



Australian Government

Military Rehabilitation and Compensation Act 2004

MRCA Treatment Principles (Rehabilitation Appliance Program) Amendment Instrument 2014

Instrument 2014 No. MRCC 2

I, Michael Ronaldson, Minister for Veterans' Affairs, pursuant to section 286(3) of the *Military Rehabilitation and Compensation Act 2004*, approve this instrument made by the Military Rehabilitation and Compensation Commission.

Dated this 28 day of March 2014

Michael Ronaldson.....

MICHAEL RONALDSON

The Military Rehabilitation and Compensation Commission, pursuant to section 286(2) of the *Military Rehabilitation and Compensation Act 2004* (the Act), and in accordance with the Schedule, varies the instrument made under section 286(1) of the Act known as the *MRCA Treatment Principles* (Instrument 2013 No. MRCC 53).

Dated this 6th day of March 2014

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

Simon Lewis

Shane Carmody

Major General Mark Kelly

.....
SIMON LEWIS

.....
SHANE CARMODY

.....
MAJOR GENERAL MARK KELLY

CHAIR

MEMBER

**AO DSC
MEMBER**

.....
Rear Admiral Robyn Walker

.....
Ms Kylie Emery

.....
Air Vice-Marshal Anthony Needham

.....
REAR ADMIRAL ROBYN WALKER MS KYLIE EMERY AIR VICE-MARSHAL ANTHONY NEEDHAM

**AM RN
MEMBER**

ACTING MEMBER

ACTING MEMBER

Name

- [1] This instrument is the *MRCA Treatment Principles (Rehabilitation Appliance Program) Amendment Instrument 2014*.

Commencement

- [2] This instrument commences on the day after it is registered on the Federal Register of Legislative Instruments.

Transitional

- [3] A process in train under the *MRCA Treatment Principles* immediately before the commencement of this instrument (e.g. claim for payment, request for treatment) is to be finalised under the *MRCA Treatment Principles* as if the *MRCA Treatment Principles* had not been varied by this instrument.

Schedule

1. Paragraph 1.4.1 (definitions)

insert:

“assistive communication device” means an object that enhances the ability of a person with complex communication needs to communicate and includes items such as:

- communication books or boards
- speech generating devices
- modified personal computers
- computerised devices, which may include a keyboard and screen display and which may incorporate synthetic speech, memory functions, and word prediction facilities
- devices commonly known as computer tablets and smart `phones.

“speech pathologist”, for the purposes of the *Principles*, is a person who:

- (a) has been trained to assess and treat people who have complex communication needs; and
- (b) has a *provider number* (i.e. “registered” with the Department of Human Services); and
- (c) is not a disqualified health care provider in the terms mentioned in paragraph 7.1B of the *Principles*.

Note: under paragraph 7.1B a disqualified health care provider is a person whose services would not, under section 19B of the *Health Insurance Act 1973*, attract a *medicare benefit*.

“Vertical Platform Lift” means a lift installed adjacent to vertical walls, which travels up and down, with the platform finishing flat against the floor, and the user embarking/disembarking onto an even surface.

2. Paragraph 1.4.1 (definition of “in force on the date in Schedule 1”)

substitute:

“in force on the date in Schedule 1”, in a reference in the *Principles* to a document, means that the version of the document as it exists on the date in Schedule 1 for the document is the version in the reference.

3. Paragraph 1.4.1 (definition of “Gold Card”)

substitute:

“Gold Card” means the identification card provided by the *Department* to a person who is entitled under the *Act* to treatment, subject to these *Principles*, for all injuries or diseases.

4. Paragraph 1.4.1 (definition of “White Card”)

substitute:

"White Card" means the identification card provided by the *Department* to a person who is eligible under the *Act* for treatment, subject to these *Principles*, for a *service injury* or a *service disease* and also means a written authorisation issued on behalf of the *Commission* under subparagraph 2.1.1(a)(iii) and provided to a person who is entitled under the *Act* for treatment.

Note: a White Card is issued to a person with a *SRCA disability*.

5. Paragraph 7.6.2

substitute:

7.6.2 *Prior approval* is required for podiatry treatment:

- (a) where those services are to be provided to an *entitled person* given a *high level of residential care* in a *residential care facility*; or
- (b) where those services are to be provided in a public hospital; or
- (c) involving providing an Electrodynographic Analysis and Report; or
- (d) involving delivering services valued at over \$60 under the Miscellaneous Items listed in the Deed of Agreement between the *Commission*, or the Repatriation Commission, and the podiatrist.

6. Paragraph 11.1.4

omit:

but should not be an item that is customarily used for domestic purposes and would be used merely for such a purpose by the *entitled person*.

substitute:

and likely to facilitate the independence and/or self-reliance of the *entitled person* based on an assessment of clinical need by an appropriately qualified health professional.

