

EXPLANATORY STATEMENT

Treatment Principles R8/2004

(Section 90 Veterans' Entitlements Act 1986)

The Purpose and Operation of the Attached Instrument

- To consolidate the *Treatment Principles* so as to facilitate their registration under the *Legislative Instruments Act 2003*.
- The attached *Treatment Principles* are virtually identical to the *Treatment Principles* (Instrument, 1993 No.5) they replaced.
- The *Treatment Principles* are made under section 90 of the *Veterans' Entitlements Act 1986* and set out the circumstances in which the Repatriation Commission may accept financial liability for treatment provided to veterans or their dependants.
- The *Legislative Instruments Act 2003* requires legislative instruments to be registered if they are to be enforceable. Both electronic and paper copies of the instrument are to be lodged for registration.
- In a situation where an original instrument has been amended, electronic and paper copies of each amending instrument must be lodged for registration. If many amendments have been made, this can be a considerable task.
- The former *Treatment Principles* were made in 1993 and have been amended by 40 Instruments. The attached Instrument consolidates both the original *Treatment Principles* and the amendments thereto.
- A general description of the various Parts of the *Treatment Principles* together with descriptions of the more important provisions in those Parts is contained at Attachment A.
- An entitled veteran (hereinafter referred to as a "veteran") and a dependant are, respectively, a veteran and person eligible for treatment under Part V of the *Veterans' Entitlements Act 1986*.

Documents Incorporated by Reference

- Dental Schedules;
- Dental Prosthetist Schedule;
- *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 4 ed.).
- Local Dental Officer Scheme of 1 June 1993;
- Local Medical Officer Scheme of August 2001;
- Notes for Local Medical Officers of August 2001.
- *Repatriation Pharmaceutical Benefits Scheme* made under section 91 of the *Veterans' Entitlements Act 1986*.
- *Repatriation Private Patient Principles*, a disallowable instrument made under section 90A of the *Veterans' Entitlements Act 1986*;
- Rehabilitation Appliance Schedule (strictly speaking this document is not incorporated into the Treatment Principles but it is the most significant Guideline for Commission delegates providing rehabilitation appliances);
- Schedule of Prescribable Items for optometrical services;
- The Schedule of Prescribable Items for visual aids.

Consultation

- No consultation was undertaken in relation to the attached Instrument because the Rule-Maker (in this case the Repatriation Commission) considered that general consultation was not appropriate because the the Instrument merely replicated the former Treatment Principles.

ATTACHMENT A

PART 1 INTRODUCTION

Contains definitions and transitional provisions

Treatment Principles/Repatriation Private Patient Principles

- Highlights the fact that the *Treatment Principles* are subject to the *Repatriation Private Patient Principles* (RPPPs) made under section 90A of the *Veterans' Entitlements Act 1986* and that in the event of a conflict, the RPPPs prevail (para.1.2).

Decisions etc under former Treatment Principles

- Ensures that decisions, approvals etc made under the former Treatment Principles are taken to have been made under the new Treatment Principles (para. 1.5).
- Provides that treatment for people eligible for treatment under the former Treatment Principles, pursuant to determinations under section 88A of the *Veterans' Entitlements Act 1986*, are entitled to treatment under the new Treatment Principles (para.1.5).

PART 2 ELIGIBILITY FOR TREATMENT

Gold Cards/White Cards/Authorisations

- Sets out the identification documents for veterans and dependants eligible for treatment, being:
 - a Gold Card (treatment for any condition);
 - a White Card (treatment for service conditions only);
 - a written authority (treatment for conditions described in the authority) (para.2.1).

Overseas Treatment

- Confines treatment outside Australia to veterans with service conditions. The exception being a widow of a recipient of the Victoria Cross (2.2.1/2.2.6).
- Prohibits treatment for veterans whose major reason in travelling outside Australia is to obtain treatment (2.2.5).

PTSD, Malignant Neoplasia, TB

- Permits treatment under the Repatriation Comprehensive Care Scheme for veterans with malignant neoplasia, pulmonary tuberculosis or post-traumatic stress disorder, even though those conditions might not necessarily be service-related (2.4.1). The Repatriation Comprehensive Care Scheme is not a document or legislative instrument but a name given to the process whereby treatment is provided to veterans or dependants under the *Veterans' Entitlements Act 1986*.

Malignant Neoplasia Treatment

- Permits treatment under the Repatriation Comprehensive Care Scheme for any conditions of veterans that develop from the treatment of malignant neoplasia even though those conditions are not service related (2.4.4).

