

Australian Government

Veterans' Entitlements Act 1986 Military Rehabilitation and Compensation Act 2004 Australian Participants in British Nuclear Tests (Treatment) Act 2006

Veterans' Affairs Treatment Principles (Short-term Restorative Care) Amendment Instrument 2016

Instrument 2016 No.R46/MRCC46

- I, <u>Dan Tehan</u>, Minister for Veterans' Affairs, approve:
- (a) under subsection 90(5) of the *Veterans' Entitlements Act 1986* (VEA) and under subsection 16(7) of the *Australian Participants in British Nuclear Tests (Treatment) Act 2006* (APBNT(T)A) the variations by the Repatriation Commission of the *Treatment Principles* in the following instrument; and
- (b) under subsection 286(3) of the *Military Rehabilitation and Compensation Act 2004* (MRCA) the variations by the Military Rehabilitation and Compensation Commission of the *MRCA Treatment Principles* in the following instrument.

Dated this 25th day of November 2016

Dan Tehan

DAN TEHAN

The <u>Repatriation Commission</u> makes, under subsection 90(4) of the <i>Veterans' Entitlements Act</i> 1986 and subsection 16(6) of the <i>Australian Participants in British Nuclear Tests (Treatment)</i> Act 2006 the variations to the Treatment Principles in the following instrument.			
Dated this 3 rd day of November 2016			
The Seal of the Repatriation Commission was affixed hereto in the presence of:)) SEAL)	
Simon Lewis	C Orme	M A Kelly	
SIMON LEWIS PRESIDENT	CRAIG ORME DSC AM CSC DEPUTY PRESIDENT	MAJOR GENERAL MARK KELLY AO DSC COMMISSIONER	

The Military Rehabilitation and Compensation Commisthe Military Rehabilitation and Compensation Act 2004 Principles in the following instrument.	
Dated this 3 rd day of November 2016	
The Seal of the Military Rehabilitation and Compensation Commission was affixed hereto in the presence of:)) SEAL)
Simon Lewis	C Orme
SIMON LEWIS	CRAIG ORME
CHAIR	DSC AM CSC MEMBER
M A Kelly	T Smart
MAJOR GENERAL MARK KELLY AIR VICE AO DSC MEMBER	E-MARSHAL TRACY SMART AM MEMBER

Name

1. This instrument is the Veterans' Affairs Treatment Principles (Short-term Restorative Care) Amendment Instrument 2016.

Commencement

2. This instrument commences on 1 January 2017.

Authority

- 3. This instrument is made under:
 - (a) subsection 90(4) of the *Veterans' Entitlements Act 1986* in respect of the variations to the *Treatment Principles* in Schedule 1;
 - (b) subsection 286(2) of the *Military Rehabilitation and Compensation Act 2004* in respect of the variations to the *MRCA Treatment Principles* in Schedule 2; and
 - (c) subsection 16(6) of the *Australian Participants in British Nuclear Tests (Treatment) Act 2006* in respect of the variations to the modifications of the *Treatment Principles*made for that Act, in Schedule 3.

Schedules

4. Each instrument that is specified in a Schedule to this instrument is varied as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1

Variations to the Treatment Principles (Instrument 2013 No. R52)

1. Paragraph 1.4 (Interpretation)

Insert the following definitions:

"approved provider", in relation to *short-term restorative care*, has the meaning it has in the *Aged Care Act 1997*.

"short-term restorative care" has the meaning it has in section 106A of the *Subsidy Principles 2014*.

2. Paragraph 10.7

omit the words: "for a person (being either an entitled person or that person's carer)" substitute:

"for an entitled person"

3. Paragraph 10.12.1

after the paragraph, insert:

Part F – SHORT-TERM RESTORATIVE CARE CO-PAYMENT

Definition:

"co-payment", in this Part, means an amount a person must pay for short-term restorative care but does not include an amount payable to the approved provider of the short-term restorative care as subsidy under the Aged Care Act 1997.

10.13 Financial Responsibility for Co-Payment

- **10.13.1** The *Commission* may accept financial responsibility for the *copayment* a former *prisoner of war* (POW), or an *entitled veteran* awarded the Victoria Cross (VC recipient), paid, or is to pay, to an *approved provider* for *short-term restorative care* (care) provided to the person:
 - (a) on condition that the care is provided on a day in respect of which flexible care subsidy is payable for the care under the *Subsidy Principles 2014*, in force from time to time; and

Note (1): The maximum number of days for which flexible care subsidy is payable for an episode of short-term restorative care by an *approved provider* for a care recipient is 56 days. *See* section 111A of the *Subsidy Principles 2014*.

(b) to the extent the co-payment does not exceed the amount the *approved provider* is permitted to charge the POW or VC recipient under section 56-3 of the *Aged Care Act 1997*.

