

AUSTRALIAN WAR WIDOWS



QUEENSLAND

BENEFITS &
SERVICES BOOKLET

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USEFUL PHONE NUMBERS

AWWQ	07 3846 7706 or 1800 061 945
Aged Care Placement Agent (Leona Bonning)	0408 748 341
Beyond Blue	1300 224 636
Crime Stoppers	1800 333 000
Do Not Call Register	1300 792 958
DVA General Enquiries	1800 838 372
DVA Transport	1800 550 455
Lifeline	13 11 14
Meals on Wheels	1300 909 790
My Aged Care	1800 200 422
Open Arms	1800 011 046
Police / Fire / Ambulance	000
Policelink (Non urgent matters)	131 444
Seniors Enquiry Line	1300 135 500
SES (Flood & Storm Emergency)	132 500
Veterans' Home Care	1300 550 450
DVA Pharmaceutical line	1800 552 580

THE PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide useful information to members of Australian War Widows Queensland about their **Department of Veterans' Affairs (DVA) health care entitlements**, how these entitlements can be supplemented by services from **My Aged Care**, an overview of **Residential Aged Care, carer support**, as well as other popular topics.

The material is general information, as everyone's care needs are unique and require a unique arrangement. In addition to this information, depending on your care needs, you may wish to engage with a doctor, nurse, social worker, hospital care co-ordinator, DVA, My Aged Care or myself, Sue Hilditch, from AWWQ for further guidance. This booklet will be updated regularly to include changes to entitlements, services, and funding.

Are services based on need or age?

DVA entitlements are not age dependent, they are based on the member's need. There are however, some specific rules around age for certain services, for example the rules around transport for medical appointments for members under and over 80 years.

My Aged Care services are also based on an individual's need and has a minimum age of 65 years for Australians, and a minimum age of 50 years for Aboriginals and Torres Strait Islanders. Individuals younger than these minimum ages will need to register with the **National Disability Insurance Scheme (NDIS)**.

DVA and My Aged Care – am I entitled to services from both organisations?

DVA Gold Card members are entitled to services from DVA as well as My Aged Care, provided the same service is not being accessed from both providers. For example, a member cannot request cleaning from both DVA and My Aged Care.

Why is it important to reach out for support as I age?

Accepting assistance from service organisations, when you have the need, will ultimately enable you to remain independent in your home for as long as you feel happy, safe, and supported.

FINANCIAL ENTITLEMENTS

Before unpacking the health care entitlements, it is important to outline some the financial entitlements of the DVA Gold Card.

The War Widow Pension & Other Financial Supplements

The War Widow Pension is a compensation benefit that is **not** subject to any financial means testing, **except for the purposes of Aged Care**. In other words, the War Widow Pension is included as income in the income test for the Government Funded Home Care Packages, as well in the calculation of care fees in Residential Aged Care. The compensation payment is currently \$1004.70 a fortnight and includes an energy supplement.

Gold Card holders may also be entitled to an **Income Support Supplement (ISS)**, that is means tested, as well as **Rent Assist**. The maximum ISS is currently \$297.60 a fortnight. Please contact **DVA** directly on **1800 838 372** for member specific financial entitlement questions as they have a record of your income and assets. These payments increase every six months in March and September.

Electricity contribution

- DVA will make an annual payment of \$164 towards the cost of electricity or other energy sources, for all essential approved medical equipment.
- D1342 Form (Essential Medical Equipment Payment form) is required to be completed to access this payment
- Essential medical equipment include:

<ul style="list-style-type: none">• Home dialysis machine• Home ventilator• Home respirator• Home enteral or parental feeding device	<ul style="list-style-type: none">• Oxygen concentrator• Heart pump• Suction pump• Nebuliser (if used daily)	<ul style="list-style-type: none">• Positive airways pressure device (PAP)• Phototherapy equipment• Airbed vibrator• Electric wheelchair• Insulin pump
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The Queensland Government scheme helps with electricity costs for people who have a chronic medical condition, such as multiple sclerosis, autonomic system dysfunction, or a severe inflammatory skin condition, which is aggravated by changes in temperature. It currently provides \$340.85 (including GST) per year to eligible applicants towards air conditioning and heating costs. For members who hold a **DVA Pensioner Concession Card** (War Widows are eligible for this card if they are receiving an Income Support Supplement) and wish to apply please call **Queensland Government on 137 468**.

Other Gold Card Discounts

- Cinemas sometimes offer a discount to Gold Card holders and provide complimentary tickets to carers. However, it may exclude newly released movies and there may be restrictions on when these discounts apply, so please check with your local cinema on their conditions.
- Other discounts might include concessions for travel on Translink and regional ferry services, long distance QLD Pension rail travel entitlements, Australia Post discounts, and rates and water subsidy. Please contact the service providers for more details.
- DVA Gold Card holders may be eligible to receive a subsidy of 20 per cent (up to a maximum of \$200 each year) of the gross rates and charges levied by your local council. For more information, contact your local council.
- DVA Gold Card holders may be eligible for a subsidy of up to \$120 each year off the cost of water access and usage charges. For more information, contact your water retailer.

