



Australian Government

Veterans' Entitlements Act 1986
Military Rehabilitation and Compensation Act 2004

Veterans' Affairs (Treatment Principles – Rehabilitation in the Home and Other Amendments) Determination 2020

Instrument 2020 No.R3/MRCC3

I, Vicki Rundle, as delegate of the Minister for Veterans' Affairs, approve:

- (a) for the purposes of subsection 90(6) of the *Veterans' Entitlements Act 1986*— the variations by the Repatriation Commission of the *Treatment Principles* in the following determination; and
- (b) for the purposes of subsection 286(6) of the *Military Rehabilitation and Compensation Act 2004*— the variations by the Military Rehabilitation and Compensation Commission of the *MRCA Treatment Principles* in the following determination.

Dated this 14th day of August 2020

...Vicki Rundle...

Vicki Rundle
Deputy Secretary, Veterans and Families Services
Department of Veterans' Affairs

The Repatriation Commission, under subsection 90(5) of the *Veterans' Entitlements Act 1986*, makes the variations to the *Treatment Principles* in the following determination.

Dated this 22nd day of July 2020

The Seal of the)
Repatriation Commission)
was affixed hereto in the)
presence of:)

...Elizabeth Cosson...
ELIZABETH COSSON
AM CSC
PRESIDENT

...Kate Pope...
KATE POPE
PSM
ACTING DEPUTY
PRESIDENT

...Donald Spinks...
DONALD SPINKS
AM
COMMISSIONER

We, as delegates of the Military Rehabilitation and Compensation Commission, under subsection 286(5) of the *Military Rehabilitation and Compensation Act 2004*, make the variations to the *MRCA Treatment Principles* in the following determination.

Dated this 22nd day of July 2020

The Seal of the)
Military Rehabilitation and)
Compensation Commission)
was affixed hereto in the)
presence of:)

...Elizabeth Cosson...
ELIZABETH COSSON
AM CSC
CHAIR

...Kate Pope...
KATE POPE
PSM
MEMBER

...Donald Spinks...
DONALD SPINKS
AM
MEMBER

1 Name

This instrument is the *Veterans' Affairs (Treatment Principles – Rehabilitation in the Home and Other Amendments) Determination 2020*.

2 Commencement

This determination commences on the day that it is registered.

3 Authority

This determination is made under:

- (a) subsection 90(5) of the *Veterans' Entitlements Act 1986* in respect of the variations to the *Treatment Principles* in Schedule 1; and
- (b) subsection 286(5) of the *Military Rehabilitation and Compensation Act 2004* in respect of the variations to the *MRCA Treatment Principles* in Schedule 2.

4 Schedules

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 determination has effect according to its terms.

Schedule 1-Variations to the *Treatment Principles* (Instrument 2013 No. R52) (F2019C00908)

[1] Paragraph 1.4.1

Definition of “Co-ordinated Veterans’ Care Program”

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[2] Paragraph 1.4.1

Omit definition of “**Department of Human Services**”.

[3] Paragraph 1.4.1

Insert:

“**Human Services Department**” means a Department, or Executive Agency, administered by the Minister administering the *Human Services (Centrelink) Act 1997*.

[4] Paragraph 1.4.1

Definition of “neuropsychologist” and “occupational therapist (mental health)”

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[5] Paragraph 1.4.1

Insert:

“**Rehabilitation in the Home**” means the coordinated, home-based, rehabilitation program provided by a *Rehabilitation in the Home Provider* to an *entitled person*, in respect of which the *Commission* will accept financial responsibility under Principle 7.7B of the *Treatment Principles*.

“**Rehabilitation in the Home Provider**” means the ambulatory service providing a coordinated, home-based, rehabilitation program who has entered into an agreement with the *Commission* to provide *Rehabilitation in the Home* to an *entitled person*.

“**Rehabilitation in the Home care co-ordinator**” means the person who will co-ordinate the rehabilitation services provided to an *entitled person* under a *Rehabilitation in the Home* program.

