to provide assistance etc; and</li> <li>• Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence.</li> </ul>   |

| AZ00 – Showering / Bathing Appliances |  |                         |                           |                                      |  |
|---------------------------------------|--|-------------------------|---------------------------|--------------------------------------|--|
| Item No                               | Description Of Appliance                   | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments   |
| AZ03                                  | Shower Seat – Fold Down                    | No                      | OT, RN, S                 | Yes<br>Mobility & Functional Support | <p>Same assessments as per item AZ01 should be undertaken.</p> <p>Simplest item to meet functional need to be provided in the first instance e.g. shower chair/stool, transfer bench.</p> <p>Fold down shower seats are considered more complex equipment due to the associated installation work required. These are only provided where the bathroom design does not safely accommodate the use of standard seated showering aids. Shower recess walls must be inspected by qualified tradesperson and deemed to be structurally sound to support the fold down shower seat.</p>   |
| AZ04                                  | Shower Stool/Chair                         | No                      | OT, RN, S, Physio, LMO    | Yes<br>Mobility & Functional Support | <p>Functional, home environment and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> <li>• Entitled person's function and whether equipment is indicated to facilitate independence/safety;</li> <li>• The specific item that is required, depending on the size, layout and type of shower/bathing area in conjunction with entitled person's functional need, carer ability to provide assistance etc</li> <li>• The measurement of some aids for fit e.g. bariatric models; and</li> <li>• Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence.</li> </ul> <p>Showering stools and chairs are provided for showering only, not as a dressing aid.</p> |
| AZ05                                  | Replacement Parts and Repairs for AZ Items | No                      | OT, RN, S                 | Yes<br>Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period.  |
| AZ06                                  | Waterproof Protectors for Limbs            | No                      | OT, RN, S                 | Yes<br>Mobility & Functional Support | <p>Product assessment should be conducted.</p> <p>Waterproof protector for caste or dressings.</p>   |



| AZ00 – Showering / Bathing Appliances |                              |                         |                           |  |   |
|---------------------------------------|------------------------------|-------------------------|---------------------------|--|---|
| Item No                               | Description Of Appliance     | Prior Approval Required | Assessing Health Provider | Contracted Item                            | Comments  |
| AZ07                                  | Bath Lift (Battery Operated) | Yes                     | OT, RN, S                 | Yes<br>Mobility &<br>Functional<br>Support | <p>Same assessments as per item AZ01 should be undertaken.</p> <p>Simplest item to meet functional need to be provided in the first instance e.g. shower chair/stool, transfer bench.</p> <p>Bath Lifts are considered more complex equipment.</p> <p><a href="#">Link Back to Index of RAP Equipment</a></p> |

**BA00 – Speech Pathology Appliances**

| <b>Item No</b> | <b>Description Of Appliance</b>                     | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b> | <b>Comments</b>  |
|----------------|---|--------------------------------|----------------------------------|------------------------|--|
| BA01           | Electrolarynx (also known as artificial larynx)     | No                             | SP, S                            | No                     | Functional and Product assessments to be conducted. This device needs to be trialled first.  |
| BA02           | Electrolarynx Consumables – Rechargeable Batteries  | No                             | SP, S, RN, LMO                   | No                     | Following the initial request by the health provider, the entitled person can make subsequent requests for the batteries.                                    |
| BA03           | Communication Board (including manufacturing costs) | No                             | SP, S                            | No                     | Functional and Product assessments to be conducted. Includes design, labour and manufacturing costs eg lamination of board, provision of folder, board-clip. |

