



Australian Government

Department of Veterans' Affairs



**Veterans'
Home Care**

Veterans' Home Care (VHC) Manual

General

**for VHC Assessment Agencies and
VHC Service Providers**

Effective from 1 July 2019

Table of Contents

Section 1 – Status of the Manual	1
1.1 Purpose	1
1.2 Amendments to the Manual	1
Section 2 – VHC Program	1
2.1 Purpose	1
2.1.1 Overview of the Program	1
2.1.2 Definition of the Term ‘a Small Amount of Practical Help’	2
2.1.3 Aims	3
2.1.4 Objectives.....	3
2.1.5 Outcomes	4
2.2 Eligibility	4
2.2.1 Eligibility for an Assessment	4
2.2.1.1 DVA Health Card Holders	4
2.2.1.2 Carers	5
2.2.1.3 Living in Accommodation Funded under the Aged Care Act 1997.....	6
2.2.1.4 Living in Accommodation not Funded under the Aged Care Act 1997.....	6
2.2.2 Provision of Limited VHC Services to the Household.....	6
2.2.2.1 Entitled Person Receiving Treatment or Enters Permanent Residential Aged Care.....	6
2.2.2.2 Death of an Entitled Person	6
2.3 Access and Referral	7
2.3.1 Access to VHC	7
2.3.2 Referral Pathways	7
2.4 VHC Assessment and Coordination Process	8
2.5 Delivery of VHC Services Process	9
2.6 Co-Payments	10
2.6.1 Co-Payment Amount and Caps	10
2.6.2 Waiver of the Co-Payment.....	11
2.6.2.1 Eligibility for a Waiver.....	11
2.6.2.2 Applying for a Waiver	11
2.6.2.3 Payment of the Co-Payment when a Waiver is in Place	11
2.6.2.4 Review of a Waiver	11
2.6.3 Co-Payment Arrangements for Entitled Persons who transferred from the Home and Community Care (HACC) Program prior to 1 November 2002.....	12
Section 3 – VHC Service Types	12
3.1 Domestic Assistance	12
3.1.1 In-Scope Activities	12
3.1.2 Out-of-Scope Activities	13
3.1.3 Equipment and Consumables	13
3.1.4 Frequencies.....	13
3.2 Personal Care	13
3.2.1 In-Scope Activities	13
3.2.2 Out-of-Scope Activities	14
3.2.3 Equipment and Consumables	14
3.2.4 Frequencies.....	14
3.2.5 Exceptions.....	15

3.3	Safety-related Home and Garden Maintenance	15
3.3.1	<i>In-Scope Activities</i>	15
3.3.2	<i>Out-of-Scope Activities</i>	16
3.3.3	<i>Equipment and Consumables</i>	16
3.3.4	<i>Frequencies</i>	16
3.4	Respite Care	16
3.4.1	Overview	16
3.4.2	<i>In-Home Respite</i>	17
3.4.2.1	Purpose	17
3.4.2.2	In-Scope Activities	18
3.4.2.3	Out-of-Scope Activities	18
3.4.2.4	Equipment and Consumables	18
3.4.2.5	Frequencies	18
3.4.3	<i>Residential Respite</i>	18
3.4.3.1	Purpose	18
3.4.3.2	Residential Settings	19
3.4.3.3	DVA Funding	19
3.4.3.3.1	Residential Respite in Australian Government-funded Aged Care Facilities	19
3.4.3.3.2	Residential Respite in other Appropriate Residential Settings	20
3.4.3.4	Access to DVA-funded Residential Respite	20
3.4.3.4.1	Residential Respite in Australian Government-funded Aged Care Facilities	20
3.4.3.4.2	Residential Respite in other Appropriate Residential Settings	21
3.4.4	<i>Emergency Short-Term Home Relief (ESTHR)</i>	21
3.4.4.1	Purpose	21
3.4.4.2	In-Scope Activities	21
3.4.4.3	Out-of-Scope Activities	22
3.4.4.4	Equipment and Consumables	22
3.4.4.5	Episodes of Care	22
Section 4 – Coordinated Veterans' Care (CVC) Social Assistance		22
4.1	Purpose	22
4.1.1	<i>CVC Program</i>	22
4.1.2	<i>Social Assistance Service Type Delivered through the VHC Program</i>	23
4.2	Eligibility	23
4.3	Access and Referral	23
4.4	Activities	24
4.4.1	<i>Community Based Socialisation</i>	24
4.4.1.1	Service Level	24
4.4.2	<i>Home Based Socialisation</i>	24
4.4.2.1	Service Level	25
4.4.3	<i>Limited Accompanied Outings</i>	25
4.4.3.1	Service Level	25
4.4.4	<i>Other</i>	25
4.4.4.1	Service Level	26
4.5	Conclusion of Services	26
Section 5 – Interaction with DVA Services and other Government Programs		26
5.1	DVA Services	26
5.1.1	<i>Health Services</i>	26
5.1.2	<i>Community Nursing Program</i>	27
5.1.3	<i>Rehabilitation Appliances Program</i>	27