Funeral Expenses

DVA will pay \$2,000 towards funeral expenses if:

- a member has less than \$10,000 in the bank and
- a member's expenses are more than their income and
- a member does not own a house or has money owing to a residential aged care facility.

VETERANS' HOME CARE

A good starting point for all DVA Gold Card members looking for a small amount of practical help is **Veterans' Home Care (VHC)**. VHC services include:

- domestic services & unassisted shopping & bill paying,
- short-term personal care
- safety-related home and garden related maintenance (that now includes lawn mowing services), and
- respite care.

VHC outsources their services to approved providers such as Ozcare, Blue Care, Centacare, Footprints etc. Many of these approved providers also have funding from My Aged Care so in some cases it is important to know which organisation is funding the services. This will help to maximise the services a member can access in order to feel supported and independent in their home.

Domestic Assistance and unassisted shopping

- The service is usually **one hour a fortnight for cleaning**, and **on the alternate week one hour for unassisted shopping/bill paying**.
- In cases where a member has a chronic disease, dementia or incontinence, weekly cleaning can be arranged directly with VHC.

- **Post-Operative Care:** If a member is returning home from hospital and needing additional support, VHC can approve weekly domestic assistance **up to a maximum of 1.5 hours a week.**
- **Ad-hoc tasks:** If additional assistance is required for tasks such as oven cleaning, or cleaning the bottom of cupboards, please call VHC to discuss; they may approve additional time and instructions when it is required.
- The co-contribution fee for these services is **\$5 per week**
- To access **VHC** services, please call **1300 550 450**. An assessment will be done over the phone to set up a **VHC care plan**, which is reassessed every six to nine months.

Short-Term Personal Care

As a Gold Card member, you can access VHC Short-Term Personal Care, which includes assistance with showering, dressing, toileting, eating, application of non-medication skin creams, putting on compression stockings and bandages, getting in and out of bed and moving about the house.

- The services are **30 minutes, three times a week**
- Should members require more personal care support than the VHC Short-Term Personal Care programme can provide, then it is best to get a doctor's referral to DVA's **Community Nursing** services for daily showers, dressing, medication management or wound dressing
- VHC can make a referral to Community Nursing for personal care only should a member need more care than can be delivered in 30 minutes three times a week
- The co-contribution fee is **capped at \$10 per week**
- To access **VHC Personal Care**, please call **1300 550 450**. An assessment will be done over the phone to set up a **VHC care plan** that is reassessed every six to nine months

Safety-Related Home and Garden Related Maintenance

These services are designed to keep the home safe by minimising hazards and include minor tasks that can be done by a **handyman**. Please call VHC on **1300 550 450**.

If a qualified tradesperson is required, then the service needs to be referred to **My Aged Care**. For example, it does not include gutter replacement, major landscaping, or garden tasks such as tree lopping or tree felling. It also does not include routine gardening services such as weeding, maintaining flower beds or pruning of roses.

Services included in Safety-Related Home and Garden Maintenance:

- lawn mowing services assuming there is a contractor in your area
- minor home maintenance (e.g. cupboard door adjustment, replacing light bulbs and tap washers)
- changing batteries in smoke/security alarms

- cleaning gutters, external and internal windows, exhaust fans, air-conditioning, split system units or ceiling fans – DVA will need to know how many windows, blinds, fans, screen-doors, and the size of the house so you may wish to count before calling VHC for their approval
- clearing of debris following natural disasters and once-off garden clean ups where an environmental health or safety hazards exists (e.g. fire reduction, mobility limitations)
- chopping/splitting, moving and/or stacking of firewood located on your property in a rural area

Members are permitted a **maximum of 15 hours per financial year**. Members cannot use some of this time for another category of services such as domestic services. The co-contribution fee is **capped at \$75 per 12 month period**.

Respite Care

To arrange Respite Care please call **VHC** on **1300 550 450** during business hours. There is **no charge** for respite care. The three types of Respite Care are:

In-Home Carer Respite

- In-Home Carer Respite allows a carer to have a break while another carer from VHC visits the home to take over the caring role.
- A carer can be a friend, partner or family member who provides ongoing care to someone who is frail or has a severe disability or illness. The carer does not need to live with the person being cared for. If the member cares for themselves, they may be considered a carer if they have high care needs.
- In-home carer respite does not include housework or giving medication.
- DVA will pay for up to **196 hours in-home respite care, or 28 days of residential respite care per financial year**, or a combination of both.
- To work out a combined total, 7 hours of in-home respite care is equal to 1 day of residential respite.

Emergency Short-Term Home Relief (ESTHR)

- A member is entitled to ESTHR care delivered in the home, should their carer suddenly be unable to continue their caring duties and they would otherwise be left without care, or be admitted to hospital
- DVA will pay for up to **72 hours of ESTHR each time you use it and up to 216 hours in a financial year**

Residential Respite

- Residential respite is care that is delivered to members **whose intention it is to return home**.