**BA00 – Speech Pathology Appliances**

| Item No | Description Of Appliance          | Prior Approval Required | Assessing Health Provider | Contracted Item | Comments   |
|---------|-----------------------------------|-------------------------|---------------------------|-----------------|--|
| BA04    | Communication Devices – Assistive | Yes                     | SP, S<br>A*               | No              | <p>Functional and Product assessments to be conducted.<br/>*Audiologist may assess for a speech processor.</p> <p>This item code also includes base model tablet computers with protective cover to be used specifically for the purpose of running assistive speech or speech pathology applications. Provision for any other purpose will not be considered.</p> <p>Education and training in usage for the entitled person should be undertaken prior to provision.</p> <p>Repairs and maintenance to the tablet computer following the cessation of any warranty period set by the supplier should be arranged through DVA.</p> <p>For tablet computers any additional software requirements such as antivirus, operating systems, word processing, internet accessing and fees are the responsibility of the entitled person.</p> <p>All recommended tablet computer application requests should be placed under item BA14.</p> <p>This item code includes personal computer, which is an electronic communication system combining hardware and software. This item is only to be issued for veterans with severe communication impairment.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p><a href="#">RAP National Guidelines</a></p> <p><a href="#">Communication Device Form</a></p> |
| BA05    | Mirror – Electronic               | No                      | SP, S                     | No              | <p>Functional and Product assessments to be conducted.<br/>Issued only for the purpose of assisting clients in adjusting/fitting their voice prostheses.</p>   |
| BA06    | Speaking Valves                   | No                      | SP, S                     | No              |  |

| <b>BA00 – Speech Pathology Appliances</b> |  |                                |                                  |                        |  |
|---|--|--------------------------------|----------------------------------|------------------------|--|
| <b>Item No</b>                            | <b>Description Of Appliance</b>          | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b> | <b>Comments</b>  |
| BA07                                      | Laryngectomy Consumables                 | No                             | SP, S, RN, LMO                   | No                     | Functional and Product assessments to be conducted.<br>E.g. Shower shields, cloth stoma covers, foam stoma protectors, tube holders, neck ties, double sided adhesive tape, surgical lubricant, stents for dilating puncture, catheters, gel caps, cleaning brushes for indwelling voice prostheses.<br><br>Following the initial request by the health provider, the client can make subsequent requests for consumables. |
| BA08                                      | Laryngectomy Tubes                       | No                             | SP, S, RN, LMO                   | No                     | Functional and Product assessments to be conducted.  |
| BA09                                      | Mouth Irrigator                          | No                             | SP, S, RN, LMO                   | No                     | Functional and Product assessments to be conducted.<br>For post-operative head/neck surgery only.  |
| BA10                                      | Tracheostoma Consumables                 | No                             | SP, S, RN, LMO                   | No                     | Functional and Product assessments to be conducted.<br>E.g. Tracheostomy collars, tube holders, adhesive tape, tracheostoma valve housing, adhesive discs, valve diaphragms<br><br>Following the initial request by the health provider, the client can make subsequent requests for consumables.  |
| BA11                                      | Tracheostoma Valve                       | No                             | SP, S, LMO                       | No                     | Functional and Product assessments to be conducted.  |
| BA12                                      | Voice Prosthesis                         | No                             | SP, S                            | No                     | Functional and Product assessments to be conducted.  |
| BA13                                      | Replacement Parts, Repairs and Servicing | No, unless exceeds \$356       | SP, S, RN, LMO                   | No                     |  |

| <b>BA00 – Speech Pathology Appliances</b> |  |                                |                                  |                        |   |
|---|--|--------------------------------|----------------------------------|------------------------|---|
| <b>Item No</b>                            | <b>Description Of Appliance</b>  | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b> | <b>Comments</b>   |
| BA14                                      | Speech Pathology Software/Applications for Communication Devices - Assistive | Yes                            | SP, S                            | No                     | Functional and Product assessments to be conducted. RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.<br><br><a href="#">RAP National Guidelines</a><br><br><a href="#">Communication Device Form</a> |
|   | Humidifier / Vaporiser (see AY03)  |                                |                                  |                        | <a href="#">Link Back to Index of RAP Equipment</a>   |

**Stoma Appliances**

DVA is responsible for the costs of membership of a Stoma Association and the postage of stoma supplies. Please contact the Stoma Association in your State for further information.