5.1.4	Repatriation Transport Scheme	28
5.1.5	Open Arms - Veterans and Families Counselling.....	28
5.1.6	Convalescent Care	29
5.1.7	Dose Administration Aid (DAA) Service	29
5.1.8	Rehabilitation.....	29
5.1.9	Household Services.....	29
5.1.10	Attendant Care	30
5.1.11	Social Health Activities	30
5.1.12	Mental Health Information.....	30
5.1.13	Other Information.....	31
5.2	Other Community and Aged Care Programs	31
5.2.1	Right to Access.....	31
5.2.2	My Aged Care.....	31
5.2.3	Commonwealth Home Support Program (CHSP)	32
5.2.4	Home Care Packages Program	32
5.2.5	Short-Term Restorative Care.....	33
5.2.6	Transition Care.....	33
5.2.7	National Disability Insurance Scheme (NDIS).....	34
5.2.8	Western Australia (WA) Home and Community Care Program (HACC) for Younger People	34
5.2.9	Victorian Home and Community Care Program for Younger People (HACC PYP)	34
5.2.10	Carers Gateway.....	35
5.2.11	Commonwealth Respite and Carelink Centres (CRCC)	35
Section 6 – DVA Management Requirements		35
6.1	Privacy and Records Management	35
6.1.1	Protecting Personal Information.....	35
6.1.2	Exchanging Personal Information	36
6.1.3	Electronic Communication of Personal Information.....	36
6.1.4	Request by a Court, Administrative Tribunal or Person to Provide Personal Information	37
6.2	DVA's Right to Access Records and Premises.....	37
6.3	Advertising	37
6.3.1	VHC Branding.....	37
6.3.2	Request to use VHC Branding.....	39
6.4	Quality Arrangements for Service Delivery	39
6.5	Performance Monitoring	39
6.6	Client Rights and Responsibilities and Service Satisfaction	39
6.7	Rights of Carers	40
6.8	Aged Care Workforce Census and Survey	41
Section 7 – Contacts		41
7.1	DVA Contacts	41
7.2	VHC Assessment Agency Contacts	41
Section 8 – Definitions		43

Section 1 – Status of the Manual

1.1 Purpose

This Manual is for contractors who deliver services under the Veterans' Home Care (VHC) Program, administered by the Department of Veterans' Affairs (DVA).

The VHC Manual sets out the requirements under which VHC Assessment Agencies and VHC Service Providers deliver VHC services to entitled persons¹. The VHC Manual includes the following parts:

- **General** – defines the general parameters of the VHC Program, including: eligibility; access and referral; VHC service types; co-payments; provision of the Coordinated Veterans' Care (CVC) Program Social Assistance services through the VHC Program; interaction between the VHC Program with DVA's health care arrangements and other government aged care programs; and DVA management requirements.
- **Part A** – defines the operational requirements for VHC Assessment Agencies providing assessment and coordination services to entitled persons.
- **Part B** – defines the operational requirements for VHC Service Providers delivering VHC services to entitled persons.

The VHC Manual forms Attachment 1 to the VHC Deeds of Agreement, which is legally binding and relevant parts must be adhered to by VHC Assessment Agencies (General and Part A of the VHC Manual) and VHC Service Providers (General and Part B of the VHC Manual), including their personnel and subcontractors who provide VHC assessment and coordination services and/or deliver the VHC services.

1.2 Amendments to the Manual

The VHC Manual may be amended by DVA from time to time, as required. DVA will release a VHC Bulletin advising of amendments made to the VHC Manual.

VHC Assessment Agencies and VHC Service Providers must have practices in place to ensure personnel refer to the current version of the VHC Manual, which is available for download from:

- *VHC Assessment Agencies* – the 'Procedural and Operational Manuals' folder within the 'Download' folder of each VHC Assessment Agency secure file transfer folder; or
- *VHC Service Providers* – the *Home* page of the VHC Provider Portal.

Section 2 – VHC Program

2.1 Purpose

2.1.1 Overview of the Program

The VHC Program is a preventative treatment service and forms part of DVA's health care arrangements.

The VHC Program is designed to assist entitled persons who wish to continue living at home by providing a small amount of practical help². The VHC Program also assists carers in recognition of the vital role they play in the veteran and defence community.