PTSD Treatment

- Permits treatment under the Repatriation Comprehensive Care Scheme for any conditions of veterans that are directly associated with treatment of post-traumatic stress disorder, even though those conditions might not necessarily be service-related (2.4.5).

PART 3 – COMMISSION APPROVAL FOR TREATMENT

- Sets out circumstances when the prior approval of the Repatriation Commission is required before treatment can be provided to a veteran

or dependant and also sets out the circumstances in which retrospective approval can be granted by the Repatriation Commission for non-approved treatment provided to a veteran or dependant (3.1-3.4.7).

- Details the financial limits for Commission-approved treatment. These limits apply to all the types of treatment covered by the *Treatment Principles* including medical and allied health treatment (3.5).

Time Limit for Lodging Claims

- Imposes a time limit of 6 months for lodging a claim for payment for treatment services with provision for the extension of that period in special circumstances (3.5.2).

PART 4 – MEDICAL PRACTITIONER SERVICES

- Enables the Repatriation Commission to accept financial liability for medical services provided by a Local Medical Officer, an *other GP* or a specialist, to a veteran or dependant, if the service is provided under Commission arrangements.

MBS

- Provides that, generally, only services under the Medicare Benefits Schedule (MBS) may be provided to a veteran or dependant under the Treatment Principles and such services are only to be provided by a Local Medical Officer or medical specialist - being medical practitioners who provide treatment to veterans or dependants under arrangements with the Repatriation Commission.

Unlisted MBS services

Services that are not listed in the MBS may be provided to veterans or dependants if the Repatriation Commission is satisfied they are more than a mere improvement on MBS services and have been demonstrated to be effective or safe by extensive clinical trials.

Billing

- Requires Local Medical Officers and medical specialists to bill the Department of Veterans' Affairs or Medicare, not the veteran or dependant, in respect of a service provided under the Treatment Principles.

PART 5 – DENTAL PRACTITIONER TREATMENT

- Enables the Repatriation Commission to accept financial liability for dental treatment provided by dental practitioners to veterans or dependants where that treatment is provided in accordance with arrangements between the dental practitioner and the Commission.

Dental Prosthetic Services

- The Repatriation Commission may also accept financial liability for dental prosthetic services provided by dental prosthetists to veterans and dependants pursuant to arrangements with the Repatriation Commission.

Dental Schedules

- The types of dental treatment that may be provided by dental practitioners to veterans and dependants (and the financial limits on that treatment) is set out in Schedules A, B and C. The types of dental prosthetic services that may be provided to veterans and dependants by dental prosthetists (and the financial limits on that treatment) are set out in the Dental Prosthetist Schedule.

Annual Monetary Limit

- Items in Schedule C (high cost items such as crowns, bridges etc) are subject to an annual monetary limit unless the condition being treated is:
 - (i) a war-caused injury/disease or a determined condition (except a determined residential care condition);
 - (ii) associated with malignant neoplasia;

(iii) suffered by a former Prisoner of War.

Prior Approval for Dental Treatment

- Dental treatment sometimes requires the prior approval of the Repatriation Commission.
- Prior approval requirements for a veteran/dependant who holds a Gold Card (a card that generally allows for treatment of all conditions - not just war-caused ones) and who, in the case of a veteran, is not a former prisoner of war, are as follows:
 - (i) no prior approval required for Schedule A services (with some exceptions) if the condition being treated is not war-caused;
 - (ii) prior approval required for Schedule B services if the condition being treated is not war-caused;
 - (iii) no prior approval required for Schedule C services but an annual monetary limit applies;
 - (iv) no prior approval required for Schedule A services (with some exceptions) if the condition being treated is war-caused or associated with malignant neoplasia;
 - (v) prior approval is required for Schedule B and C services if the condition being treated is war-caused or associated with malignant neoplasia but the annual monetary limit does not apply.
- Prior approval requirements for a veteran who holds a Gold Card and who is a former prisoner of war are as follows:
 - (i) no prior approval required (some exceptions) for Schedule A services whether the condition being treated is war-caused or not.
 - (ii) prior approval required for Schedule B and C services, whether the condition being treated is war-caused or not, but the annual monetary limit does not apply.
- Prior approval requirements for a veteran who holds a white card (a card that allows for treatment of a war-caused condition (albeit certain conditions are not required to be war-caused) are that prior approval must be obtained before the provision of treatment for: (a) a war-

caused condition (ie accepted disability); (b) a determined condition that is not a determined residential care condition and (c) a condition associated with malignant neoplasia.

Emergency Dental Treatment

- Emergency dental treatment may be obtained without prior approval but approval for the treatment must be obtained as soon as possible after treatment if the Repatriation Commission is to accept financial liability for the treatment.

