



Australian Government

Veterans' Entitlements Act 1986

Veterans' Entitlements (Treatment Principles – Coordinated Veterans' Care Program) Instrument 2011

Instrument No. R1/2011

I, Warren Snowdon, Minister for Veterans' Affairs, pursuant to subsection 90(5) of the *Veterans' Entitlements Act 1986*, approve this instrument made by the Repatriation Commission.

Dated this 21st day of March 2011

Warren Snowdon.....

WARREN SNOWDON

The Repatriation Commission, pursuant to subsection 90(4) of the *Veterans' Entitlements Act 1986*, varies the *Treatment Principles* (Instrument No.R8 of 2004) in accordance with the Schedule.

Dated this 21st day of February 2011

Ian Campbell Shane Carmody Major General Mark Kelly AO DSC

.....
IAN CAMPBELL
PRESIDENT

SHANE CARMODY
DEPUTY PRESIDENT

MAJOR GENERAL MARK KELLY AO DSC
COMMISSIONER

[1] **Name of Instrument**

This instrument is the *Veterans' Entitlements (Treatment Principles – Coordinated Veterans' Care Program) Instrument 2011*

[2] **Commencement**

This instrument commences on 1 May 2011.

[3] **Savings**

Where, immediately before the commencement of this instrument, a community nursing provider had entered into an arrangement with the Commission for the provision of a service by a community nurse, then on the commencement of this instrument the instrument applies to the community nursing provider as a DVA-contracted community nursing provider and the arrangement is taken to have been made with the provider as a DVA-contracted community nursing provider.

Note: terms used in [3] have the same meaning as in the *Treatment Principles*.

Schedule

1. Paragraph 1.4.1 (definitions)

omit definitions of:

“approved provider”

“community nursing provider”

“sub-contractor”

“Veterans' Home Care Program”

“VHC assessment agency”

“in force on the date in Schedule 1”

insert:

“aboriginal health worker” means a person who is qualified as an aboriginal health worker after undertaking a course in Aboriginal and Torres Strait Islander Health, provided by an institution recognised by the Department of Health and Ageing as suitable for providing a course of that nature, and who obtained a Certificate Level III (or higher) under the course.

“admission date” means the date on which an *LMO* records in writing (including in electronic form) that the *LMO* has decided an *entitled person* may participate in the *Coordinated Veterans' Care Program*.

“admitting LMO”, in relation to an *entitled person* in the *Coordinated Veterans' Care Program*, means the *LMO* who decided an *entitled person* may participate in the *Coordinated Veterans' Care Program*.

“Aboriginal Health Worker Care Co-ordination treatment” means treatment provided by an *aboriginal health worker* to an *entitled person* under the *Coordinated Veterans' Care Program*, comprised of:

- (a) implementing the *GPMP* for the person under the Program — in particular co-ordinating treatment services under the *GPMP*;
- (b) liaising, in relation to the *GPMP*, with the *LMO* who manages the *GPMP* for the person;
- (c) performing such other functions under the program that the *aboriginal health worker* has under the *Notes for Coordinated Veterans' Care Program Providers*.

"approved provider" means a State, Territory or Local Government, or incorporated organisation, or person, that has entered into an arrangement with the *Commission* or the *Department* for the provision of:

- (a) a *Home Care service (category A)*; or
- (b) a *Home Care service (category B)*; or
- (c) a *Home Care service (category C)*; or
- (d) a *limited VHC-type service*;

to an *entitled person*, whether by the *approved provider* or a *sub-contractor* engaged by it.

“community nurse” means a *registered nurse* or *enrolled nurse* who works in a community nursing setting and who is employed or engaged by a *DVA-contracted community nursing provider*.

“Community Nurse Care Co-ordination treatment” means treatment provided by a *community nurse* to an *entitled person* under the *Coordinated Veterans' Care Program*, comprised of:

- (a) implementing the *GPMP* for the person under the Program — in particular co-ordinating treatment services under the *GPMP*; and
- (b) liaising, in relation to the *GPMP*, with the *LMO* who manages the *GPMP* for the person.

“enrolled nurse” means a person who is registered under a law of a State or Territory or of the Commonwealth to practise as an enrolled nurse.

“DVA-contracted community nursing provider” means a community nursing provider who has entered into a Deed of Standing Offer with the *Commission* to provide *community nursing services* to *entitled persons*.

“GPMP” means the care plan prepared by an *LMO*, in accordance with the *Notes for Coordinated Veterans' Care Program Providers*, for an *entitled person* participating in the *Coordinated Veterans' Care Program*.

Note: “GPMP” is used in the Repatriation Medical Fee Schedule which is included in the Department of Veterans' Affairs Fee Schedules for Medical Services (see: paragraph 3.5.1).

“Home Care service (category C)” means the provision by an *approved provider* of a service to an *entitled person* under the *Veterans' Home Care Program* that is:

- (a) pursuant to an *LMO Home Care service (category C) Referral* and allocated to the provider by a *VHC assessment agency*; and
- (b) aimed at reducing the person's social isolation by improving their social networks; and

(c) provided to an *entitled person* by an *approved provider*.