- Care is usually provided to the member at an aged care facility:
 - after a hospital stay or
 - should a member need a break from caring for themselves or
 - when their carer needs a break from their caring duties
- It provides a member with the opportunity to test out how residential aged care works. It also offers the family peace of mind knowing their loved one is well cared for while they are away.
- For emergency cases, an Aged Care Assessment Team (ACAT) is no longer required on admission – the assessment can now be completed after the individual has been admitted for respite.
- A respite code is generated by the ACAT team, this code needs to be provided to VHC.
- Most respite care works on a rebate arrangement whereby the individual pays for respite upfront, and then claims the payment back from DVA.
- Please note that DVA is responsible for the reimbursement or payment and not VHC.
- VHC will authorise up to 28 days of residential respite care.
- Should a member need more than 28 days of residential respite care, they should contact My Aged Care.
- Members can access up to 63 days per financial year (end of June) in total, that includes the 28 days paid for by DVA. After 28 days, members will need to pay the basic daily care fee that is calculated at 85% of the single person rate of the basic age pension, currently \$54.69 a day excluding extra service fees.
- Once a member has booked a respite bed, they should call the VHC Assessment Agency directly on 1300 550 450 to let them know about their plans.
- VHC does not cover the cost of extra service fees.

DVA COMMUNITY NURSING

This service is based on the needs of the member and can be accessed in one of three ways:

1. The discharge planner at the hospital can arrange this service as part of a post-operative plan before a member leaves hospital
 2. Where the member is not in hospital, a doctor's referral is needed to access the service
 3. VHC can also make a referral to community nursing if the care is only for personal care
- The service may be delivered by a nurse if medication management or wound dressing is required, otherwise a personal care worker will assist with showering and dressing.
 - It is usually a **one-hour service provided every day**, but can be twice daily if the member requires additional assistance later in the day, such as taking pressure stockings off or getting a member ready for bed etc.
 - There is **no cost** to this service.

DVA CONVALESCENT CARE

Convalescent Care is short-term care that is medically necessary for recovery **following** a stay in hospital. It cannot be delivered in your home, it is usually provided in an aged care facility.

- Prior approval is needed from DVA and this is usually arranged by the discharge planner in the hospital, doctor, or social worker.
- An ACAT assessment is not required.
- DVA will pay for 21 days of convalescent care in an aged care facility per financial year.
- There is no cost to this service.

POST-OP CARE AT HOME AFTER HOSPITAL STAY

Several members have provided feedback that they were unable to arrange post-operative support, or additional care at home after a hospital stay. In fact, some say, “it does not exist!” By law, discharge planning provided by hospitals, is supposed to start when patients enter hospital. This is because it takes time to arrange services with the service providers that deliver the care. Unfortunately, this does not always happen, and the member is left to battle it out alone at home with no support.

For a planned procedure, please call VHC prior to admission into hospital and request an assessment for acute care:

- The VHC assessor will discuss your circumstances with you to identify what services may be required when you return home after hospital.
- This planning will help VHC to find a provider as VHC is not an emergency service provider.
- A member can expect to receive VHC Short-Term Personal Care if needed and weekly cleaning and unassisted shopping.
- Please remember to let your existing service provider know the dates that services need to be suspended from as well as the date that you wish services to recommence.

For an unplanned hospital stay:

- Ask to speak with the **discharge planner or discharge co-ordinator** to discuss which services you will need when you return home, and ensure they are in contact with **VHC or Community Nursing** should you need services arranged
- Ask for a copy of the **post-operative care plan so that you have the details of the service provider and the dates and frequency of services**

- Prior to discharge, ask a friend or family member to call the organisation delivering care to confirm that the services have in fact been arranged and **confirm the date and time that these services will be delivered.**

Should you be discharged without support services arranged please:

- Call **VHC** on **1300 550 450** to request additional cleaning and unassisted shopping.
- You may need to leave a message on their answering service – please leave your name as well as your DVA Gold Card number and your best contact number.
- VHC may request that you call your GP to get a referral to Community Nursing for personal care if you are post-operative. This may take a few days to arrange this service.
- Should VHC be unresponsive please call our office at Australian War Widows Qld on 07 3846 7706 and we will contact VHC on your behalf.

DVA TRANSPORT

To book a DVA cab for medical appointments, please phone **DVA Transport on tel 1800 550 455** or email **bcwd.qld@dva.gov.au** (bcwd stands for **booked cab with driver)**

- Please note DVA transport is closed over the weekends.
- It is recommended that you call DVA to confirm your booking ahead of time. This is particularly important if your appointment is on a Monday morning, please call the Friday before to avoid disappointment.
- Transport to and from hospitals can usually be arranged by the hospital staff over the weekend. They can contact the approved transport provider directly and provide your DVA Gold Card number to bill the cost of the travel directly to DVA.
- Medical practitioners can also make DVA transport bookings for their Gold Card members on the DVA Online Services Health Provider Portal.