¹ Refer to section 8 [General] of the VHC Manual for the definition of the term 'entitled person'.

² Refer to section 2.1.2 [General] of the VHC Manual for the definition of the term 'a small amount of practical help'.

The VHC Program is not designed to assist entitled persons with complex or high-level support needs on a long term or ongoing basis.

The VHC Program's services include:

- Domestic Assistance;
- Personal Care;
- Respite Care (In-Home Respite, Residential Respite and/or Emergency Short-Term Home Relief (ESTHR)); and
- safety-related Home and Garden Maintenance.

Additionally, the VHC Program also provides the CVC Social Assistance services. While CVC Social Assistance services are provided within the existing infrastructure of the VHC Program, they are not considered a VHC service type, as this service is only available to CVC Program participants.

Entitled persons normally contribute to the cost of VHC services by paying a small co-payment for Domestic Assistance, Personal Care, safety-related Home and Garden Maintenance and CVC Social Assistance. No co-payment applies to Respite Care. In certain circumstances, the co-payment may be waived. Refer to section 2.6 [General] of the VHC Manual.

The functions of the VHC Program are separated into two components:

1. provision of VHC assessment and coordination services; and
2. delivery of VHC services.

DVA tenders for each function separately to form a panel of DVA-contracted:

- VHC Assessment Agencies for the first function; and
- VHC Service Providers for the second function.

The panel lists are located on the DVA website at: www.dva.gov.au/providers/provider-programs/veterans-home-care-provider-programs

The role of VHC Assessment Agencies is to assess entitled persons' care needs for VHC services and coordinate the delivery of VHC services or refer entitled persons to other health and community services, if required, to meet their needs. If VHC services are approved, VHC Assessment Agencies will coordinate a VHC Service Provider to deliver the services. VHC Assessment Agencies also determine the co-payment amount to be paid by entitled persons to VHC Service Providers.

The role of VHC Service Providers is to deliver the services approved by VHC Assessment Agencies to entitled persons. VHC Service Providers also collect the co-payment from entitled persons, where applicable.

2.1.2 Definition of the Term 'a Small Amount of Practical Help'

The term 'a small amount of practical help' refers to low-level home support services provided at:

- a low intensity on a short-term or ongoing basis; or
- an increased intensity on a short-term or episodic basis, such as following a post-acute hospital admission so that they can resume previous activities and independence.

The VHC Program does not provide case management or high-level home support services. Entitled persons that require case management and/or home support services at a high intensity for a long-term or ongoing basis are referred to other Australian Government programs, such as the Home Care Packages Program, to meet their support needs.

2.1.3 Aims

The aims of the VHC Program are to assist entitled persons:

- of any age who have difficulty performing activities of daily living without help due to functional limitations³;
- to live as independently as possible in their home; and
- reduce their risk of avoidable illness and injury.

The VHC Program also assists carers:

- of any age who are entitled persons or who are caring for an entitled person;
- to continue in their caring responsibilities; and
- to take a break from their usual caring responsibilities.

The aim of the assistance provided by the VHC Program is to work with the entitled person, rather than replace activities that the entitled person is capable of doing themselves, which promotes independence, wellbeing and quality of life. Active participation has a beneficial health effect, even for the frail and those with health and disability limitations.

2.1.4 Objectives

The objectives of the VHC Program are to:

- provide high-quality VHC services, at a low intensity on a short-term or ongoing basis, or increased intensity on a short-term or episodic basis. This is for entitled persons of any age with functional limitations to maximise their independence at home and in the community for as long as they choose, thereby enhancing their wellbeing and quality of life;
- support entitled persons of any age who are carers or are care recipients by providing respite and other VHC services, which will allow regular carers to take a break from their usual caring duties and support care relationships;
- provide preventive treatment services to delay, or avoid altogether, an entitled person's hospitalisation or admission into institutionalised residential care;
- provide flexible and timely services that are responsive to the needs of entitled persons and carers;
- facilitate choice that meets the needs of entitled persons and carers;
- facilitate access to other DVA health care arrangements and/or other health and community services to enhance the independence, wellbeing and quality of life of entitled persons and carers;
- ensure entitled persons and carers receive high quality services through performance monitoring set out in section 6.5 [General] of the VHC Manual; and
- provide a sustainable level of services as the veteran treatment population ages.

³ Refer to section 8 [General] of the VHC Manual for the definition of the term 'functional limitation'.