“in force on the date in Schedule 1”, in relation to a document, means that on the date in Schedule 1 for the document:

(a) if the document may be approved under the *Principles* by the *Commission* or a member thereof or by the Secretary to the *Department* – the document has been so approved.

Note: an example being the Notes for Local Medical Officers (para.1.4.1).

(b) if the document is prepared on behalf of the *Commission* or the *Department* but is not required under the *Principles* to be approved in a manner in (a) – the document has been approved in a manner in (a).

(c) if the document is not prepared under (b) and is not required under the *Principles* to be approved in a manner in paragraph (a) – the document exists.

Note: an example being the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (para. 2.4.2A).

“LMO Care Leadership treatment” means treatment provided by an *LMO* to an *entitled person*, under the *Coordinated Veterans’ Care Program*, comprised of:

- (a) preparing and managing the *GPMP* for the person under the Program;
- (b) overseeing a *practice nurse* in the implementation of the *GPMP* — where a *practice nurse* and not a *community nurse* or *aboriginal health worker* or the *LMO* co-ordinates treatment under the *GPMP* (*Practice Nurse Care Co-ordination treatment*);
- (c) referring the person to a *DVA-contracted community nursing provider* for *Community Nurse Care Co-ordination treatment* or to an *aboriginal health worker* for *Aboriginal Health Worker Care Co-ordination treatment*, if appropriate;
- (d) performing such other functions under the program that the *LMO* has under the *Notes for Coordinated Veterans’ Care Program Providers*.

“LMO Home Care service (category C) Referral” means treatment comprised of an *LMO* preparing a written document that refers an *entitled person*, who the *LMO* has admitted to and is treating under the *Coordinated Veterans' Care Program*, to a *VHC assessment agency* for assessment for a *Home Care service (category C)* under the *Veterans' Home Care Program* and which:

- (a) is in the form, if any, approved by the *Commission*; and
- (b) is sent to the *VHC assessment agency*, including as a facsimile message.

“Notes for Coordinated Veterans' Care Program Providers” means the document approved by the *Commission* or a member thereof, or by the Secretary to the *Department*, entitled “Notes for Coordinated Veterans' Care Program”, and *in force on the date in Schedule 1*, that sets out the terms on which:

- (a) an *LMO*;
- (b) a *practice nurse*;
- (c) a *community nurse (via a DVA-contracted community nursing provider)*; and
- (d) an *aboriginal health worker*;

is to provide treatment to an *entitled person* under the *Coordinated Veterans' Care Program* in order for the *Commission* to accept financial responsibility for that treatment.

“period of care” in relation to the care provided by:

- (a) an *LMO*; or
- (b) a *practice nurse*; or
- (c) an *aboriginal health worker*; or
- (d) a *community nurse (via a DVA-contracted community nursing provider)*;

to an *entitled person* under the *Coordinated Veterans' Care Program (Program)*, means the period set out in the *Notes for Coordinated Veterans' Care Program Providers* in relation to the *LMO*, *practice nurse*, *community nurse* or *aboriginal health worker*, provided that any *subsequent period of care* by the same *LMO* is approved by the *LMO* for the person.

Note 1: the period of care is important for billing purposes. The *Notes for Coordinated Veterans' Care Program Providers* contain the detail of billing procedures. Generally, for an LMO the period is 3 months commencing on the patient's admission to the Program and for a community nurse the period is 28 days commencing on date of service. Generally previous care periods with different providers must expire before a new provider can claim for a care period except that, with *prior approval*, a community nurse can claim for a care period although a previous care period in respect of the relevant *entitled person* has not expired. A community nurse cannot claim for a period not covered by a period of care provided by an LMO.

Note 2: any period of care by an LMO other than the first period of care commencing on the date the entitled person is admitted to the Program (*admission date*) or the first period of care as a different LMO for the person (commencing on the date worked out under the *Notes for Coordinated Veterans' Care Program Providers*, is a subsequent period of care by an LMO and the LMO must approve it. By approving it, the periods of care provided by any care co-ordinator (practice nurse, community nurse or aboriginal health worker) during the period of care approved by the LMO are valid periods of care under the Program (sub-periods of care). A sub-period of care may only be provided under the Program during a period of care under the Program by an LMO.

“practice nurse” means a *registered nurse* or *enrolled nurse* employed or engaged by an *LMO* as a nurse in the *LMO's* practice.

“Practice Nurse Care Co-ordination treatment” means treatment provided by a *practice nurse* to an *entitled person*, under the *Coordinated Veterans' Care Program*, comprised of:

- (a) implementing the *GPMP* for the person under the Program — in particular co-ordinating treatment services under the *GPMP*;
- (b) liaising, in relation to the *GPMP*, with the *LMO* supervising the *practice nurse* in relation to the implementation of the *GPMP*;
- (c) performing such other functions under the program that the *practice nurse* has under the *Notes for Coordinated Veterans' Care Program Providers*.