Note (2): The maximum co-payment amount an *approved provider* is permitted to charge is set out in section 23AB of the *User Rights Principles 2014* made for paragraph 56-3(a) of the *Aged Care Act 1997*.

- **10.13.2** In deciding whether to accept financial responsibility for the *co-payment* for *short-term restorative care* (care) provided to a POW or VC recipient the *Commission* should take into account:
 - (a) whether the care was provided in accordance with the "agreed care plan" (within the meaning of section 111A of the *Subsidy Principles 2014*) in place between the *approved provider* and the POW or VC recipient;
 - (b) whether the care was otherwise provided in accordance with the relevant provisions of the *Aged Care Act 1997* and relevant instruments under that Act; and

Note (1): Part 3.3 of Chapter 3 of the Aged Care Act 1997 deals with flexible care.

Note (2): The *Approval of Care Recipients Principles 2014*, the *Subsidy Principles 2014*, the *Quality of Care Principles 2014*, the *Accountability Principles 2014* and the *User Rights Principles 2014* are relevant to *short-term restorative care* – a form of flexible care.

(c) whether the care essentially duplicates treatment the POW or VC recipient is receiving under other provisions of these *Principles* (double-dipping).

10.14 Billing

10.14.1 An *approved provider* is to bill the *Department of Human Services* (via Medicare) for the *co-payment* for *short-term restorative care*, rather than the POW or VC recipient (client) but if the client is billed, the *Commission* may, subject to 10.13.1 and 10.13.2, accept financial responsibility for the amount.

Schedule 2

Variations to the MRCA Treatment Principles (Instrument 2013 No. MRCC53)

1. Paragraph 1.4 (Interpretation)

Insert the following definitions:

"approved provider", in relation to *short-term restorative care*, has the meaning it has in the *Aged Care Act 1997*.

"short-term restorative care" has the meaning it has in section 106A of the *Subsidy Principles 2014*.

2. Paragraph 10.4

Omit the words: "for a person (being either an entitled person or that person's carer)" *substitute:*

"for an entitled person"

3. Paragraph 10.9.1

After the paragraph, insert:

Part F – SHORT-TERM RESTORATIVE CARE CO- PAYMENT

Definition:

"co-payment", in this Part, means an amount a person must pay for short-term restorative care but does not include an amount payable to the approved

provider of the short-term restorative care as subsidy under the Aged Care Act 1997.

10.10 Financial Responsibility for Co-Payment

- **10.10.1** The *Commission* may accept financial responsibility for the *co-payment* a former *prisoner of war* (POW), or an *entitled member* awarded the Victoria Cross (VC recipient), paid, or is to pay, to an *approved provider* for *short-term restorative care* (care) provided to the person:
 - (a) on condition that the care is provided on a day in respect of which flexible care subsidy is payable for the care under the *Subsidy Principles 2014*, in force from time to time; and
 - Note (1): The maximum number of days for which flexible care subsidy is payable for an episode of short-term restorative care by an *approved provider* for a care recipient is 56 days. See section 111A of the *Subsidy Principles 2014*.
 - (b) to the extent that the co-payment does not exceed the amount the *approved provider* is permitted to charge the POW or VC recipient under section 56-3 of the Aged Care Act 1997.

Note (2): The maximum co-payment amount a provider is permitted to charge is set out in section 23AB of the *User Rights Principles 2014* made for paragraph 56-3(a) of the *Aged Care Act 1997*.

- **10.10.2** In deciding whether to accept financial responsibility for the *co-payment* for *short-term restorative care* (care) provided to a POW or VC recipient the *Commission* should take into account:
 - (a) whether the care was provided in accordance with the "agreed care plan" (within the meaning of section 111A of the *Subsidy Principles 2014*) in place between the *approved provider* and the POW or VC recipient;
 - (b) whether the care was otherwise provided in accordance with the relevant provisions of the *Aged Care Act 1997* and relevant instruments under that Act; and

Note (1): Part 3.3 of Chapter 3 of the *Aged Care Act 1997* deals with flexible care.

- Note (2): The Approval of Care Recipients Principles 2014, the Subsidy Principles 2014, the Quality of care Principles 2014, the Accountability Principles 2014 and the User Rights Principles 2014 are relevant to short-term restorative care a form of flexible care.
- (c) whether the care essentially duplicates treatment the POW or VC recipient is receiving under other provisions of these *Principles* (double-dipping).

10.11 Billing

10.11.1 An approved provider is to bill the Department of Human Services (via Medicare) for the co-payment for short-term restorative care, rather than the POW or VC recipient (client) but if the client is billed, the Commission may, subject to 10.10.1 and 10.10.2, accept financial responsibility for the amount.

Schedule 3

Variations to the Treatment Principles (Australian Participants in British Nuclear Tests) 2006 (Instrument 2013 No. R54)

1. Paragraph 46

After the paragraph, insert:

46A. (Part 10 Part F – SHORT-TERM RESTORATIVE CARE CO-PAYMENT)

omit.