| <b>BD00 – TENS Equipment</b> |                                 |                                |                                  |                                      |  |
|------------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------------|--|
| <b>Item No</b>               | <b>Description Of Appliance</b> | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b>               | <b>Comments</b>  |
| BD03                         | TENS Machine                    | No, unless exceeds \$356       | Physio, PC, Ch, Ost, S, LMO      | Yes<br>Mobility & Functional Support | Functional and Product assessments to be conducted. The provision of a TENS Machine is to be part of multi-modal treatment. It is recommended the safety, effectiveness and appropriateness of the TENS machine is monitored on a regular basis. |
| BD04                         | TENS Machine Accessories        | No                             | Physio, PC, Ch, Ost, RN, S, LMO  | Yes<br>Mobility & Functional Support | Includes recharger, batteries, etc.<br><br><a href="#">Link Back to Index of RAP Equipment</a>   |

| <b>BE00 – Toileting Appliances</b> |                                     |                                |                                  |                                      |  |
|------------------------------------|-------------------------------------|--------------------------------|----------------------------------|--------------------------------------|--|
| <b>Item No</b>                     | <b>Description Of Appliance</b>     | <b>Prior Approval Required</b> | <b>Assessing Health Provider</b> | <b>Contracted Item</b>               | <b>Comments</b>  |
| BE01                               | Bidet (includes electronic model)   | No                             | OT, RN, CA, S                    | Yes<br>Mobility & Functional Support | <p>Functional, home environment and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> <li>• Entitled person's function and whether equipment is indicated to facilitate independence/safety;</li> <li>• The specific item that is required depending on the entitled person's functional need, carer ability to provide assistance etc; and</li> <li>• Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence.</li> </ul> <p>Trial of simpler aids and alternatives for personal hygiene must be demonstrated in the first instance.</p>   |
| BE02                               | Commode Chair (bedside)             | No                             | OT, RN, CA, LMO                  | Yes<br>Mobility & Functional Support | Same assessments as per item BE01 should be undertaken.  |
| BE03                               | Commode Pan / Bed Pan / Slipper Pan | No                             | OT, RN, CA, S, LMO               | Yes<br>Mobility & Functional Support | Same assessments as per item BE01 should be undertaken.  |
| BE04                               | Mobile Shower Commode Chair         | No                             | OT, RN, CA, S, Physio, LMO       | Yes<br>Mobility & Functional Support | <p>Functional, home environment and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> <li>• Entitled person's function and whether equipment is indicated to facilitate independence/safety;</li> <li>• The specific item that is required depending on the entitled person's functional need and specific measurements, carer ability to provide assistance etc;</li> <li>• A large range of mobile shower commodes are available. The Health Provider should have specific product knowledge to enable provision of the most suitable item that meets the entitled person's functional needs; and</li> <li>• Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence</li> </ul> |

| BE00 – Toileting Appliances |   |                         |                            |                                      |   |
|-----------------------------|---|-------------------------|----------------------------|--------------------------------------|---|
| Item No                     | Description Of Appliance                                    | Prior Approval Required | Assessing Health Provider  | Contracted Item                      | Comments  |
| BE06                        | Over Toilet Frame / Toilet Surround                         | No                      | OT, RN, CA, S, Physio, LMO | Yes<br>Mobility & Functional Support | Same assessments as per item BE01 should be undertaken.<br><br>A second toilet aid may be provided in cases where the entitled person resides in a split level residence and requires access to toileting facilities on both levels. Entitled person must have clinical or functional need that clearly indicates provision of aid on both levels of residence e.g. significant mobility impairment, chronic clinical condition where urgency and/or frequency exists.  |
| BE07                        | Porta Potty (includes frame and solution for continued use) | No                      | OT, S, CA, RN, LMO         | Yes<br>Mobility & Functional Support | Functional home environment and product assessments should be undertaken to determine: <ul style="list-style-type: none"> <li>• The entitled person's function, and whether equipment is required to facilitate independence and safety;</li> <li>• The specific item required depending on the entitled person's functional need, carer ability to provide assistance etc; and</li> <li>• Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence.</li> </ul> |
| BE10                        | Toilet Seat – Raised  | No                      | OT, RN, Physio, S,         | Yes<br>Mobility & Functional Support | Same assessments as per item BE01 should be undertaken.   |
|                             | Urinal<br>(See <a href="#">ADO4</a> Urinal)                 |                         |                            |                                      |   |
| BE11                        | Replacement Parts and/or Repairs for BE items               | No                      | OT, RN, Physio, CA, S, LMO | Yes<br>Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period.<br><br><a href="#">Link Back to Index of RAP Equipment</a>  |