“Coordinated Veterans' Care Program” means the treatment program of that name set out in Part 6A of these *Principles* and in the *Notes for Coordinated Veterans' Care Program Providers* that aims to reduce the need for hospitalisation among *Gold Card* members of the veteran and defence force community and improve their social well-being. In particular the program has the following main features:

- assessment - a Local Medical Officer (LMO) will assess a person with complex care needs due to chronic disease to see

if the person would benefit from the clinical care services under the program and ascertain if the person meets the program's eligibility criteria;

- consent – a person needs to consent to participation in the program and the LMO needs to record that consent. As treatment is being provided it is the LMO's responsibility to ensure a potential participant in the program understands the nature of the program and that the person's personal details that are relevant to the person's treatment under the program may be provided to bodies and individuals such as the Department, Medicare Australia and health care providers, who have a need for the information in connection with the person's treatment under the program.
- care plan – the LMO will prepare a comprehensive care plan (GPMP) for a person the LMO admits to the program;
- consultation - the person will be consulted in the preparation of the care plan and its review;
- implementation and co-ordination - the LMO's practice nurse (or a community nurse via a DVA-contracted community nursing provider, or an aboriginal health worker, if more appropriate) will implement the care plan and, in particular, co-ordinate services under the plan.

“Coordinated Veterans' Care Program treatment” means:

- (a) *LMO Care Leadership treatment*; or
- (b) *Practice Nurse Care Co-ordination treatment*; or
- (c) *Community Nurse Care Co-ordination treatment*; or
- (d) *Aboriginal Health Worker Care Co-ordination treatment*.

“provision of a Home Care service (category C) to an entitled person by an approved provider” includes the situation where an *approved provider* engages a *sub-contractor* to provide a *Home Care service (category C)* to an *entitled person*.

“registered nurse” means a person who is registered under a law of a State or Territory or of the Commonwealth to practise as a registered nurse.

“sub-contractor” means, in relation to the *Veterans' Home Care Program*, a State, Territory or Local Government, or incorporated organisation, or person, engaged by an *approved provider* or the *Commission* to provide a *Home Care service (category A)* or a *Home Care service (category B)* or a *Home Care service (category C)* to an *entitled person*.

“subsequent period of care”, in relation to the provision of care by an *LMO* to an *entitled person*, means a *period of care* that may be provided by the *LMO* after the expiry of a period of care that has already been provided by the *LMO* to the *entitled person*.

Note: a subsequent period of care must be approved by the *LMO* (see: 6A.3). A period of care by an *LMO* that is not a “subsequent period of care” would be the first period of care provided to a person under the *Coordinated Veterans' Care Program* (Program) and the first period of care provided to a person under the Program by a new *LMO* for the person i.e. where the person has changed *LMOs*.

"Veterans' Home Care Program" means:

- (a) the treatment program under which the *Commission* ensures the provision of care and assistance services to *entitled persons* who are frail, or who have disabilities, with the aim of maintaining the independence of those people, allowing them to remain in their own home for as long as possible, and reducing avoidable illness and injury, and includes the Determination 13/2000 and *Principles* made under section 90 of the *Act* and the arrangements in support thereof; and
- (b) the treatment program under which the *Commission* may ensure the provision of social support services to *entitled persons* referred to the program under a *LMO Home Care service (category C) Referral*.

“VHC assessment agency” means a person to whom the *Commission* has delegated its power to:

- (a) assess whether a person is suitable for:
 - (i) a *Home Care service (category A)*; or
 - (ii) a *Home Care service (category B)*; or
 - (iii) a *Home Care service (category C)*;

under the *Veterans' Home Care Program*; and

(b) allocate a service in (a) to an *approved provider*.

1A. Paragraph 1.4.1 (Note 2 in definition of “excluded service”)

substitute:

Note (2): the intention is that a Home Care service (category A), Home Care service (category B) and Home Care service (category C) are mutually exclusive.

1B. Paragraph 1.4.1 (definition of “exempt amount”)

omit:

Home Care service (category A)

substitute:

Home Care service (category A) or Home Care service (category C)

1C. Paragraph 1.4.1 (definition of “exempt entitled person”)

omit:

Home Care service (category A)

substitute:

Home Care service (category A) or Home Care service (category C)

2. Paragraphs 1.4.1 (definition of “exceptional case process”; 7.2.1 (the Note); 7.2.2 (the Note); 7.2.3 (the Note); 7.3.3(a) (including the Note); 7.3.3(b); 7.3.4; 7.3.6; 7.3.6A and wherever else occurring in the Treatment Principles:

omit:

Veterans' Entitlements (Treatment Principles – Coordinated Veterans' Care Program) Instrument 2011

community nursing provider

substitute:

DVA-contracted community nursing provider

3. Part 6

after this Part insert:

PART 6A — COORDINATED VETERANS' CARE PROGRAM

6A.1 Outline

The “Coordinated Veterans' Care Program” (program) is an initiative that aims to improve the health of a class of entitled persons so they have fewer hospital admissions.

The entitled persons are Gold Card holders with complex care needs due to diagnosis of a particular chronic condition (set out in 6A.5).

The element of the program intended to reduce hospital admissions is external oversight of a person’s health regimen for a period of care of 3 months (carried over to consecutive periods of 3 months if the treatment is proving positive).

The oversight will be performed by a Local Medical Officer (LMO) and the LMO’s practice nurse (or a community nurse via a DVA-contracted community nursing provider) or an aboriginal health worker, if more appropriate).