Dentists Prescribing Pharmaceutical Benefits

- The Repatriation Commission may accept financial liability for pharmaceutical benefits prescribed by dental practitioners for veterans and dependants.
- Prescriptions must be in accordance with the Pharmaceutical Benefits Scheme (PBS).
- The Repatriation Commission will accept financial liability for pharmaceutical benefits available under the PBS that are prescribed for the dental treatment of veterans/dependants if the treatment is for a condition permitted to be treated under a white card or a gold card held by the person. But financial liability does not include any amount that would have been payable by the person if the person was a concessional beneficiary under the *National Health Act 1953*.
- The Repatriation Commission will accept financial liability for pharmaceutical benefits that are not available under the PBS that are prescribed for the dental treatment of veterans/dependants if the treatment is for a condition permitted to be treated under a white card or a gold card held by the person and the prescription is written as a private prescription.

PART 6 - PHARMACEUTICAL BENEFITS TREATMENT

- The intention is that the provision of pharmaceutical benefits under the *Repatriation Pharmaceutical Benefits Scheme* made under section 91 of the *Veterans' Entitlements Act 1986* is treatment under the *Treatment Principles*.

- Treatment comprised of pharmaceutical benefits may be provided to veterans/dependants pursuant to the *Repatriation Pharmaceutical Benefits Scheme* in accordance with the criteria represented by the type of card held by the person being either a White Card, Gold Card or Repatriation Pharmaceutical Benefits Card. These criteria are set out in Part 6 of the Treatment Principles and in the *Repatriation Pharmaceutical Benefits Scheme* (paragraph 3).

PART 7 - ALLIED HEALTH PROVIDERS

- Sets out the categories of health-care providers (other than medical, dental, pharmaceutical health care providers) who may provide treatment for veterans or dependants, and the conditions on which that treatment is to be provided if the Repatriation Commission is to accept financial liability for it.

Prior Approval

- Generally, it is a requirement that before a health-care provider (allied health provider) treats a veteran or dependant under Part 7 the approval of the Repatriation Commission must be obtained.

Billing

- Allied Health Providers are to bill the Department of Veterans' Affairs for treatment provided to veterans/dependants and not the veteran or dependant. Further, the bill is to be for full settlement of the account for the treatment provided. The veteran/dependant is not to be charged any payment and if any payment is so charged then the transaction is no longer covered by the Treatment Principles and the Repatriation Commission cannot accept financial liability for the treatment.

Co-payments Allowed

- The exception to the prohibition on an allied health provider charging a veteran/dependant for treatment is when the treatment consists of treatment provided under the Veterans' Home Care Program.

In this situation an allied health provider may charge a veteran/dependant a payment for treatment and may present the

Department of Veterans' Affairs with a bill that is for the cost of the treatment less the amount paid by the veteran or dependant.

Registration of Providers

- Allied health providers are required to be registered under any Australian legislation that regulates their particular profession. But in the case of community nursing providers this requirement is imposed under their contracts with the Repatriation Commission and not under Part 7 of the Treatment Principles.

Community Nursing

- In order for the Repatriation Commission to accept financial liability for a community nursing service provided to a veteran/dependant, the veteran/dependant must have been referred to the community nursing provider by, among other health care professionals, a Local Medical Officer (ie a medical practitioner who has an arrangement with the Repatriation Commission to treat veterans/dependants) and the community nursing provider, in accordance with an arrangement with the Repatriation Commission, has assessed the veteran/dependant as needing a community nursing service.

Veterans' Home Care Program

- Under the *Veterans' Home Care Program* (VHC) the Repatriation Commission may accept financial liability for the following services provided to a veteran or dependant:
 - (i) Domestic Assistance.
 - (iv) Personal Care.
 - (v) Home and Garden Maintenance.
 - (vi) Respite Care.
 - (vii) Services similar to those provided under the Home and Community Care Program pursuant to the *Home and Community Care Act 1985*.

(eligibility)

- VHC treatment may be provided to a veteran irrespective of whether the treatment is in respect of a war-caused or non-war-caused condition of the veteran (this is permitted by Determination 13/2000

under section 88A of the *Veterans' Entitlements Act 1986*). VHC treatment may be provided to dependants for any condition.

(assessment)

- In order for the Repatriation Commission to accept financial liability for a VHC service provided to a veteran/dependant, the veteran/dependant must have been assessed as requiring the service.
- Assessments are usually carried out by delegates of the Repatriation Commission who are also contracted to the Commission to provide such assessments.
- Upon a veteran/dependent being assessed as needing a VHC service, the Repatriation Commission (usually its delegate-contractor) arranges for a supplier to provide the service. The supplier provides the service pursuant to a contract with the Repatriation Commission.