Under 80 years of age

- Members under 80 years can use DVA Transport for specialist appointments.
- DVA transport is not permitted to be used for general practitioners, dental providers, allied health services and optical dispensers.
- DVA will however reimburse transport and travel expenses related to medical treatment for a member once a member has paid for the transport and completed the D800 form and submitted it to DVA. The form is called the **Claim for Travelling Expenses**. The form states that a member does not have to submit a receipt, only that the receipt is kept for four months should DVA request a copy of the receipt. Please call the office should you like us to post you a few copies of this form.

However, DVA will transport you to attend treatment if you meet both of the following conditions:

- you are travelling to a specific treatment location- public and private hospitals (including outpatient services), providers of prosthetics, surgical footwear and orthotics, hearing services accredited providers, medical specialist rooms, radiology, imaging, and pathology services
- you have one or more of the following specific medical conditions:
 - severely limited independent activity due to frailty, respiratory insufficiency, cardiac failure, recent coronary occlusion, peripheral vascular disease, amputation, arthritis, recent surgery
 - conditions that would cause you to be gravely embarrassed or that are unacceptable to other passengers on public transport e.g. incontinence of bladder or bowel, severe deformity or disfigurement
 - significant trauma or psychosis, hemiplegia, ataxia

80 years of age & over (including legally blind/living with dementia)

DVA will take you to all approved medical treatment locations. However, DVA does not provide transport for social activities. This service needs to be accessed through My Aged Care (e.g. shopping, visiting friends or family) and can be funded through CHSP or the Government Funded Home Care Packages.

Repatriation Transport Scheme

DVA may provide financial assistance for transport, meals and accommodation to members, and their attendants, if travelling for medical treatment within Australia. A member can pay and then **claim back cost of transport by submitting a D800 form – Claim for Travelling Expenses**. The form states that a member does not have to submit a receipt, only that the receipt is kept for four months should DVA request a copy of the receipt.

When DVA reimburse a client's travel expenses, they reimburse to the value of visiting their **Closest Practical Provider (CPP)**. The CPP is the health provider that is:

- Closest to a client's permanent or temporary residence
- Able to provide the appropriate treatment
- Recognised as an approved health provider by DVA

DISABILITY PERMIT PARKING

- This is provided by the transport department of the Queensland Government
- For more details or to apply go to <https://www.service.transport.qld.gov.au>
- An individual / parent or carer may apply
- Supporting documentation will be required
- If you are applying for a permit because of a mobility impairment, you will need to scan and attach a completed copy of Section 2
- If you are applying for a permit because you have been diagnosed as legally blind, you have two options. If you are a holder of one of the below cards, you may scan and attach a copy (front and back):
 - Centrelink Blind Concession Card

- Department of Veterans' Affairs Blind Concession Card
- Vision Impaired Travel Pass issued by TransLink
- If you are not the holder of one of the cards listed above, you will need to scan and attach a completed copy of Section 3 and 4 of the form
- For assistance please call 13 74 68

MEDICAL TREATMENT AND ALLIED HEALTH

DVA not only pay for all medical treatment (may be a charge for high-cost dental), they also cover

- doctor home visits, and
- allied health services such as physiotherapy, occupational therapy, dietetics, podiatry, and exercise physiology and
- social workers who can assist with the management of chronic health conditions and complex care needs.

Please note DVA will require a **doctor's referral for Allied Health Services**, and the time period that the doctor's referral is valid for differs from service to service.

Members may also claim the cost of **travel vaccinations** if received within Australia. **Medical care overseas is not covered.**

OTHER GOLD CARD BENEFITS

Veterans Counselling

Please contact **Open Arms** on **1800 011 046** or openarms.clientassist@dva.gov.au for free private counselling. Referral from GP or psychiatrist is required.

Continence Products

DVA will pay for continence products provided there is a **doctor's referral**; a referral is **valid for two years**. The DVA approved suppliers are:

- **Independence Australia**

Please phone **1300 788 855** or email customerservice@iagroup.org.au

A standing order cannot be set-up; you can order a three-month supply.

- **BrightSky**

Please phone **1300 968 062** or email conti.orders@brightsky.com.au

A standing order can be set up; you can only order one-month's supply.

Occupational Therapist (OT)

Do you have trouble doing daily activities such as opening jars or putting on shoes? Do you have difficulty moving around your home safely? Do you feel as though you are losing strength or are you experiencing pain? Are you forgetting some of your appointments? If you answered yes to any of these questions, you might benefit from an OT assessment. An OT can help you stay active to enable you to continue doing the activities that you need and want to do.

An OT always begins with an evaluation to determine what difficulties you might be having that interfere with your independence. **DVA will pay for an OT to visit you at home, as well as a host of recommended equipment, provided you have a referral from your doctor.**

OT services include:

- Adapting the home for safety: modifications such as ramps, grab rails and magnetic door latches
- Personal response devices alarms to comfort members that assistance is never far away and reassuring family and friends that their loved one can access help easily if needed
- Equipment recommendations: tipping kettles, specialised chairs, beds, and toilet modifications
- Assess seating and positioning needs in beds, wheelchairs and wheely walker
- Help after surgery and guidance on how to reduce falls
- Education for a person with arthritis on how to protect the joints and conserve energy
- Cognitive and memory support, assisting a person with memory impairment-organise and label drawers
- Helping a person with limited motion to do stretching exercises and recommending adaptive equipment such as a sponge with a long handle
- Recommending a stretching program to prevent contractions and pain

How does an Occupational Therapist differ from a Physiotherapist?