Essentially the LMO will prepare a comprehensive care plan (GPMP) for the entitled person and the LMO’s practice nurse (or a community nurse or aboriginal health worker) will co-ordinate health care services under the plan. The LMO will provide oversight throughout. In cases where an LMO is unable to obtain the services of a nurse or aboriginal health worker as a care co-ordinator, the LMO may provide that care co-ordination.

In addition to having their health care services overseen and co-ordinated, some entitled persons in the program who the LMO considers are socially isolated and would benefit from a service under a particular community care program aimed at providing the person with more social contact, may be referred by the LMO to a VHC assessment agency (an agency under the Veterans' Home Care Program) for an assessment as to the suitability of the person for a social support service under that Program.

Accordingly, two main treatments are provided under the program:

- LMO Care Leadership treatment
- practice nurse/community nurse/aboriginal health worker/care co-ordination treatment

An ancillary treatment under the program is:

- LMO referral for social support service assessment

The main treatments relate to the oversight and co-ordination of health care services under the entitled person's comprehensive care plan (GPMP) and are in addition to existing treatments available to the entitled person under the Medicare Benefits Schedule and the Treatment Principles.

The ancillary treatment may be provided by an approved provider of Veterans' Home Care services following a request for social support services from a VHC assessment agency. The LMO will have decided the person is socially isolated and that a social support service might prevent the person from being admitted or re-admitted to hospital. The VHC assessment agency will assess the person's suitability for a social support service.

6A.2 Treatments under the Coordinated Veterans' Care Program

6A.2.1 LMO Care Leadership treatment/LMO Home Care service (category C) Referral

6A.2.2 An *LMO* may, under the *Coordinated Veterans' Care Program*, provide:

- (a) *LMO Care Leadership treatment*; and/or
- (b) an *LMO Home Care service (category C) Referral*;

for an *entitled person*.

6A.2.3 Practice Nurse Care Co-ordination treatment

6A.2.4 A *practice nurse* may, under the *Coordinated Veterans' Care Program*, provide *Practice Nurse Care Co-ordination treatment* to an *entitled person*.

6A.2.5 Community Nurse Care Co-ordination treatment

6A.2.6 A *DVA-contracted community nursing provider* may, under the *Coordinated Veterans' Care Program*, provide *Community Nurse Care Co-ordination treatment* to an *entitled person*.

6A.2.7 Aboriginal Health Worker Care Co-ordination treatment

6A.2.8 An *aboriginal health worker* may, under the *Coordinated Veterans' Care Program*, provide *Aboriginal Health Worker Care Co-ordination treatment* to an *entitled person*.

6A.3 LMO Approval of Subsequent Period of Care

6A.3.1 Before any *subsequent period of care* of an *entitled person* by an *LMO* commences, being an *LMO* who is treating the person under the *Coordinated Veterans' Care Program* (Program), the *LMO* is to decide if the person's continued participation in the Program would meet the aims of the Program (i.e. reduce hospitalisation of the person/avoid duplication of services/provide cost-effective treatment).

Note 1: the first period of care by an *LMO* commences on the date the *LMO* decides to admit the *entitled person* to the Program (admission date). Any following period of care by the same *LMO* is a subsequent period of care. The first period of care by an *LMO* may also occur where the *LMO* is a different *LMO* for the person. Any following period of care by the same *LMO* is a subsequent period of care.

Note 2: the period of care by an LMO is set out in the *Notes for Coordinated Veterans' Care Program Providers* and is a period of 3 months.

6A.3.2 For making the decision in 6A.3.1, the *LMO* is to:

- (a) review the *entitled person's* file maintained by the LMO and any other information the LMO considers relevant; and
- (b) ascertain if the person is eligible for a subsequent period of care by the LMO.

Note: see 6A.6.2

6A.3.3. If the *LMO* decides the *entitled person* should continue to participate in the Program, because the person meets the aims of the Program and is eligible for a *subsequent period of care* by the LMO, the LMO is to:

- (a) approve a subsequent period of care by the LMO of the entitled person before the period commences (approval);
- (b) make a record of the approval (which may be in electronic form), containing the date of the approval;
- (c) store the approval in a readily retrievable form; and
- (d) take any necessary steps to facilitate the provision of the subsequent period of care by the LMO to the entitled person.

6A.3.4. Where an LMO approves a *subsequent period of care* by the LMO for an entitled person, before the expiry of a current period of care by the LMO for the person, the subsequent period of care commences on the day following the day on which the current period of care expired.

6A.3.5. Where an LMO approves a *subsequent period of care* by the LMO for an entitled person (approval), after the expiry of a current period of care by the LMO for the person, the subsequent period of care commences on the date of the approval.

6A.3.6. If the *LMO* decides not to approve a *subsequent period of care* by the LMO of the *entitled person*, because the person does not meet the aims of the Program or is ineligible for a subsequent period of care by the LMO, the LMO is to:

Veterans' Entitlements (Treatment Principles – Coordinated Veterans' Care Program)
Instrument 2011

- (a) notify (including by telephone) any *DVA-contracted community nursing provider* who may have co-ordinated care for the entitled person under the Program immediately before the potential subsequent period of care by the LMO, of the decision;
- (b) if the entitled person was receiving a *Home Care service (category C)* immediately before the potential subsequent period of care by the LMO, notify (including by telephone) the *VHC assessment agency* for the person, of the decision;
- (c) notify the entitled person, in a manner the LMO considers appropriate, of the decision.