(Co-payments)

- The Veterans' Home Care Program is the only Health Program operated by the Repatriation Commission under which a veteran/dependant can be required to make a co-payment for a service. Co-payment levels are set out in the Treatment Principles.

(Limited VHC-type service)

- Another distinguishing feature of the Veterans' Home Care program is that a partner of a veteran may be provided VHC even though their veteran-partner is still alive (normally dependants of veterans are only eligible for treatment after the veteran has died).

A typical situation is where Home and Garden Maintenance is provided to a veteran at his/her home but the veteran needs to be admitted to hospital. In these circumstances the Home and Garden Maintenance may still be provided to the veterans' home even though the person who benefits from the services is not the veteran but the veteran's partner. This is referred to in the Treatment Principles as Limited VHC-type services.

- A dependant is given eligibility for Limited VHC-type services by virtue of Determination 7/2001.

Optometry

- In order for the Repatriation Commission to accept financial liability for an optometric service provided by an optometrist to a veteran/dependant, the optometrist must have an arrangement with the Commission covering the supply of optometric services to veterans/dependants and the optometric services supplied must be listed in the Schedule of Prescribable Items.

Physiotherapy

- The Repatriation Commission can only accept financial liability for a physiotherapy service provided to a veteran/dependant if the veteran/dependant was referred to the Physiotherapist by an appropriate health-care professional. A referral may be by a Local Medical Officer or a Medical Specialist. Further, physiotherapists must be registered and have a provider number allocated by the Health Insurance Commission.

(prior approval)

- The Repatriation Commission will accept financial liability for physiotherapy treatment without its prior approval being obtained except where physiotherapy treatment is provided to an entitled person: (a) receiving high level residential care; or (b) admitted to a public hospital; or (c) receiving lymphoedema treatment.

Podiatry

- A referral is necessary in order for the Repatriation Commission to assume financial liability for podiatry treatment. A Local Medical Officer or Medical Specialist may refer a veteran/dependant to a registered podiatrist. The Podiatrist must be registered and have a provider number allocated by the Health Insurance Commission.

(prior approval)

- Podiatrists must seek prior approval from the Repatriation Commission when proposing to treat veterans or dependants in the following situations:

- (a) where those services are to be provided to entitled persons classified as high care patients in a residential aged care facility;
- (b) where those services are to be provided in a public hospital;
- (c) when prescribing temporary footwear, prescribing more than two pairs of medical grade footwear;
- (d) prescribing more than three pairs for entitled persons living in remote areas;
- (e) repairing depth and custom footwear if the cost is over \$100;
- (f) modifying depth and custom footwear if the cost is over \$100;
- (g) providing an Electrodynographic Analysis and Report;
- (h) providing a Video Gait Analysis and/or Treadmill Analysis and Report;
- (i) delivering services valued at over \$60 under the Miscellaneous Items listed in the Deed of Agreement between the Commission and the podiatrist.

(toenail plate removal)

- Surgical removal of the toenail plate requires the prior approval of the Repatriation Commission if the Commission is to accept financial liability for the procedure.

(medical-grade footwear)

- Financial liability for medical-grade footwear will be accepted by the Repatriation Commission only if it has been prescribed by, among other health care professionals, a registered podiatrist and supplied by a contractor approved by the Commission.

(toenail cutting)

- Generally, the Repatriation Commission will not accept financial liability for routine toenail cutting.

Chiropractic and Osteopathic Services

- In order for the Repatriation Commission to accept financial liability for a Chiropractic or Osteopathic service provided, respectively, by a Chiropractor or Osteopath to a veteran/dependant:
 - (i) the Chiropractor or Osteopath must be registered and must have a provider number allocated by the Health Insurance Commission.
 - (ii) the veteran/dependant must have been referred to the Chiropractor or Osteopath by a Local Medical Officer or a Medical Specialist.
 - (iii) the Chiropractic or Osteopathic service relates to the musculo-skeletal system only.

(X Rays)

- In order for the Repatriation Commission to accept financial liability for X-rays in relation to a Chiropractic or Osteopathic service, the X-rays are to be taken by a registered Chiropractor who is licensed to take X-rays under relevant State/Territory legislation.

(No Concurrent Courses)

- The Repatriation Commission will not accept financial liability for concurrent courses of physiotherapy and chiropractic or physiotherapy and osteopathy, where such courses of treatment are for the same condition.