2.1.5 Outcomes

The intended outcomes of the VHC Program are:

- entitled persons with functional limitations are supported to live in their home;
- entitled persons' psychological, emotional and physical wellbeing, and health and functional status, is improved and/or maintained;
- entitled persons are supported to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying their hospitalisation or admission into institutionalised residential care;
- entitled persons are supported in a safe, stable and enabling environment, by using other DVA health care arrangements and/or other health and community services in addition to VHC services to improve and/or maintain independence at home and in the community;
- carers and care relationships are supported;
- sustainability and service innovation is improved; and
- equitable and affordable access to services is provided.

2.2 Eligibility

2.2.1 Eligibility for an Assessment

2.2.1.1 DVA Health Card Holders

The persons eligible for a VHC assessment are:

- those who have a:
 - Gold Card (DVA Health Card – All Conditions within Australia); or
 - White Card (DVA Health Card – Specific Conditions); and
- living at home; and
- have difficulty performing activities of daily living without help due to functional limitations.

These persons include veterans, serving and former members of the Australian Defence Force, war widows and widowers, dependent children/young persons, eligible Australian Federal Police members with overseas service, eligible British Commonwealth and Allied (BCAL) veterans and eligible Australian Participants in British Nuclear Tests Program. Such persons may be of any age and have eligibility for a VHC assessment under legislation administered by DVA.

For operational purposes, these persons are known as 'entitled persons' throughout the VHC Manual.

However, not all entitled persons can be assessed for all VHC services. The following table outlines details for persons who are eligible to be assessed for some, but not all, VHC services:

Limited Eligibility	DVA Health Card	Domestic Assistance	Home and Garden Maintenance	Personal Care	In-Home Respite	Emergency Short-Term Home Relief	Residential Respite
Veteran with eligibility for Household Services and/or Attendant Care under the <i>Military Rehabilitation and Compensation Act 2004 (MRCA)</i>	Gold Card or White Card	See Note 1	See Note 1	See Note 2	Yes	Yes	Yes
Veteran with eligibility for Household Services and/or Attendant Care under the <i>Safety Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)</i>	White Card	See Note 1	See Note 1	See Note 2	Yes	Yes	Yes
BCAL veteran	White Card	No	No	No	Yes	Yes	Yes

Notes:

1. Eligible for an assessment for Domestic Assistance and/or safety-related Home and Garden Maintenance only if:
 - a. not receiving MRCA or DRCA Household Services; or
 - b. receiving MRCA or DRCA Household Services, the Domestic Assistance and/or safety-related Home and Garden Maintenance activities will not duplicate the tasks being provided through MRCA or DRCA Household Services.
2. Not eligible for Personal Care if receiving MRCA or DRCA Attendant Care.

2.2.1.2 Carers

Carers who do not have a Gold Card or White Card, but care for an entitled person, are only eligible for an assessment for In-Home Respite and ESTHR. A carer's eligibility is based on the eligibility of the entitled person they are caring for, as shown below.

Limited Eligibility	In-Home Respite	Emergency Short-Term Home Relief
Carers of a Gold Card or White Card holder	Yes	Yes
Carers of a BCAL veteran with a White Card	Yes	Yes

In addition, these carers may also benefit from other VHC services based on the eligibility of the entitled person. If the entitled person has consented, carers may request a VHC assessment to access Domestic Assistance, Personal Care, safety-related Home and Garden Maintenance and/or Residential Respite for the entitled person.

Carers who do not have a Gold Card or White Card in their own right are not eligible for DVA-funded Residential Respite. They, like any Australian, can access up to 63 days of residential respite through My Aged Care by having an Aged Care Assessment Team (ACAT) or Aged Care Assessment Service (ACAS) assessment. However, they are responsible for paying the fee while receiving residential respite.

2.2.1.3 Living in Accommodation Funded under the *Aged Care Act 1997*

Entitled persons living in accommodation funded under the *Aged Care Act 1997* (e.g. a permanent resident of an Australian Government-funded aged care facility) are not eligible for VHC services.

2.2.1.4 Living in Accommodation not Funded under the *Aged Care Act 1997*

Entitled persons living in accommodation not funded under the *Aged Care Act 1997* (e.g. an independent living unit, retirement village, a boarding house, a supported residential service, etc) are eligible for an assessment for some or all VHC services depending on the arrangements in place within the accommodation. Some accommodation types provide home support services to residents and the VHC Program cannot duplicate the same services if they are being provided by the accommodation.

2.2.2 Provision of Limited VHC Services to the Household

In certain circumstances Domestic Assistance and/or safety-related Home and Garden Maintenance may continue to be provided to the household when the entitled person is no longer in the home.