6A.4 Commission Financial Responsibility for Treatment under the Coordinated Veterans' Care Program

6A.4.1 The *Commission* will accept financial responsibility for:

- (a) *LMO Care Leadership treatment*;
- (b) *Practice Nurse Care Co-ordination treatment*;
- (c) *Community Nurse Care Co-ordination treatment*;
- (d) *Aboriginal Health Worker Care Co-ordination treatment*;

provided to an *entitled person*, during a *period of care* of the person by the *LMO*, the *practice nurse*, the *community nurse* or the *aboriginal health worker*, as the case may be, if the treatment is provided:

- (a) in accordance with the *Principles* and the *Notes for Coordinated Veterans' Care Program Providers*; and
- (b) during a period of care provided to the entitled person by the LMO under the *Coordinated Veterans' Care Program (Program)*.

6A.4.2 The financial amounts the *Department* will pay for:

- (a) *LMO Care Leadership treatment, Practice Nurse Care Co-ordination treatment and Aboriginal Health Worker Care Co-ordination treatment* — are set out in the

Veterans' Entitlements (Treatment Principles – Coordinated Veterans' Care Program)
Instrument 2011

Repatriation Medical Fee Schedule in the *DVA document* entitled: “Department of Veterans’ Affairs Fee Schedules for Medical Services”, *in force on the date in Schedule 1*;

- (b) *Community Nurse Care Co-ordination treatment* — are set out in the *DVA document* entitled: “Australian Government Department of Veterans’ Affairs Classification System and Schedule of Item Numbers and Fees — Community Nursing Services”, *in force on the date in Schedule 1*.

Note: *Medicare Australia* will pay fees on behalf of the *Department* under a Services Agreement.

6A.4.3 Subject to 6A.4.4, the Commission is only to accept financial responsibility for a period of care provided to an entitled person by an *LMO, practice nurse, community nurse or aboriginal health worker* under the *Coordinated Veterans' Care Program* (Program) if any previous period of care provided by, respectively, an *LMO, practice nurse, community nurse or aboriginal health worker* under the Program in respect of the entitled person has expired.

Note: Under the *Coordinated Veterans' Care Program* a period of care provided by an *LMO, practice nurse, community nurse or aboriginal health worker* must be in respect of the *Coordinated Veterans' Care Program treatment* the health care provider may provide under the Program.

6A.4.4 A *practice nurse or community nurse* (collectively called “nurse 2”) may provide a period of care comprised of, respectively, *Practice Nurse Care Co-ordination treatment* or *Community Nurse Care Co-ordination treatment*, to an entitled person under the Program, where a period of care comprised of, respectively, *Practice Nurse Care Co-ordination treatment* or *Community Nurse Care Co-ordination treatment* being provided in respect of the entitled person by another practice nurse or community nurse, as the case requires, (collectively called “nurse 1”) under the Program has not expired — if the *LMO or DVA-contracted community nursing provider*, as the case requires, for nurse 2, has obtained *prior approval*.

Note 1: Where a period of care provided by nurse 2 and nurse 1 overlaps, and *prior approval* has been obtained for nurse 2’s period of care, the *Commission* may accept financial responsibility for the two simultaneous periods of care.

Note 2: “prior approval” is defined in 1.4.1 and 3.2.2 is also relevant. The grant of prior approval is discretionary and for 6A.4.4 will be considered on a case-by-case basis.

6A.4.5 The payment of a fee for *Practice Nurse Care Co-ordination treatment* and *Aboriginal Health Worker Care Co-ordination treatment* will be made by the *Department* to the *LMO* who employed or engaged the *practice nurse* or *aboriginal health worker*, as the case may be, at the time the treatment was provided.

6A.4.6 The payment of a fee for *Community Nurse Care Co-ordination treatment* provided by a *community nurse* will be made by the *Department* to the *DVA-contracted community nursing provider* who employed or engaged the nurse at the time the treatment was provided.

6A.5 Entitlement to Participation in the Coordinated Veterans' Care Program and to Coordinated Veterans' Care Program Treatment under the program

6A.5.1 Subject to 6A.3 and 6A.6, an *entitled person* is entitled to participation in the *Coordinated Veterans' Care Program* (program) and to *Coordinated Veterans' Care Program treatment* under the program if:

(1) in the opinion of an *LMO* treating the person:

(a) the *entitled person* has one or more of the following conditions:

- (i) congestive heart failure; or
- (ii) coronary artery disease; or
- (iii) pneumonia; or
- (iv) chronic obstructive pulmonary disease; or
- (v) diabetes; or
- (vi) some other chronic condition; and

(b) the condition in (1)(a) has resulted in the person being admitted frequently to hospital or could reasonably result in the person being admitted frequently to hospital; and

(c) the *entitled person* has complex care needs for the condition in (1)(a), being:

- (i) one or more of:
 - (aa) multiple co-morbidities that complicate the treatment regimen for the person;
 - (bb) the person's condition is unstable with a high risk of acute exacerbation;
 - (cc) the condition is contributed to by frailty, age and/or social isolation factors;
 - (dd) there are limitations in self management and monitoring;

and:

- (ii) needs which require a treatment regimen that involves one or more of the following complexities of ongoing care:
 - (aa) multiple care providers;
 - (bb) complex medication regimen;
 - (cc) frequent monitoring and review;
 - (dd) support with self management and self monitoring.