Non-recognised Allied Health Care Services

- The Repatriation Commission will not accept financial liability for:
 - (i) herbalist services.
 - (ii) homeopathy.
 - (iii) iridology.
 - (iv) massage that is not part of authorised physiotherapy, chiropractic or osteopathy services.
 - (v) naturopathy.

PART 9 - HOSPITAL/INSTITUTION TREATMENT

- Part 9 sets out the circumstances when the Repatriation Commission will accept financial liability for treatment provided by health-care professionals to veterans/dependants in hospital or other institutions .

RPPPs

- The *Repatriation Private Patient Principles* (RPPPs) are relevant to Part 9. These are made under section 90A of the *Veterans' Entitlements Act 1986* and set out the circumstances when the Repatriation Commission will accept financial liability for veterans/dependants as private patients in hospitals.
- Part 9 and the Treatment Principles generally are subject to the RPPPs. Where the RPPPs regulate a particular matter and the Treatment Principles also regulate that matter, the RPPPs prevail (see in particular paragraph 1.2 of the Treatment Principles).
- A number of matters in Part 9 are also regulated by the RPPPs (meaning the RPPPs are the governing Instrument). These include:
 - (i) admissions to hospital.
 - (ii) emergency admissions to hospital.
 - (iii) admissions of certain Vietnam veterans (or their dependants) for urgent hospital treatment (see: subsections 85(9) and 86(5) of the *Veterans' Entitlements Act 1986*).
 - (iv) elective surgery.

Home/Outpatient Treatment as Alternative

- The Repatriation Commission will not accept financial liability for the admission of a veteran/dependant to a hospital/institution if:
 - (i) suitable outpatient treatment was available; or
 - (ii) the person could have received suitable care at home.
- However these qualifications do not apply if the admission was to give respite to a carer.

Transfers between Hospitals

- Transfers of hospitalised veterans/dependants to hospitals (new hospitals) at which a partner is being treated is permitted if the new hospitals are reasonably close. The Repatriation Commission will accept financial liability for the treatment at the new hospital.

Prior Approval

- The Repatriation Commission's prior approval is required before a veteran/dependant can be admitted to hospital for treatment in circumstances other than those set out in Part 3 of the Treatment Principles and in Principle 2 of the RPPPs.

Usual and Reasonable Hospital Treatment

- Any usual and reasonable hospital treatment provided to a veteran/dependant admitted to hospital in accordance with the Treatment Principles will be paid for by the Commonwealth on behalf of the Repatriation Commission.

Outpatient Treatment

- Usual and reasonable outpatient treatment provided to a veteran/dependant will be paid for by the Commonwealth on behalf of the Repatriation Commission if it provided as a necessary part of inpatient treatment of the veteran/dependant.

Hospital Charges

- Liability for hospital charges in respect of the treatment of a veteran/dependant will be accepted by the Repatriation Commission in certain circumstances.

Prostheses/Theatre Fees

- The Repatriation Commission will not accept financial liability for:
 - (i) hospital charges;
 - (ii) charges for surgically implanted prostheses; or
 - (iii) other charges;

in respect of the treatment of a veteran/dependant at a hospital/institution where the person is insured by private health insurance in respect of such matters and assigns the benefit of such insurance to the hospital or institution.

Nursing-Home Type Care in Hospital

- A veteran/dependant who remains in hospital in excess of 35 consecutive days and who is not in need of acute care is to be regarded as receiving nursing-home-type care.
- In these circumstances, if the person is eligible for a residential care subsidy under the *Aged Care Act 1997*, the Repatriation Commission will accept financial liability for the nursing-home-type care less the residential care amount (amount usually paid by patients in residential care).
- But in some cases the Repatriation Commission will accept financial liability for not only nursing-home-type care provided to a veteran in hospital but the residential care amount. Those cases are:
 - (i) the veteran has a dependant and is receiving a high level of residential care because of a war-caused condition; or
 - (ii) the veteran is a former prisoner of war.

Convalescent Care

- Convalescent care is available for a veteran/dependant at an Institution for a maximum of 21 days in a financial year.

The Repatriation Commission will accept financial liability for such care provided it gave its prior approval for the care and provided that any hospital charges, charges for surgically implanted prostheses or other charges, that form part of the costs of the convalescent care, are not covered by private insurance with the benefit of that insurance for those costs having been assigned by the veteran/dependant to the Institution.

PART 10 - RESIDENTIAL CARE

- There are three types of residential-type care available for veterans/dependants at Repatriation Commission expense:
 - (i) residential care that does not involve respite care.
 - (ii) residential care that involves respite care
 - (iii) hospital-type respite care.