2.2.2.1 Entitled Person Receiving Treatment or Enters Permanent Residential Aged Care

If an entitled person is receiving Domestic Assistance and/or safety-related Home and Garden Maintenance and they leave the home for treatment⁴ or enter permanent care in an aged care home, these services may be continued for a period of up to 12 weeks for any of the following persons who were living with the entitled person immediately before their treatment/entry:

Veteran receiving Treatment or enters Permanent Care	War Widow/er receiving Treatment or enters Permanent Care
<ul style="list-style-type: none"> The spouse A dependent child of the veteran An adult child of the veteran with a disability An adult child of the veteran who is the veteran's full-time carer 	<ul style="list-style-type: none"> A dependent child of the deceased veteran An adult child of the deceased veteran with a disability An adult child of the deceased veteran who is the war widow's/er's full-time carer

If the war widow/er has remarried, the spouse is not eligible to receive the continuation of services. Any children of the war widow/er who are not children of the deceased veteran, are also not eligible to receive the continuation of services.

2.2.2.2 Death of an Entitled Person

If an entitled person is receiving Domestic Assistance and/or safety-related Home and Garden Maintenance and they die, these services may be continued for up to 12 weeks from the date of death for any of the following persons who were living with the entitled person immediately before their death:

Death of Veteran	Death of War Widow/er
<ul style="list-style-type: none"> The spouse A dependent child of the deceased veteran An adult child of the deceased veteran with a disability An adult child of the deceased veteran who is the veteran's full-time carer 	<ul style="list-style-type: none"> A dependent child of the deceased veteran An adult child of the deceased veteran with a disability An adult child of the deceased veteran who is the war widow's/er's full-time carer

⁴ Treatment means treatment of a health condition (by hospitalisation, Convalescent Care, Residential Respite, Short-Term Restorative Care outside the home or Transition Care outside the home).

If the war widow/er has remarried, the spouse is not eligible to receive the continuation of services. Any children of the war widow/er who are not children of the deceased veteran, are also not eligible to receive the continuation of services.

The spouse or dependent child/ren of the deceased veteran may lodge a claim with DVA for a pension or compensation (e.g. a war widow/er pension, orphan pension, wholly dependent partner payment or eligible young person payment). Where the claim is lodged during the 12 week period, the Domestic Assistance and/or safety-related Home and Garden Maintenance services can be continued until the date that the initial determination of the claim is made by DVA, which can be before or after the 12 week period ends. If a claim is not lodged with DVA within the 12 week period, the services will not continue past the 12-week period.

2.3 Access and Referral

2.3.1 Access to VHC

To access VHC services, entitled persons must first undertake an assessment with a VHC Assessment Agency. A VHC assessor will discuss the entitled person's circumstances to identify the range of services that may be needed. If there is an assessed need for services, the VHC assessor will arrange services to meet that assessed need.

The majority of assessments are completed over the telephone. However, if the VHC assessor determines that an assessment completed in the home is more beneficial, they will arrange a suitable time and date with the entitled person or nominated representative.

The VHC Program has a national telephone number, which connects callers to a VHC Assessment Agency in their location. To contact VHC, call 1300 550 450. The local call rate will apply.

Calls made from a landline telephone will be directed to the correct VHC Assessment Agency for the caller's area. Calls made from a mobile phone cannot be directed to the correct VHC Assessment Agency, however, they will be connected to DVA, who will direct the call to the correct VHC Assessment Agency.

2.3.2 Referral Pathways

There are many avenues for referral to the VHC Program. For example, referrers to the VHC Program can be:

- self-referral from entitled persons; or
- third party referral from:
 - a nominated representative;
 - a carer;
 - a family member;
 - a friend;
 - a neighbour;
 - a General Practitioner (GP), Local Medical Officer (LMO), treating doctor or other health professional (e.g. Social Worker, Occupational Therapist, etc);
 - a hospital discharge planner;
 - a community nurse;
 - other Australian Government programs (e.g. My Aged Care, National Disability Insurance Scheme (NDIS), Commonwealth Respite and Carelink Centre (CRCC), etc);

- other state or territory government programs (e.g. Home and Community Care Program for Younger People (HACC PYP) in Victoria, etc);
- a DVA staff member;
- a VHC Service Provider;
- an ex-service organisation; or
- another VHC Assessment Agency.

Referrals from a third party require consent from the entitled person. The VHC Assessment Agency will confirm with the referrer if the entitled person is aware of the referral and will seek consent from the entitled person to conduct an assessment, either with the entitled person or the third party referrer if they are able to act on the entitled person's behalf.

2.4 VHC Assessment and Coordination Process

The VHC assessment process identifies an entitled person's or a carer's care needs for the entitled person, their functional capability and independence goals. The assessment is not only focused on VHC services, but is also holistic and considers all health and community needs to maximise independence for the entitled person and their carer. The VHC coordination process arranges an entitled person's or a carer's VHC services and/or links or refers them to other services based on assessed need.