- (2) the person is eligible for treatment under the *Act* for any injury suffered, or disease contracted, by the person (i.e. person has been granted a *Gold Card*); and
- (3) the person is an Australian resident and living in Australia; and
- (4) the person has consented to participation in the program and the *admitting LMO* has recorded the consent (which may be an electronic record); and

Note: under the Notes for Coordinated Veterans' Care Program Providers the LMO is to store the consent.

- (5) the *LMO* treating the person has prepared, in consultation with the person, a comprehensive care plan (*GPMP*); and
- (6) the *LMO* admits the person to the program by making a decision to that effect and keeping a record of it.

6A.6 Ineligibility for participation in the Coordinated Veterans' Care Program (program) and for Coordinated Veterans' Care Program Treatment and LMO Home Care service (category C) Referral under the program

6A.6.1 An *entitled person* is ineligible to be admitted to the *Coordinated Veterans' Care Program* (Program) by an *LMO* for the person if any one of the following applies to the person:

- (a) the person is receiving *residential care*; or
Note: receiving *residential care (respite)* does not disentitle a person to participation in the program.
- (b) the person has been diagnosed by a *medical practitioner* as having a condition that, in the opinion of the *LMO*, would be likely to be terminal within 12 months after the person is admitted to the program, if the person were to be admitted; or
- (c) the person is participating in a health care program provided by the Department of Health and Ageing (Cth) known as:
 - (i) "Coordinated Care for Patients with Diabetes" (including as a pilot program); or
 - (ii) "Extended Aged Care at Home program"; or
 - (iii) "Community Aged Care Program"; or
 - (iv) "Transition Care";

or in a program provided by that Department that is essentially the same as one in (i) –(iv) but with a different name.

6A.6.2 An entitled person is not eligible for a subsequent period of care by an *LMO* under the Program if immediately before the commencement of the potential period of care the matters in (a) or (c) of 6A.6.1 apply to the person.

Note: the period of a period of care by an LMO is set out in the *Notes for Coordinated Veterans' Care Program Providers* and is a period of 3 months.

6A.7 Date of Admission for Participation in the Coordinated Veterans' Care Program

6A.7.1 Subject to 6A.3 and 6A.6, treatment of an *entitled person* under the *Coordinated Veterans' Care Program* (program) commences on the *admission day* for the person and continues throughout any *period of care* provided by an *LMO* to the entitled person under the program.

Note: treatment under the program provided by a *practice nurse, community nurse* or *aboriginal health worker* can only occur during a period of care provided by an LMO under the program.

6A.8 LMO Home Care service (category C) Referral

6A.8.1 An *LMO* treating an *entitled person* under the *Coordinated Veterans' Care Program* may decide the person would benefit from a *Home Care service (category C)* and may refer the person to a *VHC assessment agency* for an assessment as to the person's suitability for the service and, depending on the outcome, the agency may allocate responsibility for providing the *Home Care service (category C)* to an *approved provider*. The referral is treatment known as: LMO Home Care service (category C) Referral.

Note: for the purposes of 7.3A.1(1)(a)(iii) the referral to a VHC assessment agency is also taken to be a referral to the Commission.

6A.8.2 The *LMO* may provide an *LMO Home Care service (category C) Referral* for an *entitled person* if:

- (1) the person is admitted to the *Coordinated Veterans' Care Program*; and
- (2) in the opinion of the *LMO*:
 - (a) the person has a limited or inadequate social support network and could reasonably be at risk of hospitalisation for a condition in 6A.5.1(1)(a) because of that social situation; and

- (b) the risk of the person being hospitalised for a condition in 6A.5.1(1)(a) may be significantly reduced if the person received a *Home Care service (category C)*.

Note: a referral must comply with the requirements in the definition of *Home Care service (category C) Referral*.

6A.9 Procedures under the Coordinated Veterans' Care Program.

6A.9.1 An *LMO* may medically assess an *entitled person* the *LMO* is treating to determine if the person would benefit from participation in the *Coordinated Veterans' Care Program* (Program).

6A.9.2 If the *LMO* decides the *entitled person* would benefit from participation in the program, and the person is entitled to participate in the program, then the *LMO* is to inform the entitled person that the person's participation in the program is conditional upon the person consenting to personal information about the person that is relevant to the person's treatment under the program being provided to bodies such as:

- the Department;
- Contractors to the Department who provide services related to the administration of the Program or who would provide a *Home Care service (category C)* (social support service) to the person;
- *Medicare Australia* (which pays treatment costs for the Department);
- health care providers associated with the person's treatment under the program.

The *LMO* is to obtain the person's consent, if the person is to participate in the program, record it and store it in a readily retrievable form.

Note: consent may be recorded and stored in electronic form.