The primary difference between occupational therapy and physiotherapy is that the **OT assesses the patient's ability to perform his daily "occupations" or activities**, and the **physiotherapist focuses on improving mobility**. When a physiotherapist treats a person with a hip fracture their goal may be for the patient to walk and use the stairs. An OT, on the other hand, may recommend bathtub grab rails and a raised toilet seat to increase safety and independence during self-care.

Are you tired of fighting with your screen door?

An OT can help you with this too! Moving through your front door or your back door can be a tricky manoeuvre if you also controlling a wheely walker, or carrying a heavy washing basket, or the weekly groceries. We suggest that you call your OT to arrange a meeting and request a magnetic latch to be installed on your front or back doors.

Sleep Apnea

Members suffering from sleep apnea require a doctor's referral to a physician, pulmonologists, or lung doctor. A **D9140** form is required to arrange PAP equipment funded by DVA. DVA will make an annual payment of \$164 towards the cost of electricity provided a **D1342 Form** (Essential Medical Equipment Payment form) is submitted.

Vision Australia

- Vision Australia is a leading provider of blindness/low vision products and is an approved provider to DVA and My Aged Care. Besides offering products, they also offer a range of services that include low vision assessments, allied health services, product demonstrations, installation, and training

- An occupational therapist can assist members in selecting the most suitable product and showing members how to use it. Vision Australia can recommend occupational therapists who specialise in low vision products
- Please contact **Vision Australia** on tel **1300 847 466** or **www.visionaustralia.org**

Hearing Australia

- Hearing Australia is a leading provider of hearing products and is an approved provider to DVA and My Aged Care. Besides offering products, they also offer a range of services that includes hearing assessments, product demonstrations and training
- An audiologist can assist members in selecting the most suitable product and showing members how to use it. Hearing Australia can recommend specialist audiologists to members.
- Hearing aids can be replaced at no charge for Gold Card members every five years, or sooner if the audiologist believes there is a clinical reason as to why the hearing aid needs to be replaced sooner.
- D1328 (Prior Financial Approval form) only needs to be completed by the audiologist if the hearing aid is not on the subsidised lists.
- Please contact Hearing Australia on tel 134 453 or www.hearing.com.au

PHARMACEUTICAL BENEFITS SCHEME (PBS)

As a Gold Card holder, you are eligible for all **Pharmaceutical Benefits Scheme (PBS)** medicines, as well as other subsidised medicines, which fall under the **Repatriation Pharmaceutical Benefits Scheme (RPBS)**. DVA Pharmaceutical Approvals Centre can also approve medication on a case-by-case basis should it not be on the RPBS.

The process to claim pharmacy medications under the Repatriation Pharmaceutical Benefits Scheme is as follows:

- The doctor needs to provide a **prescription** for the medication – the doctor can prescribe up to five repeats of some medication.
- The doctor has the software to identify whether the medication is on the RPBS list. If the medication is not on the RPBS list, the doctor can call **DVA Pharmaceutical Approvals Centre on 1800 552 580** to seek approval which will be approved on a case-by-case basis.
- The medicine can then be obtained from any **pharmacy** by presenting the doctor's prescription. It is not recommended to use the script across states due to different state laws governing medication.
- The patient contribution fee is **\$6.60 per script** until Safety Net Threshold is reached. Should a member prefer to use a certain brand of medication a brand price premium may be charged.
- With the current PBS cap, a member can obtain 48 scripts per calendar year, thereafter PBS and RPBS medications with scripts will be free for the rest of that calendar year.
- So next time you go to the doctor, make a list of medication, skin creams, ointments etc that you are paying full price for to see whether they can be funded through the RPBS.

SHINGLES

We would like to remind our members to ask their doctor whether the shingles vaccine is suitable to them. This vaccine is not on the RPBS list, and it will require off schedule authority which means the doctor needs to call the DVA **Pharmaceutical Approval Centre on tel 1800 552 580** and provide clinical reasoning for the vaccine in order for DVA to pay for the vaccine.

TAXI SUBSIDY SCHEME

The taxi subsidy scheme is a Queensland Government scheme to subsidise taxi travel – half of the total fare, up to a maximum of \$25 per trip. There is no limit on the number of taxi journeys.