Residential Care Not Involving Respite Care

Eligibility

- An veteran/dependant may receive this type of residential care at Repatriation Commission expense.

In the case of a veteran, the residential care (ie treatment) may be applied to all conditions of the veteran even though the veteran is only generally eligible for treatment for a war-caused condition(s) or for a special condition(s) such as malignant neoplasm, pulmonary tuberculosis, post-traumatic stress disorder or an "unidentifiable condition".

This was permitted by Determination 20/2000, made under section 88A of the *Veterans' Entitlements Act 1986*, whereby a veteran in residential care is entitled to residential care treatment for any condition - not just a war-caused condition or special condition.

This Determination was made because of the near impossibility and impracticality of ensuring that where a veteran was only eligible for treatment of a particular condition, that residential care treatment was only applied to that condition. Accordingly it was more practical to make a veteran, who needed residential care, eligible for the application of the care to all the veteran's conditions.

- Residential care costs in respect of a veteran/dependant can be comprised of costs that are subsidised by the Commonwealth (subsidy) and costs the veteran/dependant must bear (residential care amount (or daily care fees)).

The Repatriation Commission may accept liability for the subsidy and in some cases (as set out in the Treatment Principles eg ex prisoners of war) it will accept financial liability for the residential care amount.

Residential Care Involving Respite care

- The Repatriation Commission may accept financial liability for the cost of a veteran/dependant in residential care as a respite case. That is, the veteran/dependant is in residential care as a break from caring for himself/herself or in order to give a rest to the person's carer.

(Hospitals/Psychiatric Institution)

Residential care (whether provided in a respite situation or not) does not include care provided at a hospital or psychiatric institution.

(63 day limit)

- A veteran/dependant may be admitted to a nursing home for, generally speaking, no more than 63 days in a financial year. But this period can be extended by 21 days in the relevant circumstances described in Part 7 of the *Residential Care Subsidy Principles* made under the *Aged Care Act 1997*.

(days in residential care and at home counted)

In calculating the limit of 63 days (or 84 days), any day spent by the veteran/dependant as a respite case in residential care, or at home, pursuant to the Veteran's Home Care Program will be counted.

(days not counted if person pays contribution)

But where the person spends time as a respite case in residential care whether pursuant to the Veteran's Home Care Program or not, and the person meets the cost of any residential care amount that would otherwise have been met by the Repatriation Commission, then the day(s) for which the person paid the residential care amount is not to be counted when ascertaining the number of days the person has spent in residential care.

Further, a day(s) in residential care for which the veteran/dependant (as a respite case) paid the residential care amount that would otherwise have been met by the Repatriation Commission is not to be counted when ascertaining the maximum number of hours of in-home respite the person is entitled to receive (196 hours)

But a day(s) in residential care for which the veteran/dependant (as a respite case) did not pay the residential care amount and that amount was met by the Repatriation Commission, is to be counted when ascertaining the maximum number of hours of in-home respite the person is entitled to receive (196 hours).

Emergency Short Term Home Relief is not to be counted when ascertaining if a veteran/dependant has exceeded the permitted number of days as a respite case in residential care or at home.

Eligibility

- As with residential care not involving respite, a veteran is entitled to the care for all conditions. In the case of those veterans who were only eligible for treatment of certain conditions eg war-caused conditions, their entitlement to residential care (respite) treatment for all conditions was granted by Determination 4/2001 made under section 88A of the *Veterans' Entitlements Act 1986*.

(Subsidy/Residential Care Amount)

- Where a veteran/dependant is a respite case in residential care the Repatriation Commission may accept financial liability for both the Commonwealth subsidy and the residential care amount in respect of a period not exceeding 28 days. After that period, while the Commission may still meet the costs of the subsidy, it will only meet the residential care amount for former prisoners of war receiving high level residential care.

Respite Admissions Not Involving Residential care

- This situation occurs where a veteran/dependant is admitted to, say, a hospital as a respite case (under the Treatment Principles a hospital is not a Residential Care Institution).

In these situations the Repatriation Commission may accept financial liability for care for a maximum of 28 days in a financial year. But the conditions are that a residential care subsidy is not payable to the Institution and the admission of the veteran/dependant to the Institution is a cost effective and appropriate alternative to residential care (respite) in a Nursing Home.

PART 11 - REHABILITATION APPLIANCES

- The Repatriation Commission has a broad discretion as to the type of rehabilitation appliances it may provide to a veteran/dependant.

Normally the Commission does not provide an appliance itself but accepts financial liability for an appliance supplied by a contractor.