6A.9.3 Once an *entitled person's* consent is obtained the *LMO* is to admit the person to the program. This takes the form of the *LMO* recording in writing (including in electronic form) that the person

has been admitted to the program. Participation in the program commences on and from the admission date.

6A.9.4 The LMO is to prepare, in consultation with the person, a comprehensive care plan for the person (*GPMP*).

6A.9.5 A *practice nurse* (nurse working for the *LMO*) or, if appropriate, a *community nurse* (nurse working for a *DVA-contracted community nursing provider*) or an *aboriginal health worker* (working for the *LMO*) will co-ordinate care services under the *GPMP* (care co-ordinator). The LMO may need to refer co-ordination of the *GPMP* to a *DVA-contracted community nursing provider* if, for example, the LMO does not employ a *practice nurse*. In some cases the LMO may not be able to secure the services of a care co-ordinator and may need to provide the service themselves but the main role of the *LMO* is to provide oversight of the care co-ordination under the *GPMP*.

6A.9.6 Part of the monitoring mechanism for the program involves the LMO assessing the progress an entitled person is making (progress assessment). This is to occur toward the end of a period of care by the LMO and before the LMO provides a further period of care to the person. More details of the procedure is at 6A.3. A progress assessment is not a prerequisite to the commencement of an initial period of care.

6A.9.7 If the *LMO* decides that the *entitled person* is socially isolated and that because of that situation the person could be reasonably at risk of being hospitalised for a condition in 6A.5.1(1)(a) and that the risk of hospitalisation may be significantly reduced by the provision of a *Home Care service (category C)* to the person — then the *LMO* may refer the person to a *VHC assessment agency* for an assessment as to the person's suitability for the service. The referral is called: LMO Home Care service (category C) Referral

6A.9.8 The *VHC assessment agency* is to assess a person pursuant to a *LMO Home Care service (category C) Referral* and is to determine if the person is suitable for a *Home Care service (category C)*, using the standard assessment process that the agency applies to all assessments for services under the *Veterans' Home Care Program*, and is to determine the type, duration and

frequency of any *Home Care service (category C)* to be provided to a person.

6A.9.9 When providing treatment under the *Coordinated Veterans' Care Program* an *LMO*, a *practice nurse*, a *DVA-contracted community nursing provider* (for a *community nurse*), and an *aboriginal health worker* are to comply with the requirements in these *Principles* and any requirements in the *Notes for Coordinated Veterans' Care Program Providers* that relate to them.

4. Part 7.3A Veterans' Home Care Program

5. Paragraph 7.3A.1(1)

omit, substitute:

7.3A.1 (1) The *Commission* may:

- (a) examine the circumstances of an *entitled person* and assess the suitability of the person for:
 - (i) a *Home Care service (category A)*; or
 - (ii) a *Home Care service (category B)*; or
 - (iii) pursuant to a *LMO Home Care service (category C) Referral*, a *Home Care service (category C)*.

Note: the Commission has delegated its assessment power to a contractor known as a VHC assessment agency.

6. Paragraph 7.3A.4

omit, substitute:

7.3A.4 Outcome of Assessment

(1) Where under 7.3A.1(1) the *Commission* decides that an *entitled person* is not suitable for a relevant service, it shall inform the *entitled person* accordingly and give reasons for its decision.

(2) Where under 7.3A.1(1) the *Commission* decides that an *entitled person* is suitable for a relevant service, it shall:

- (a) determine the type, duration and frequency of the service;
- (b) in the case of a *Home Care service (category A)* or a *Home Care service (category C)* — allocate responsibility for providing the service to an appropriate *approved provider*; and
- (c) in the case of a *Home Care service (category B)* — provide the service.

Note (1): in practice the *Commission* may delegate its power to assess a person's suitability for a service to contractors (called VHC assessment agency).

Note (2): The Commission may also delegate its power to allocate the task of providing any "category A or C service" to contractors (called a VHC assessment agency).

Note (3): The Commission may delegate its power to provide a *Home Care service (category B)* to a contractor (e.g. an instrumentality of a State or Territory).

Note (4): Contractors may, in turn, sub-contract the responsibility to provide a relevant service.

6A. Paragraph 7.3A.4 (as substituted)

after the paragraph, insert:

7.3A.4A An *approved provider* may provide a *Home Care service (category A)*, a *Home Care service (category B)* or a *Home Care service (category C)* to an *entitled person*.

6B. Paragraph 7.3A.5(ii)

omit:

the *entitled person* needed the service

substitute:

the *entitled person* is suitable for the service

7. Paragraph 7.3A.6

after the paragraph, insert:

7.3A.6B The *Commission* may accept financial responsibility for the *provision of a Home Care service (category C) to an entitled person by an approved provider*, for a period of care provided by an *LMO* to the entitled person under the *Coordinated Veterans' Care Program*, if:

- (1) the *approved provider* has an arrangement with the *Commission* or the *Department* to provide a *Home Care service (category A)* or *Home Care service (category B)* to an *entitled person*; and
- (2) the service has been requested for the person by a *VHC assessment agency* pursuant to a *LMO Home Care service (category C) Referral* and pursuant to an assessment by the agency of the person's suitability for the service; and
- (3) the service is in accordance with the request from the *VHC assessment agency*; and

Note: it will be the *VHC assessment agency's* responsibility to inform the approved provider of the terms on which the service is to be provided e.g. frequency of service.