- To apply, a **Taxi Subsidy Scheme application form** needs to be completed by **you and your doctor or health care professional** and **two passport size photos** enclosed with form.
- The form can be accessed online from www.qld.gov.au
- You can also request a copy of the form from **Department of Transport and Main Roads Qld** on tel **1300 134 755**

To qualify, you will need to meet one of the six eligibility categories:

CATEGORY 1	Has a physical disability making the person dependent on a wheelchair for mobility outside the person's residence
CATEGORY 2	<p>Has a physical disability or other medical condition that restricts the person from walking unassisted, without a rest, 50 metres or less PLUS one of the following:</p> <ul style="list-style-type: none"> i. makes the person permanently dependant on a walking aid ii. prevents the person from ascending or descending 3 steps without assistance iii. has a history of falls iv. has a condition that is an advanced cardiovascular, respiratory, or neurological disorder v. causes severe pain limiting ambulation, verifiable by appropriate clinical investigations <p>OR</p> <p>Has a physical disability or other medical condition requiring:</p> <ul style="list-style-type: none"> i. the person to ordinarily carry treatment equipment which, when carried, restricts the person from walking, unassisted and without rest, 50 metres or less ii. someone else to ordinarily carry or administer treatment equipment for the person.
CATEGORY 3	Has a total loss of vision or severe permanent visual impairment
CATEGORY 4	Has severe and uncontrollable epilepsy
CATEGORY 5	<p>Has an intellectual disability causing behavioural problems-</p> <ul style="list-style-type: none"> i. resulting in socially unacceptable behaviour ii. requiring the constant assistance of someone else for travel on public transport
CATEGORY 6	Has a severe emotional or behavioural disorder with a level of disorganisation resulting in the need to be always accompanied by another person for travel on public transport
CATEGORIES 1 to 6	Has a clinical condition resulting in a disability mentioned in categories one to six of a temporary nature, and is undergoing medical, surgical or rehabilitative treatment for the disability, requiring the person to have access to taxi travel for a period of at least five months.

MY AGED CARE

My Aged Care is designed to meet the care needs for all **Australians over 65 years**, and all **Aboriginals and Torres Strait Islanders over 50 years**. Individuals younger than these ages requiring care, need to register with the **National Disability Insurance Scheme (NDIS)**

How do I register with My Aged Care?

- Call My Aged Care on **1800 200 422** and they will ask many questions and by the end of the conversation they will provide you with an **AC number** (AC stands for Aged Care).
- It is useful for a **support person**, usually a son or daughter, to register themselves as a **representative** for an ageing parent to enable them to communicate on behalf of the member and arrange services, should the need arrive. This can be arranged telephonically with My Aged Care with the permission of both parties.

My Aged Care Services not provided by DVA

- Social support including transport for socialisation, companionship, and meal preparation
- Accompanied shopping
- Repairs that require a tradesman – eg smoke alarms

Services from My Aged Care can be obtained from either

- Commonwealth Home Support Program (CHSP) or
- The Government Funded Home Care Packages (HCP)

Commonwealth Home Support Program (CHSP)

- A Regional Assessment Service (RAS) assessment is needed to access these services.
- A code will be provided by the assessor and the client needs to provide the code to an authorised service provider to access services.
- Service providers in your area are listed on My Aged Care website or can be provided by My Aged Care directly should members call them.
- Funding for this service was planned to end on 30 June 2023 and the aim was that clients would be rolled into the Home Care Packages, but who knows what the future holds.
- A flat fee is charged, varying from \$8-\$10 per hour to \$25 per visit depending on what service is being delivered and the organisation delivering the service.

How to access services to upgrade smoke alarms through CHSP

New smoke alarm legislation require all homes to install interconnected photoelectric smoke alarms in every bedroom, in hallways, and on every level by 2027. Having interconnected alarms means when one alarm is activated, all alarms will sound.

Members looking to upgrade their smoke alarms can:

- Contact My Aged Care on 1800 200 422 – members will need to register with MAC if they have not already done so
- Thereafter, the member will need to register for Home Maintenance Services available through CHSP funding- Commonwealth Home Support funding
- An assessor may need to do an assessment either on the phone or in person to approve the Home Maintenance Service
- Once this service is approved the member will be issued with a Home Maintenance code
- On receiving the code the member needs to call My Aged Care again to see whether there are service providers in their area who are able to upgrade their smoke alarm
- The member needs to contact the provider and provide them with the Home Maintenance Code that will entitle them to a subsidised cost
- The members need to be aware that the rate is only subsidised and that they need to find out from the service provider how much they will need to pay for the smoke alarm upgrade

The Government Funded Home Care Packages (HCP)

- An **Aged Care Assessment Team (ACAT)** assessment is required to access this funding.
- This is generally for residents with a higher level of care – mobility issues, dementia, unable to do own personal care etc.
- There is a **national wait list** so people who have been assessed may need to wait before a package is granted to them – while they wait, they can access services funded by **CHSP**.
- These packages are **‘consumer-directed’** which means the consumer has control over how the funds are spent.
- A **basic daily fee** does **not** need to be paid and it is currently industry practice not to charge this fee. It is only recommended for individuals who are needing more services than the package can fund.
- There is an **income tested fee** payable based on assessed income that **includes** the **war widow pension** and **income support supplement**.