The VHC assessment and coordination process involves the following:

1. Self-referral by an entitled person or a third party referral to the VHC Assessment Agency.
2. A VHC assessor checks the entitled person's or carer's eligibility for an assessment on VHC VIEW.
3. A VHC assessor obtains consent from the entitled person or their nominated representative and/or carer to complete the assessment and the consent is noted on VHC VIEW.
4. A VHC assessor conducts the assessment, either by telephone or in the home, with the entitled person or their nominated representative and/or carer. The VHC assessor completes the Assessment Instrument in VHC VIEW and identifies any special needs, specific goals or desired outcomes of the entitled person and/or the carer to maximise independence.
5. A VHC assessor discusses the outcomes of the assessment with the entitled person or their nominated representative and/or carer and invites preferences for service delivery.
6. If VHC services are needed, a VHC regional coordinator⁵ approves the services within the notional VHC regional budget and allocates a VHC Service Provider to deliver the services according to the entitled person's and/or carer's preferences. Where an entitled person or carer has not provided any preferences and they are a new client, the VHC regional coordinator will allocate a VHC Service Provider suitable to the assessed need on a fair and reasonable basis (e.g. location, service type delivered, percentage of VHC work delivered and special capabilities of the VHC Service Provider).
7. A VHC regional coordinator develops the VHC Service Plan for the VHC Service Provider. The VHC Service Plan is completed in VHC VIEW, which is automatically made available in the VHC Provider Portal for the VHC Service Provider. The VHC Service Plan details all information required by the VHC Service Provider to deliver the approved services and the co-payment amount to be collected from the entitled person.

⁵ Refer to section 8 [General] of the VHC Manual for the definition of the term 'VHC regional coordinator'.

8. A VHC regional coordinator develops the VHC Care Plan for the entitled person. The VHC Care Plan is completed in VHC VIEW, which is mailed to the entitled person or their nominated representative and/or carer, together with the VHC Services Client Rights and Responsibilities information sheet. The VHC Care Plan advises of the entitled person's approved VHC service/s, the VHC Service Provider delivering the service/s and the co-payment amount to be paid by the entitled person to the VHC Service Provider.
9. If other services are required, and consent has been received from the entitled person or their nominated representative and/or carer, a VHC regional coordinator assists by linking or referring them to the other services.
10. Generally, the VHC assessment and coordination process will be completed within five working days of receiving a referral.
11. If the entitled person is receiving VHC services, their services will be reviewed at scheduled intervals, as specified in the VHC Service Plan and VHC Care Plan, or when required following advice of a change in circumstances to ensure they are receiving the care that meets their needs. A VHC assessor completes a review of the entitled person's and/or carer's services and care needs at least 10 working days prior to the expiry date of the VHC Service Plan and VHC Care Plan.

2.5 Delivery of VHC Services Process

The delivery of VHC services, including CVC Social Assistance and excluding Residential Respite, involves the following:

1. The VHC Service Provider accepts, within their operational capacity, the VHC Service Plan allocated to them in the VHC Provider Portal by the VHC Assessment Agency.
2. The VHC Service Provider contacts the entitled person or their nominated representative and/or carer to discuss arrangements to deliver the VHC services. Contact is made within 24 hours of referral of an urgent VHC Service Plan or two working days of referral of a non-urgent VHC Service Plan.
3. The VHC Service Provider develops the working arrangements with the entitled person or their nominated representative and/or carer, covering:
 - a. the type of service/s that will be provided and the task/s that will be performed as detailed in the VHC Service Plan;
 - b. the time and day that the service/s will be delivered;
 - c. any preferences for type of care worker/s and assigns an appropriate care worker/s;
 - d. contact details of the VHC Service Provider;
 - e. the planned response when the entitled person or care recipient does not respond to a scheduled service visit;
 - f. the co-payment amount to be paid by the entitled person (as defined on the VHC Service Plan and VHC Care Plan) and how the co-payment can be paid to the VHC Service Provider; and
 - g. safe working environment of the home.
4. The VHC Service Provider gives written confirmation of the agreed working arrangements to the entitled person or their nominated representative and/or carer within two working days of contact.
5. If the entitled person is a new client, the VHC Service Provider arranges a Work Health and Safety check of the working environment within the entitled person's home as part of the first service visit.