- (4) the service is in accordance with any requirements in the *Notes for Coordinated Veterans' Care Program Providers (Notes)* that relate to an *approved provider* delivering a *Home Care service (category C)* to an *entitled person*; and
- (5) the *entitled person* is otherwise entitled to the service and is not, at the time of the service, receiving *residential care*; and
- (6) the service is not essentially the same as a *Home Care service (category A)* or *Home Care service (category B)* the person is entitled to receive.

8. Paragraph 7.3A.7

omit:

health provider

substitute:

health care provider

9. Paragraph 7.3A.8

omit, wherever occurring:

Home Care service (category A)

substitute:

Home Care service (category A) or Home Care service (category C)

10. Paragraph 7.3A.10 (the Note)

omit:

Home Care service (category A)

substitute:

Home Care service (category A) or Home Care service (category C)

11. Paragraph 7.3A.11

omit:

Home Care service (category A)

substitute:

Home Care service (category A) or Home Care service (category C)

12. Paragraph 7.3A.13

omit, substitute:

7.3A.13 The *prior approval* of the *Commission* for:

- (a) the *provision of a Home Care service (category A) to an entitled person by an approved provider*;
- (b) the *provision of a Home Care service (category B) to an entitled person by an approved provider*; or
- (c) the *provision of a Home Care service (category C) to an entitled person by an approved provider*;

is not required except that in the case of the *provision of a Home Care service (category A) to an entitled person by an approved provider* that is *emergency short term home relief (ESTHR)*, the *prior approval of the Commission* is required for the provision of ESTHR within 24 hours after a previous service of ESTHR.

Note: the fact that the Commission's prior approval for treatment is not required does not mean an assessment is not required.

13. Schedule 1 (Dates for Incorporated Documents)

omit, substitute:

SCHEDULE 1 DATES FOR INCORPORATED DOCUMENTS
--

The date for :

1. Notes for Local Medical Officers (paragraph 1.4.1);
2. Department of Veterans' Affairs Fee Schedules for Medical Services (paragraph 3.5.1);
3. Notes for Providers of Optometric Services/Dispensers of Optical Appliances (paragraphs 1.4.1 and 7.1A.1);
4. Optometrist Fees for Consultation (paragraph 3.5.1);
5. DVA Schedule of Fees Orthoptists (paragraph 3.5.1);
6. Pricing Schedule for visual aids (paragraph 3.5.1);

7. The fourth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (commonly known as DSM-IV) (paragraph 2.4.2A);
8. Notes for Local Dental Officers (paragraphs 1.4.1 and 5.1.1);
9. Fee Schedule of Dental Services for Dentists and Dental Specialists (paragraph 3.5.1);
10. Fee Schedule of Dental Services for Dental Prosthetists (paragraph 3.5.1);
11. Notes for Chiropractors (paragraphs 1.4.1 and 7.1A.1);
12. Chiropractors Schedule of Fees (paragraph 3.5.1);
13. Notes for Diabetes Educators (paragraphs 1.4.1 and 7.1A.1);
14. Diabetes Educators Schedule of Fees (paragraph 3.5.1);
15. Notes for Dietitians (paragraphs 1.4.1 and 7.1A.1);
16. Dietitians Schedule of Fees (paragraph 3.5.1);
17. Notes for Exercise Physiologists (paragraphs 1.4.1 and 7.1A.1);
18. Exercise Physiologists Schedule of Fees (paragraph 3.5.1);
19. Notes for Occupational Therapists (paragraphs 1.4.1 and 7.1A.1);
20. Occupational Therapists Schedule of Fees (paragraph 3.5.1);
21. Notes for Osteopaths (paragraphs 1.4.1 and 7.1A.1);
22. Osteopaths Schedule of Fees (paragraph 3.5.1);
23. Notes for Physiotherapists (paragraphs 1.4.1 and 7.1A.1);
24. Physiotherapists Schedule of Fees (paragraph 3.5.1);
25. Notes for Psychologists (paragraphs 1.4.1 and 7.1A.1);

Veterans' Entitlements (Treatment Principles – Coordinated Veterans' Care Program)
Instrument 2011

26. Psychologists Schedule of Fees (paragraph 3.5.1);
27. Notes for Podiatrists (paragraphs 1.4.1 and 7.1A.1);
28. Podiatrists Schedule of Fees (paragraph 3.5.1);
29. Social Workers Schedule of Fees (paragraph 3.5.1);
30. Clinical Counsellors Schedule of Fees (paragraph 3.5.1);
31. Notes for Speech Pathologists (paragraphs 1.4.1 and 7.1A.1);
32. Speech Pathologists Schedule of Fees (paragraph 3.5.1);
33. Australian Government Department of Veterans' Affairs Classification System and Schedule of Item Numbers and Fees — Community Nursing Services;
34. RAP National Schedule of Equipment (paragraph 11.2A.1);
35. Rehabilitation Appliances Program (RAP) National Guidelines (paragraph 11.2A.1);
36. Notes for Coordinated Veterans' Care Program Providers;

is 1 May 2011.