7. Paragraph 11.3.1

omit:

appliances

substitute:

aids or appliances

8. Paragraph 11.3.1 (b)

substitute:

- (b) the supply of a guide dog, including the reasonable costs associated with keeping the dog;

9. Paragraph 11.3.1(c)

substitute:

- (c) the supply of special vehicle driving controls and devices, if the *entitled member* owns the vehicle and is licensed under relevant State or Territory law to drive a modified vehicle;
- (d) a *Vertical Platform Lift*.

Note: an example of a Vertical Platform Lift may be seen at:
<http://www.prking.com.au/pdf/VerticalWC-Shaftway.pdf>

10. Paragraph 11.3.2

omit, substitute:

Assistive Communication Devices

11.3.2 Subject to paragraph 11.1.3 (clinical need, cost effective etc), the *Commission* may accept financial responsibility for the provision to an *entitled person* of an *assistive communication device*.

11.3.3 Where the *assistive communication device* is a computer tablet or smart `phone, the *Commission* may only accept financial responsibility for the device if:

- (a) the *entitled person* has been clinically assessed by a *speech pathologist* as having complex communication needs that would be significantly met by a computer tablet or smart `phone; and
- (b) in the case of a smart `phone — the *entitled person's* communication needs:
 - (i) could not be reasonably satisfied by the provision of a computer tablet; or
 - (ii) are not being reasonably satisfied by the use of a computer tablet; and
- (c) the computer tablet or smart `phone has been preloaded with a speech pathology application; and
- (d) the *entitled person* is:
 - (i) a *Gold Card* holder; or
 - (ii) a *White Card* holder whose communication needs arise from a *service injury* or *service disease*; and
- (e) the *Commission* considers all relevant guidelines in relation to the provision of an *assistive communication device* that is a computer tablet or a `smart phone as set out in the *RAP National Schedule of Equipment* and the *Rehabilitation Appliances Program (RAP) National Guidelines*.

Note 1: the repair and replacement of rehabilitation appliances is covered by MRCA Treatment Principle 11.7.

Note 2: the holder of a *Gold Card* is a member or former member, or dependant of a member or former member, eligible under the *Act* for treatment for any injury suffered, or disease contracted.

Note 3: the holder of a *White Card* is a member or former member eligible under the *Act* for treatment for a *service injury* or *service disease*.

Note 4: “dependant” is defined in s.15 of the *Act*; and eligibility of dependants for treatment is set out in s.284 of the *Act*.

11. Paragraph 11.3.3

omit.

12. Paragraph 11.3.4

omit.

13. Paragraph 11.6.3

omit.

14. Schedule 1

substitute:

SCHEDULE 1 DATES FOR INCORPORATED DOCUMENTS
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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 Allied Health Providers (paragraphs 3.5.1 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. ...

8. Fee Schedule of Dental Services for Dentists and Dental Specialists (paragraph 3.5.1);
9. Fee Schedule of Dental Services for Dental Prosthetists (paragraph 3.5.1);
10. Chiropractors Schedule of Fees (paragraph 3.5.1);
11. Diabetes Educators Schedule of Fees (paragraph 3.5.1);
12. Dietitians Schedule of Fees (paragraph 3.5.1);
13. Exercise Physiologists Schedule of Fees (paragraph 3.5.1);
14. Occupational Therapists Schedule of Fees (paragraph 3.5.1);
15. Osteopaths Schedule of Fees (paragraph 3.5.1);
16. Physiotherapists Schedule of Fees (paragraph 3.5.1);
17. Psychologists Schedule of Fees (paragraph 3.5.1);
18. Podiatrists Schedule of Fees (paragraph 3.5.1);
19. Social Workers Schedule of Fees (paragraph 3.5.1);
20. Clinical Counsellors Schedule of Fees (paragraph 3.5.1);
21. Speech Pathologists Schedule of Fees (paragraph 3.5.1);
22. Australian Government Department of Veterans' Affairs Classification System and Schedule of Item Numbers and Fees — Community Nursing Services (paragraph 6A.4.2(b));
23. Notes for Coordinated Veterans' Care Program Providers (Part 6A);
24. Rehabilitation Appliances Program (RAP) National Guidelines (paragraph 11.2A.1);
25. RAP National Schedule of Equipment (paragraph 11.2A.1);

26. Veterans and Veterans Families Counselling Services (VVCS) Outreach Program Counsellors (OPC) Provider Notes (paragraph 1.4.1 and 7.1A.1);
27. Veterans and Veterans Families Counselling Service (VVCS) Outreach Program Counsellors (OPC) Schedule of Fees (paragraph 3.5.1);
28. General information about VVCS – Veterans and Veterans Families Counselling Service (paragraph 1.4.1);
29. Better Access to Psychiatrists, Psychologists & General Practitioners through the Medical Benefits Schedule Initiative
<http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/better-access-through-mbs-1>;

is 1 April 2014.