[6] Paragraph 1.4.1

Definitions of “social worker (mental health)” and “speech pathologist”.

Omit the reference in ‘social worker (mental health)’ to “*Department of Human Services*” and the reference in “speech pathologist” to “Department of Human Services” and substitute (in both) a reference to “*Human Services Department*”.

[7] Paragraph 3.4.4(b)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[8] Paragraph 3.4.5(b)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[9] Note 2 to paragraph 3.5.2

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[10] Paragraph 3.5.3(a)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[11] Paragraph 4.3.2(a)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[12] Paragraph 4.7.3

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[13] Paragraph 4.8.1(g)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[14] Note to Paragraph 6A.4.2

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[15] Paragraph 6A.9.2

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[16] Paragraph 7.4.4

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[17] Paragraph 7.4.5

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[18] After Principle 7.7A, insert

7.7B Rehabilitation in the Home

7.7B.1 Outline

Rehabilitation in the Home is a coordinated, home-based, rehabilitation program for *entitled persons* who would otherwise receive functional rehabilitation services in hospital. Examples of where it would be appropriate include rehabilitation after joint replacement surgery or for “re-conditioning” purposes following exacerbation of a chronic illness.

Those *entitled persons* who are not suitable to receive rehabilitation services in the home, in particular if they are not medically stable or do not have a suitable home environment, will continue to receive rehabilitation services in hospital.

Rehabilitation in the Home will offer the choice of a complete at home option for rehabilitation for select patients who meet the requirements for admission to the *Rehabilitation in the Home* program or for patients who have received part of their rehabilitation services under the Commission’s hospital arrangements and who wish to complete their rehabilitation at home.

The *Rehabilitation in the Home* program will be based on the standards for quality, safety and performance that meet the Commonwealth and State requirements for Hospital in the Home services including mandatory admission protocols and significant data reporting.

Rehabilitation in the Home will use a client-centred, coordinated and case managed approach to rehabilitation care based on clinical need. Individual treatment plans will be goal based and subject to regular assessment, similar to rehabilitation programs in hospitals.

The *Rehabilitation in the Home* program can only deliver rehabilitation services. It will not replace or displace other community based supports provided under the *Treatment Principles*, including *community nursing services*, *Veterans’ Home Care Program* or the *Coordinated Veterans’ Care Program*.

To remove any uncertainty, a *Rehabilitation in the Home provider* will explicitly be prohibited from delivering any nursing or mental health

services. However, where it is appropriate the *Rehabilitation in the Home care co-ordinator* is expected to communicate potential issues outside the scope of the *Rehabilitation in the Home* program to a relevant care provider including a *community nurse*.

7.7B.2 For the purposes of principle 7.7B:

home in relation to the *Rehabilitation in the Home* program includes the premises or part of the premises in which a person temporarily resides and may also include the premises where the person is receiving *residential care*.

7.7B.3 The *Commission* will accept financial responsibility for the provision of a *Rehabilitation in the Home* program for an *entitled person* only if:

- (a) the person has been referred to a *Rehabilitation in the Home provider* by a *general practitioner*, a treating doctor in a hospital, a hospital discharge planner or a *medical specialist*; and

Note: paragraph 7.7B.5 sets out the *Rehabilitation in the Home provider* to whom an *entitled person* can be referred under paragraph 7.7B.3(a).

- (b) a *Rehabilitation in the Home provider*, pursuant to an arrangement with the *Commission*, has undertaken an assessment of the *entitled person* for the provision of *Rehabilitation in the Home* and assessed that the person has a clinical need for the provision of the program and is suitable for the *Rehabilitation in the Home* program; and
- (c) in deciding whether to accept financial responsibility for the provision of a *Rehabilitation in the Home* program the *Commission* must take into account whether the medical and allied health services provided as part of the *Rehabilitation in the Home* program duplicate the medical and allied health services the *entitled person* is receiving under other provisions of the *Treatment Principles* (double-dipping).