### BF00 – Cognitive, Dementia and Memory Assistive Technology

Some aids may also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical and emotional, and independent function resulting in a mild to profound loss of independence.

The LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, e.g. using the Psychogeriatric Assessment Scales. The referral from the LMO or Medical Specialist must specify type and stage of dementia or ABI and include relevant details of current co-morbidities and medication.

Entitled persons receiving care in a Commonwealth Funded Residential Aged Care Facility (RACF) are not provided with BF00 equipment.

### Prompts, Reminders and Orientation

These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.

| Item No | Description Of Appliance      | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments   |
|---------|-------------------------------|-------------------------|---------------------------|--------------------------------------|--|
| BF01    | Orientation Clock / Calendar  | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted.<br>Includes Calendar clock, Day clock.                       |
| BF02    | Orientation Signs             | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted.<br>Includes Stop signs.                                      |
| BF03    | Coloured Toilet Seat          | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted.  |
| BF05    | Locator Devices (Item Finder) | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional and Product assessments to be conducted.<br>Wireless Item Finder  |
| BF06    | Medication Timers/Alerts      | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional and Product assessments to be conducted.<br>Pill Box Reminder, with alarm settings and storage compartments |
| BF07    | Memory Jogger                 | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional and Product assessments to be conducted.<br>Verbal Reminder Alarm, with message setting                     |



## BF00 – Cognitive, Dementia and Memory Assistive Technology

### Safety and Independence

These aids aim to maximise independent safety in the home and outdoor environment.

The following items elsewhere in the Schedule may promote safety and independence:

- stove isolation switch (see AL23)
- sensor mats (see AA16)
- bracelet/pendant – medical information for emergency (see AS16)

| Item No | Description Of Appliance    | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments  |
|---------|-----------------------------|-------------------------|---------------------------|--------------------------------------|---|
| BF08    | Sound and Movement Monitors | No                      | OT, LMO, RN, S, Physio    | Yes<br>Personal Response System      | Functional, Product and Home assessments to be conducted<br>Includes door and room monitors.<br>Not suitable for those living alone.  |
| BF09    | Exit Reminder               | No                      | OT, LMO, RN, S, Physio    | Yes<br>Personal Response System      | Functional, Product and Home assessments to be conducted.<br>Wander Reminder System, Personalised Messages & Infrared motion detection  |
| BF10    | Safely Home Bracelet        | No                      | LMO, RN, S                | No                                   | Functional and Product assessments to be conducted.<br>To be issued in stainless steel only.<br><br>The safely home bracelet is for people with dementia who tend to wander from their home. This type of bracelet is available in some States. Further information, contact the National Dementia Helpline 1800 100 500. |
| BF11    | Home Safety                 | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted.<br>Locks; Plugs, including flood prevention bath and sink plug stopper; Tap Cap; Power Point Safety Cover; Stove Guard; Sink Overflow Detector  |

**BF00 – Cognitive, Dementia and Memory Assistive Technology**

**Telecare Support – Independence**

These aids use satellite technology to locate a person who may have become disoriented and unable to navigate their way home or has wandered from their own familiar environment. Tracking devices can improve a person’s independence and support the carer, however the assessing health provider needs to evaluate risks associated with wandering and the need for personal freedom and the right to privacy.