- My Aged Care has an **estimator** that estimates the **income tested fee**:
<https://www.myagedcare.gov.au/fee-estimator>
- If a member is in receipt of a **means tested income support payment** e.g. the Income Support Supplement, then DVA will have enough information to calculate the income tested fees and the Income Assessment form (SA456) would not need to be completed.
- Otherwise, an **Income Assessment form – SA456** will need to be completed.
- There are **caps on the income tested fee** payable:
 - Annual cap \$ 5,880 for people with income below \$56,035
 - Annual cap \$ 11,760 for people with income above \$56,035
 - Lifetime cap of \$70,559
- There are **4 levels of packages** and funding is based on the level of care individuals need:

Packages	Level of care needs	Value
Level 1	Basic care needs	Approx \$9 000 a year
Level 2	Low care needs	Approx \$15 900 a year
Level 3	Intermediate care needs	Approx \$34 550 a year
Level 4	High care needs	Approx \$52 400 a year

- There are also **supplementary payments** made if the individual has certain medical needs e.g. dementia, oxygen supplement.

PRIVATE PAY HOME CARE PROVIDERS

- Should a member wish to remain living in their home as they age, there are also private-pay home care providers to **supplement** services from **DVA** and **My Aged Care**.
- These services are available from all the traditional care providers such as Blue Care, Ozcare, Anglicare etc. and also include organisations such as Footprints, Home Instead and Right at Home.

RESIDENTIAL AGED CARE

Moving into residential aged care is an emotionally stressful time on the member and their family. The member is usually unwell, and there may be guilt and anxiety around whether this is the right move. Decisions need to be made on whether to sell the family home, there are uncertainties surrounding whether a member can afford a care facility of their choice, and the on-going charges and payments of residential aged care are initially overwhelmingly complex.

To support a member and their family during this process we highly recommend using an **Aged Care Placement agent**. They do charge a fee and they provide a very valuable service. We work closely with **Leona Bonning from Aged Care Placement Assist** who is contactable **on 0408 748 341 or agedcareplacementassist@gmail.com**

Members and families may also wish to consult with a **financial adviser** to guide them through the best financial outcome for their next phase. We can also recommend financial advisers.

What are the costs of Residential Aged Care?

Residential Aged care is **means-tested** which means that a resident's income and assets are assessable for the purposes of calculating residential aged care fees. The **war widow pension** and **income support supplement** are **included** as **income** for aged-care purposes.

Care Fees

- **Daily care fee** - everyone pays this fee, and it is calculated at 85% of a single Centrelink pension. Based on current rates this is \$54.69 per day. It covers the cost of your meals, cleaning, washing, and activities to promote socialising.
- **Means tested care fee**- in addition to the daily care fee, members may need to pay a means tested care fee. The war widow pension and income support supplement will be included in the calculation of the means tested care fee. The Refundable Accommodation deposit is also included in this fee.
- **Additional services fees** may apply for luxuries like a glass of wine at dinner, Foxtel, and Wi-Fi etc. Some providers are only **extra service fee providers**, which means this higher-than-average standard of service is part of the residential aged care accreditation.
- There are **annual and lifetime caps** on means-tested care fees. The maximum amount an aged care home can charge you is \$29 400 per year, or \$70 559 in a lifetime.
- If you are moving from a Home Care Package into an aged care facility, any income-tested care fee you paid while you were receiving care at home will also be counted towards the annual and lifetime cap of the means tested care fees in residential aged care.
- My Aged Care has an estimator that **estimates the care fees**
<https://www.myagedcare.gov.au/fee-estimator>

Accommodation Fees

- Each aged care facility **sets its own accommodation pricing**, depending on factors such as the age and location of the facility and the size of the rooms. The amount you pay for your accommodation depends on your eligibility for government help.
- **Government assistance** with accommodation costs is determined by a **means assessment** but as a general guide:
 - a) if you have income below \$28 975 and assets below \$52 500, the Australian Government will pay your accommodation costs.
 - b) if you have income above \$73 193 or assets above \$178 839, you will need to pay for the full cost of your accommodation, negotiated and agreed to with the aged care facility.
 - c) if you need to pay for part of your accommodation, the Australian Government will pay the rest.

Accommodation Payment Options

Refundable Accommodation Deposit (RAD)

- A RAD needs to be paid by a resident who owns their home and has some assets
- The **RAD is a lump sum amount and is refunded to the estate** when the member passes
- It is government guaranteed with all accredited residential aged care centres
- Fully supported residents do not have to pay the RAD – DVA will assess your situation based on your assets and income

Daily Accommodation Payment (DAP)

- Should a member have the means to pay towards their accommodation, they will need to or may choose to pay a **DAP, a rental-style daily payment**.
- Like paying rent – it is lost forever, while the RAD is refunded to the estate
- A resident may choose to pay a **combination of a RAD and a DAP**

If I move into Residential Aged Care, do I lose my DVA entitlements?