6. The assigned care worker/s deliver the services. Generally, the first service visit is delivered for:
 - a. ESTHR within 24 hours of first contact or as specified on the VHC Service Plan or as agreed by the entitled person or their nominated representative and/or carer;
 - b. Personal Care and/or In-Home Respite within two to five working days of first contact or as specified on the VHC Service Plan or as agreed by the entitled person or their nominated representative and/or carer; and
 - c. Domestic Assistance, safety-related Home and/or Garden Maintenance and CVC Social Assistance within 8 to 10 working days of first contact or as specified on the VHC Service Plan or as agreed by the entitled person or nominated representative and/or carer.
7. The VHC Service Provider checks the entitled person's and/or carer's satisfaction with the service delivery arrangements.
8. The VHC Service Provider collects and retains the co-payment from the entitled person or their nominated representative, when payable.
9. The VHC Service Provider informs the VHC Assessment Agency within two working days when there is a change to an entitled person's and/or carer's care needs and/or circumstances to enable a review of services and/or referral to other services.
10. The VHC Service Provider claims payment from DVA on the VHC Provider Portal within 60 days of services delivered.

2.6 Co-Payments

2.6.1 Co-Payment Amount and Caps

Entitled persons contribute to the cost of the VHC services by paying a small co-payment, which is capped at a maximum amount. The following co-payment amounts and caps apply:

Service Type	Co-payment Amount	Cap Limit
Domestic Assistance	\$5 per hour	Maximum \$5 per week
Personal Care	\$5 per hour	Maximum \$10 per week (if two or more hours are provided in a week)
Safety-related Home and Garden Maintenance	\$5 per hour	Maximum \$75 per 12 month period (there is an annual 15 hour service limit)
CVC Social Assistance	\$5 per hour	Maximum \$5 per week
Respite Care	No co-payment applies	Not applicable

For part hours being delivered, pro rata co-payments apply within cap limits (e.g. the co-payment for one and a half hours of Personal Care is \$7.50).

VHC Assessment Agencies determine the co-payment amount to be paid by the entitled person to the VHC Service Provider. The co-payment is generated in VHC VIEW and listed on the VHC Service Plan (for VHC Service Providers) and VHC Care Plan (for the entitled person).

VHC Service Providers collect the co-payment amount from entitled persons. GST does not apply to co-payments paid by entitled persons.

The requirement for entitled persons to pay the co-payment may be waived by DVA as outlined in section 2.6.2 [General] of the VHC Manual.

2.6.2 Waiver of the Co-Payment

2.6.2.1 Eligibility for a Waiver

The requirement for entitled persons to pay the co-payment may be waived by DVA. The co-payment may be waived for any of the following circumstances:

- The entitled person receives the full rate of service pension or the full rate of a Centrelink pension or allowance, and has total other income including non-pension income and DVA compensation payments (e.g. disability or war widow/er pension) of \$40 per fortnight or less.
- The entitled person has one or more dependent children who are in their care on a day-to-day basis (refer to the definition in section 8 [General] of the VHC Manual).
- The entitled person receives a pension under the DVA financial hardship provisions.

If an entitled person is suffering severe financial hardship due to extraordinary circumstances that are not covered above, and paying the co-payment would compound their financial hardship, a discretionary waiver may be granted by DVA.

2.6.2.2 Applying for a Waiver

To apply for a waiver, the entitled person has to:

- read the DVA Factsheet *Waiver of Co-payments for Veterans' Home Care Services (HCS 05)* available at www.dva.gov.au/providers/provider-programs/veterans-home-care-provider-programs;
- complete the *Application for waiver of Veterans' Home Care Co-payments form (D0700)* available at: www.dva.gov.au/dvaforms/Documents/D0700.pdf; and
- send the form to DVA at:

Health Approvals & Home Care Team
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

DVA will advise the entitled person, VHC Assessment Agency and VHC Service Provider whether the application for a waiver has been successful. The grounds of the waiver will not be discussed.

If the application is successful, the date of effect is the date the waiver was received by DVA.

If the application is unsuccessful, the decision is not subject to an appeal. However, the entitled person can make a formal complaint to DVA and the decision will be internally reviewed.

2.6.2.3 Payment of the Co-Payment when a Waiver is in Place

When the application for a waiver has been successful, DVA pays the co-payment to the VHC Service Provider. GST applies to co-payments paid by DVA to the VHC Service Provider (but not to entitled persons paying the co-payment).

2.6.2.4 Review of a Waiver

DVA monitors waivers that are in place and reviews them when an entitled person's circumstances change.

If an entitled person dies, surviving members of the household are not automatically entitled to the deceased's waiver. If a surviving member of the household is granted a Gold Card and is eligible for VHC services, they will need to apply for the waiver in their own right.