Tracking devices are less likely to be applicable for entitled clients in the later stages of dementia.

| Item No | Description Of Appliance    | Prior Approval Required | Assessing Health Provider | Contracted Item                 | Comments   |
|---------|-----------------------------|-------------------------|---------------------------|---------------------------------|--|
| BF12    | Telecare (Tracking) Devices | No                      | OT, LMO, S, RN            | Yes<br>Personal Response System | Functional, Product and Home assessments to be conducted.<br>Other simpler approaches should be trialled initially. Walking has substantial benefits however there are valid ethical issues to consider before prescribing a GPS tracking device when a person is unable to give informed consent. Clinical records should reflect collaboration between entitled client, carer, treating medical doctor and specialists, allied health providers and any other relevant person.<br><br>A record of consent by the entitled client or Enduring Power of Attorney (Medical Treatment) is necessary. |

**BF00 – Cognitive, Dementia and Memory Assistive Technology**

**Replacement Parts and/or Repairs for BF items**

| Item No | Description Of Appliance                      | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments   |
|---------|---|-------------------------|---------------------------|--------------------------------------|--|
| BF13    | Replacement Parts and/or Repairs for BF items | No                      | LMO, RN, S, OT, Physio    | Yes<br>Mobility & Functional Support | Consider replacement of the item for lower cost items.<br><br>DVA accepts financial responsibility for items not covered under the warranty period.<br><br><a href="#">Link Back to Index of RAP Equipment</a> |

## BG00 – Falls Prevention

Entitled persons receiving care in a Commonwealth Funded Residential Aged Care Facility (RACF) are not provided with BG00 equipment.

| Item No | Description Of Appliance   | Prior Approval Required | Assessing Health Provider | Contracted Item                      | Comments   |
|---------|--|-------------------------|---------------------------|--------------------------------------|--|
| BG01    | Non-Slip Mat – Indoor and Outdoor rubber backed mats                       | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted.  |
| BG02    | Lighting – Sensor Light  | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted. Including portable sensor light and external sensor. Needs to be installed (refer BG16)  |
| BG03    | Lighting – Other   | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted. Aim to improve illumination. Includes 3-in-1 night light and touch lamp  |
| BG04    | Retractable Garden Hose  | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted. Needs to be installed (refer BG16)   |
| BG05    | Clothes Handy Line   | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support | Functional, Product and Home assessments to be conducted. Portable clothes drying rack for both indoor and outdoor use.  |
| BG16    | Falls Prevention - Labour Component  | No                      | OT, LMO, RN, S, Physio    | Yes<br>Mobility & Functional Support |  |
|         | Grab / Hand Rails (See <a href="#">AL09</a> )                              |                         |                           |                                      |  |
|         | Non-Slip Surfacing (including non slip strips) (See <a href="#">AL06</a> ) |                         |                           |                                      |  |
|         | Step Modification (See <a href="#">AL14</a> )                              |                         |                           |                                      |  |
|         | Home Modifications – Minor (See <a href="#">AL21</a> )                     |                         |                           |                                      | Includes toilet door reversal or installation of lift-off hinges; threshold wedge; relocation of door handles/locks; relocation of existing hanging rods in wardrobe.<br><br><a href="#">Link Back to Index of RAP Equipment</a> |

| <b>DD00 – Delivery Costs</b> |                                     |  |
|------------------------------|-------------------------------------|--|
| <b>Item No</b>               | <b>Description Of Appliance</b>     |  |
| DD01                         | Continence                          |  |
| DD02                         | Diabetes                            |  |
| DD03                         | Personal Response System            |  |
| DD04                         | Oxygen                              |  |
| DD05                         | Continuous Positive Airway Pressure |  |
| D006                         | Mobility Functional Support         |  |
| DD07                         | Other                               |  |