Although the general agreement is that the needs of individuals in residential aged care are met by the residential aged care facility, having a DVA Gold card in aged care is still useful in the following circumstances:

- **Medications** will continue to be paid by DVA
- **DVA transport** can be used for medical appointments
- **Preferred allied health care providers** can be accessed in certain circumstances

How Residents can access Preferred Allied Health Care Providers in Aged Care?

1. Residents in **low care** can access these services with a **doctor's referral to DVA**.
 2. Should **additional remedial physio** services be required for a **low-care resident**, then special permission from DVA to fund these services is required before moving into residential aged care.
 3. A special request to DVA to fund additional physio services may be requested if a member is already a resident in a care facility, the resident is considered to be low care, and the services required are more than the facility agreed to provide in the original contract. DVA will treat the request on a case-by-case basis.
 4. **DVA** can fund services to residents in high care with prior approval for a **short period of intensive treatment** to boost the functional independence of the resident **following an acute episode** such as hospitalisation following a stroke or broken leg or chest infection. However, once the condition plateaus, the needs of the resident needs to be met by the residential aged care facility.
- Residents in **high care** can access these services with a doctor's referral known as an **Allied Health Medicare referral**. This entitles the resident to **10 visits** in total for all allied health services **per calendar year**, 5 visits with the option of another 5 visits. To apply for additional allied health services after these 10 visits, the **resident** needs to get a **doctor's referral to DVA**, and the **allied health professional** needs to complete a **Prior Approval Form** that is sent to DVA's Prior Approval team to have additional allied health care services authorised. **DVA** usually takes **4-5 weeks** to respond with the conditions of their approval.

Residential Aged Care and High Care

If a resident is assessed by the aged care facility as being high-care, then physio to keep the individual moving and pain free is provided by the facility at no extra cost – short sessions are provided in the members suite.

CARER SUPPORT - Carer Gateway

- The Australian Government's Carer Gateway support services provides services for carers.
- Services include counselling, in-person peer support, carer directed support packages, guidance on how to access the carer payment and carer allowance, carer support planning and emergency respite services.
- For more information, please contact Carer Gateway on 1800 422 737

CARER ALLOWANCE and CARER PAYMENT

These are payments made by the Australian Government and more information is available on their website www.serviceaustralia.gov.au

Carer Payment

Carers who provide full-time care may be eligible for the fortnightly Carer Payment to help them meet their basic costs of living.

This payment is available to carers of but not limited to:

- someone with a disability (including a serious mental health condition)
- someone with a severe illness
- someone who is frail aged etc

For a carer to qualify for the Carer Payment, they must:

- Meet an income and assets test
- Care for a person, or people, who have been assessed as meeting a minimum disability score as assessed through the Adult Disability Assessment Tool (ADAT) or a Carer Needs Assessment (for a child under the age of 16) – a health professional currently treating the person must complete these forms.
- Not be employed, in education or volunteering for more than 25 hours a week

The amount of the Carer Payment is detailed below :

Pension Rates per fortnight	Single	Couple each	Couple combined	Couple each separated due to ill health
Energy Supplement	\$14.10	\$10.60	\$21.20	\$14.10
Maximum Basic rate	\$900.80	\$679.00	\$1,358	\$900.80
Maximum Pension Supplement	\$72.70	\$54.80	\$109.60	\$72.70
TOTAL	\$987.60	\$744.40	\$1,488.80	\$987.60

Carer Allowance

A fortnightly supplement if you give additional daily care to someone who has a disability, has a medical condition, or is **frail aged**.

- \$120 a fortnight.
- Should the member wish to follow this up it may be easiest to arrange a Client Assisted Appointed with Centrelink, this means a staff member from Centrelink will fill in the forms immediately
- Carers Gateway can also assist in completing the form to reduce the risk of the application being declined

COMPANION CARD

- The Companion Card is provided by the Queensland Government.
- The Companion Card Application Form is available on the Queensland Government Website www.qld.gov.au or call 13 74 68
- If you have a disability and a lifelong need for 'attendant care support' in order to participate in community activities and attend venues, the Companion Card can help you with the costs of getting out and about with the support of a companion.
- Companion Card holders receive a second 'companion' ticket at no charge at participating venues and on public transport. The 'companion' ticket is also exempt from booking fees.
- The Companion Card is issued in the name of the person who has a disability, and is valid for 5 years.
- A companion is any person who accompanies a cardholder and provides attendant care support. The cardholder's chosen companion may be a paid or unpaid assistant or carer, family member, friend or partner.
- The Companion Card is not income or asset tested.

To be eligible for the card, you must:

- be a lawful Australian resident, living in Queensland
- have a disability
- because of the impact of the disability, be unable to participate at most community venues or activities without attendant care support
- need, or be likely to need, lifelong attendant care support.

As a carer, you might be able to travel for free with a Companion Card. Some cinema's offer discounts to carers who attend movie sessions with the person they care for.

I trust this document is useful and practical. Please let me know if you think any other information should be included. If you have any questions, please call our office on 07 3846 7706.

Kind regards,

Sue Hilditch
Wellbeing Program Manager



AUSTRALIAN WAR WIDOWS QUEENSLAND

We support them
because they supported us.

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