7.7B.4 All of the care documentation for an *entitled person* prepared by a *Rehabilitation in the Home provider* shall be provided to the *Department* upon request by the *Department* to the *Rehabilitation in the Home provider*.

7.7B.5 A referral to a *Rehabilitation in the Home provider* is to be made only to a *Rehabilitation in the Home provider* in the geographical area in which the *entitled person* will reside while receiving treatment.

7.7B.6 If no *Rehabilitation in the Home* provider referred to in paragraph 7.7B.5 can provide the relevant *Rehabilitation in the Home* program within a reasonable time, the *Rehabilitation in the Home* provider may refer the *entitled person* to another *Rehabilitation in the Home* provider.

7.7B.7 The *Commission* will not accept, as part of a *Rehabilitation in the Home* program, financial responsibility for other health or domestic help services, or goods, provided under the *Treatment Principles*, including but not limited to *community nursing services*, *Veterans' Home Care Program*, the *Coordinated Veterans' Care Program* or the *Rehabilitation Appliances Program*.

[19] Paragraph 10.10.1

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[20] Paragraph 10.12.1

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

Schedule 2-Variations to the *MRCVA Treatment Principles* (Instrument 2013 No. MRCC53) [F2019COO927]

[21] Paragraph 1.4.1

Definitions of “**clinical psychologist**” and “**Co-ordinated Veterans’ Care Program**”

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[22] Paragraph 1.4.1

Omit definition of “**Department of Human Services**”.

[23] Paragraph 1.4.1

Insert:

“**Human Services Department**” means a Department, or Executive Agency, administered by the Minister administering the *Human Services (Centrelink) Act 1997*.

[24] Paragraph 1.4.1

Definitions of “**neuropsychologist**” and “**occupational therapist (mental health)**”

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[25] Paragraph 1.4.1, insert:

“**Rehabilitation in the Home**” means the coordinated, home-based, rehabilitation program provided by a *Rehabilitation in the Home Provider* to an *entitled person*, in respect of which the *Commission* will accept financial responsibility under Principle 7.7B of the *Principles*.

“**Rehabilitation in the Home Provider**” means the ambulatory service providing a coordinated, home-based, rehabilitation program who has entered into an agreement with the *Commission* to provide *Rehabilitation in the Home* to an entitled person.

“Rehabilitation in the Home care co-ordinator” means the person who will co-ordinate the health care services provided to an *entitled person* under a *Rehabilitation in the Home* program.

[26] Paragraph 1.4.1

Definitions of **“social worker (mental health)”** and **“speech pathologist”**.

Omit the reference in ‘social worker (mental health)’ to “*Department of Human Services*” and the reference in “speech pathologist” to “Department of Human Services” and substitute (in both) a reference to “*Human Services Department*”.

[27] Paragraph 3.4.4(b)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[28] Paragraph 3.4.5(b)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[29] Note 2 to paragraph 3.5.2

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[30] Paragraph 3.5.3(a)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[31] Paragraph 4.3.2(c)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[32] Paragraph 4.7.3

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[33] Paragraph 4.8.1(g)

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[34] Note to Paragraph 6A.4.2

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[35] Paragraph 6A.9.2

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[36] Paragraph 7.4.4

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[37] Paragraph 7.4.5

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[38] After Principle 7.7A, insert

7.7B Rehabilitation in the Home

7.7B.1 Outline

Rehabilitation in the Home is a coordinated, home-based, rehabilitation program for *entitled persons* who would otherwise receive functional rehabilitation services in hospital. Examples of where it would be appropriate include rehabilitation after joint replacement surgery or for “re-conditioning” purposes following exacerbation of a chronic illness.

While delivery of home-based rehabilitation (as a hospital-substitution program) has been available under the hospital arrangements, the service has been under used.

Those *entitled persons* who are not suitable to receive rehabilitation services in the home, in particular if they are not medically stable or do not have a suitable home environment, will continue to receive rehabilitation services in hospital.