(Clinical Need/Availability of Funds)

The Commission's discretion (also expressed as the requirement for the Commission's prior approval for an appliance) is subject to a number of conditions including that the veteran/dependant has an assessed clinical need for the appliance and that funds are available for the relevant appliances.

The only exception to the Commission having a discretion in relation to the type of appliances it may provide is in respect of visual aids. If a visual aid is prescribed by an ophthalmologist or optometrist pursuant to an arrangement with the Commission then the Commission will accept financial liability for the item.

(RAP Schedule)

In exercising its discretion, the Commission (normally its delegate) may take into account the document entitled "The RAP Schedule". This is a Commission-approved document that lists the appliances the Commission usually provides to veterans/dependants.

(Guidelines)

The Commission may also take into account various Commission-approved Guidelines as to when a particular appliance should be provided.

The Treatment Principles also list a number of rehabilitation appliances and sets out the conditions that apply for the supply of the particular appliance.

No Domestic Appliances

Rehabilitation appliances that are customarily used for domestic purposes and would be used by a veteran/dependant for such purposes cannot be supplied under the Rehabilitation Appliance Program.

Electric Wheelchairs/Scooters

The most important appliances listed in the Treatment Principles are electric wheelchairs and electric scooters.

These items are only available to veterans with war-caused conditions, relevant determined conditions (conditions determined under section 88A of the *Veterans' Entitlements Act 1986*) or with malignant neoplasm, and who have, because of one of those condition(s), a medically assessed need for an electric wheelchair/scooter.

Appliances in Institutions

In some cases veterans/dependants in Institutions may be provided with appliances by the Repatriation Commission. But the Commission will not provide appliances in circumstances where:

- (i) legislation requires the Institution to provide the appliance; or
- (ii) the Institution should provide the appliance because of charges it imposes or because of Government subsidies it receives; or
- (iii) providing the appliance would require structural alteration to the Institution.

Structural Modifications for Ramps etc

- Appliances such as ramps, elevators and lifts may be provided to a veteran/dependant in their home on the condition that the installation conforms to relevant laws and that the owner of the property has agreed to the installation of the appliance and has agreed not to seek compensation from the Repatriation Commission/Commonwealth for restoring the home when the appliance is no longer required by the veteran/dependant.

Ownership of Appliances

- Ownership of appliances is vested in the Repatriation Commission except where the Commission and a supplier agree that the supplier may hire appliances to a veteran/dependant and that ownership is to be retained by the supplier. Where the Commission owns appliances it may always recall the appliance.

Repairs & Maintenance

- Repairs to appliances and the replacement of appliances requires the approval of the Repatriation Commission. The Commission may approve repairs to rehabilitation appliances that have not been approved by the Commission if the Commission considers it reasonable to do so.

Overseas Repairs/Replacement

- In overseas situations ie where a veteran/dependant is travelling overseas, the Repatriation Commission can only replace/repair appliances that were provided for a war-caused condition of the veteran.

Aids/appliances for Accident Prevention/Personal Safety

- This program is commonly referred to as "HomeFront". Unlike the provision of aids/appliances under the main Rehabilitation Appliance Program, a veteran/dependant does not need to have a clinical need for a HomeFront appliance in order to receive one.
- HomeFront appliances are to prevent the clinical need for appliances arising, by preventing accidents and providing for personal safety.

Examples of HomeFront appliances are:

- (i) a "grab-rail" for a shower recess;
- (ii) non-slip paint for slippery paths;
- (iii) smoke and personal safety alarms.

Other points of difference between the HomeFront Program and the general Rehabilitation Appliance Program are that under HomeFront, the Repatriation Commission does not necessarily accept financial liability for the total cost of an item. As at 1 January 2005, the

Commission is limited to accepting financial liability for up to \$163 worth of aids/appliances per veteran/dependant per calendar year.

(Domestic Items Only)

Further, items supplied under the general Rehabilitation Appliance Program cannot be "domestic items" whereas under HomeFront the only items that can be supplied are domestic items.

(No Repairs)

Also, under the general Rehabilitation Appliance Program, the Commission has the discretion to approve repairs to appliances whether supplied by it or not whereas under HomeFront, the Commission does not accept financial liability for repairs to items supplied under the Program (it should be noted that under HomeFront it is possible that a veteran/dependant could contribute more money to the cost of an item than the Commonwealth (via the Repatriation Commission)).

Eligibility

- HomeFront appliances (ie treatment) may be supplied to a veteran (white card holder) despite the fact that the general eligibility for treatment of the veteran is based on a particular condition (note however that some veterans' eligibility for treatment need not be based on any condition and treatment may be for any and all of their conditions (Gold Card holders)).