Rehabilitation in the Home will offer the choice of a complete at home option for rehabilitation for select patients who meet the requirements for admission to the *Rehabilitation in the Home* program or for patients

who have received part of their rehabilitation services under the Commission's hospital arrangements and who wish to complete their rehabilitation at home.

The *Rehabilitation in the Home* program will be based on the standards for quality, safety and performance that meet the Commonwealth and State requirements for Hospital in the Home services including mandatory admission protocols and significant data reporting.

Rehabilitation in the Home will use a client-centred, coordinated and case managed approach to rehabilitation care based on clinical need. Individual treatment plans will be goal based and subject to regular assessment, similar to rehabilitation programs in hospitals.

The *Rehabilitation in the Home* program can only deliver rehabilitation services. It will not replace or displace other community based supports provided under the *Principles*, including *community nursing services*, *MRCA Home Care Program* or the *Coordinated Veterans' Care Program*.

To remove any uncertainty, a *Rehabilitation in the Home provider* will explicitly be prohibited from delivering any nursing or mental health services. However, where it is appropriate the *Rehabilitation in the Home care co-ordinator* is expected to communicate potential issues outside the scope of the *Rehabilitation in the Home* program to a relevant care provider including a *community nurse*.

7.7B.2 For the purposes of principle 7.7B:

home in relation to the *Rehabilitation in the Home* program includes the premises or part of the premises in which a person temporarily resides and may also include the premises where the person is receiving *residential care*.

7.7B.3 The *Commission* will accept financial responsibility for the provision of a *Rehabilitation in the Home* program for an *entitled person* only if:

- (a) the person has been referred to a *Rehabilitation in the Home provider* by a *general practitioner*, a treating doctor in a hospital, a hospital discharge planner or a *medical specialist*;

Note: paragraph 7.7B.5 sets out the *Rehabilitation in the Home provider* to whom an *entitled person* can be referred under paragraph 7.7B.3(a).

- (b) a *Rehabilitation in the Home provider*, pursuant to an arrangement with the *Commission*, has undertaken an assessment of the *entitled person* for the provision of *Rehabilitation in the Home* and assessed that the person has a clinical need for the provision of the program and is suitable for the *Rehabilitation in the Home* program; and
- (c) in deciding whether to accept financial responsibility for the provision of a *Rehabilitation in the Home* program the *Commission* must take into account whether the medical and allied health services provided as part of the *Rehabilitation in the Home* program duplicate the medical and allied health services the *entitled person* is receiving under other provisions of the *Principles* (double-dipping).

7.7B.4 All of the care documentation for an *entitled person* prepared by a *Rehabilitation in the Home provider* shall be provided to the *Department* upon request by the *Department* to the *Rehabilitation in the Home provider*.

7.7B.5 A referral to a *Rehabilitation in the Home provider* is to be made only to a *Rehabilitation in the Home provider* that has entered into, and is bound by, an agreement with the *Commission* or the *Department* to provide a *Rehabilitation in the Home* program during the relevant period of treatment and in the geographical area in which the entitled person will reside while receiving treatment.

7.7B.6 If no *Rehabilitation in the Home provider* referred to in paragraph 7.7B.5 can provide the relevant *Rehabilitation in the Home* program within a reasonable time, the *Rehabilitation in the Home provider* may refer the *entitled person* to another *Rehabilitation in the Home provider*.

7.7B.7 The *Commission* will not accept, as part of a *Rehabilitation in the Home* program, financial responsibility for other health or domestic help services, or goods, provided under the *Treatment Principles*, including but not limited to *community nursing services*, *MRCA Home Care Program*, the *Coordinated Veterans' Care Program* or the *Rehabilitation Appliances Program*.

[39] Paragraph 10.7.1

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[40] Paragraph 10.9.1

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.

[41] Paragraph 10.11.1

Omit the reference to “*Department of Human Services*” and substitute a reference to “*Human Services Department*”.