In the case of the White Card holder, therefore, a HomeFront appliance need not necessarily benefit the condition that makes the veteran generally eligible for treatment. For example, the veteran may be generally eligible for treatment for a war-caused disease but the provision of a grab-rail will not benefit (treat) that disease but is nevertheless needed by the veteran to prevent accidents in the shower.

This situation is permitted because of Determination 10/1999 (made under section 88A of the *Veterans' Entitlements Act 1986*). Under this Determination veterans are eligible (but not necessarily entitled) for a HomeFront appliance irrespective of whether it benefits any condition that, but for Determination 10/1999, made the person generally eligible for treatment.

Assessments

- In order to receive a HomeFront appliance a veteran/dependant must first be assessed by a person contracted to the Repatriation Commission to undertake such assessments. On examining the assessor's report the Commission may provide an appliance if satisfied that, among other things, the person needs the appliance (but not in a clinical sense) and that it is customarily used for home purposes.

Alternative Sources For Appliances

- If an appliance otherwise available under HomeFront is also reasonably available under a Government Program or should be made available by the owner of an Institution, Retirement-Village or Self-Care Unit, then the Repatriation Commission cannot accept financial liability for the item.

Appliances in Institutions/Structural Alterations

- The Repatriation Commission cannot accept financial liability for the supply of a HomeFront appliance to a veteran/dependant in an Institution if it would involve any structural alteration to a part of the Institution.

If the supply of a HomeFront appliance involves the appliance being attached to real property so as to form a fixture or involves the structural alteration of the property, then the Repatriation Commission cannot accept financial liability for the item unless relevant laws are satisfied and the property-owner has approved the situation and agreed not to seek compensation for the restoration of the property.

PART 12 - OTHER TREATMENT MATTERS

- This Part of the Treatment Principles deals with miscellaneous matters associated with treatment.

Ambulance Transport

- Generally, the Repatriation Commission's prior approval is required before a veteran/dependant can be transported by ambulance at Commission expense.

However, in an emergency, the Commission's prior approval is not required provided the Department of Veterans' Affairs is notified soon after the event.

Prior approval for ambulance-transport is not required if the ambulance-provider has an arrangement with the Commission.

- Ambulance transport is normally provided where other forms of transport are inappropriate eg the veteran/dependant requires treatment during transport or is incontinent.

Air Ambulance

- Generally, air-ambulance is only available at Commission-expense for transporting veterans/dependants with acute medical and surgical complaints for admission to, or discharge from, hospital.

But if the circumstances are exceptional, air-ambulance may be provided at Commission-expense in other situations.

Medicare

- A veteran/dependant can choose to be treated under Medicare arrangements or Repatriation Commission arrangements but if Medicare pays all or part of the cost of a service then the Repatriation Commission will not bear any cost of the service.

But a veteran/dependant who is treated under Medicare arrangements may, subject to the Treatment Principles, also receive, at Commission-expense, services that are not covered by those Medicare-arrangements.

Compensable Patients

- Subject to the Treatment Principles, the Repatriation Commission is not to accept financial liability for the cost of treating a

veteran/dependant who is, or could be, entitled to compensation for the condition requiring treatment (compensable patient).

If a compensable patient is treated at Commission-expense then the Commission may recover its treatment costs from the patient, or from the person who is to compensate the patient

Prejudicial/Unsafe Acts etc by Patients

- If a veteran/dependant deliberately prejudices his/her own treatment or the treatment of another patient or the safety of a treatment-provider, the Repatriation Commission may refuse to accept financial liability for the veteran's/dependant's treatment.

Veterans' Home Services Program

- This program has been overtaken by the Veterans' Home Care Program.

If a veteran/dependant had been assessed at some time as needing Home-Help on 15 September 1987, and had received that help on that date, and since that date had still needed that help, then subject to the availability of funds, the Repatriation Commission may accept financial liability for the cost of the person's Home-Help for the duration of the person's episode of need.

Home-Help services may supplement but not duplicate services available to the person from Government or Community agencies.

Recovery of Monies

- If the Commonwealth pays a treatment-provider for treatment provided to a veteran/dependant and the amount of the payment was affected by a misrepresentation, mistake of fact or law, or some similar factor, then the Repatriation Commission can recover the amount that, but for the misrepresentation etc, would not have been paid.

SCHEDULES

As at 1 January 2005 the Treatment Principles had two schedules viz:

- Schedule 1 - Transitional Provisions

- Schedule 2 - Repatriation Medical Fee Schedule.