2.6.3 Co-Payment Arrangements for Entitled Persons who transferred from the Home and Community Care (HACC) Program prior to 1 November 2002

Entitled persons who transferred from the HACC Program to the VHC Program prior to 1 November 2002 continue to receive the same services and pay no more per hour than they were contributing under the HACC Program. This is a grandfathering provision, which protects those who were contributing less than the VHC co-payment for the same services under the HACC Program prior to 1 November 2002. Their grandfathered contribution or co-payment hourly amount continues indefinitely until they exit the VHC Program.

Even though their grandfathered contribution or co-payment hourly amount continues indefinitely, the entitled person's level of the same services may be subject to change, based on assessed need. If:

- additional hours of the same services are required, the entitled person's grandfathered contribution or co-payment hourly amount will apply up to the VHC co-payment cap for that service.
- the same services are ended, the entitled person's grandfathered contribution or co-payment hourly amount stops.
- a different service is required from the VHC Program, the entitled person is required to pay the VHC co-payment hourly amount for that different service.

If an entitled person dies, the surviving members of the household do not inherit the deceased's grandfathered contribution or co-payment hourly amount. If a surviving member of the household is granted a Gold Card and is eligible for VHC services, they are required to pay the current VHC co-payment hourly amount, if applicable.

Section 3 – VHC Service Types

3.1 Domestic Assistance

3.1.1 In-Scope Activities

Domestic Assistance refers to household chores to maintain an entitled person's capacity to manage everyday activities in a safe, secure and healthy home environment.

Activities may include assistance with:

- house cleaning;
- dishwashing;
- clothes and linen washing and ironing;
- bed making;
- internal window cleaning*;
- unaccompanied shopping for the entitled person using a shopping list;
- unaccompanied bill paying for the entitled person;
- meal preparation but not complete food services (meal preparation cannot be the primary focus of Domestic Assistance); and
- chopping/splitting, moving and/or stacking of firewood on the entitled person's property in rural and remote areas.

***Note:** Internal window cleaning is usually a one-off service similar to the window cleaning provided under the safety-related Home and Garden Maintenance service type.

Services may also include demonstrating and encouraging the use of techniques to improve the entitled person's capacity for self-management and building confidence in managing their household chores.

3.1.2 Out-of-Scope Activities

Accompanied shopping, accompanied bill paying, attendance at appointments with the entitled person, companionship and complete food services are not provided under Domestic Assistance. These services are available from other Australian Government programs (e.g. Commonwealth Home Support Program (CHSP), Home Care Packages Program) or may be provided by voluntary groups (e.g. the local ex-service community).

Assistance with managing financial affairs, except for unaccompanied bill paying for the entitled person, is not provided under Domestic Assistance. These services are available from local services (e.g. a financial planner).

3.1.3 Equipment and Consumables

The entitled person provides their own cleaning products and the necessary equipment for the activities, including ingredients for meal preparation, which remain with the entitled person.

VHC Service Providers may use their own cleaning products and equipment, however, this is at no cost to the entitled person. Consideration should be given to any sensitivities or allergies that the entitled person may have with the cleaning products and equipment.

3.1.4 Frequencies

VHC Service Plans for Domestic Assistance can be made for a weekly or fortnightly service.

3.2 Personal Care

3.2.1 In-Scope Activities

Personal Care refers to assistance with daily self-care tasks that an entitled person is unable to do for themselves in order to help them maintain appropriate standards of hygiene and grooming. Services are generally for entitled persons who are stable in health status and/or medical condition/s and able to manage their own health care needs (either with or without assistance from a carer).

Activities may include assistance with:

- eating;
- bathing/showering;
- toileting;
- dressing and grooming, including:
 - application of compression stockings;
 - application of skin care creams and lotions (non-medicated or prescribed/non-prescribed cortisone cream), pressure area prevention aids and protective bandaging; and
 - fitting of aids/appliances such as splints, callipers.
- getting in and out of bed; and
- moving about the house.

Prompting and/or assistance with an entitled person's self-administration of medication may also be provided under the following criteria:

- the entitled person's medical condition/s are stable; and
- there is an established medication regime; and
- there is a comprehensive care plan in place which includes medication contraindications (interactions and side-effects) and emergency contacts; and
- the medication:
 - is in a blister pack filled by a registered Pharmacist which meets the DVA Dose Administration Aid Service Procedure Manual (refer to the DVA website at: www.dva.gov.au/providers/provider-programs/dose-administration-aid-daa-service); **or**
 - is over-the-counter medication, or prescribed/non-prescribed cortisone cream; and
- the care worker/s assigned:
 - has completed the required assistance with medication administration competencies;
 - adheres to the relevant National and State Drug Acts; and
 - adheres to the VHC Service Provider's policy and procedure for client self-administration of medication.

Reporting of failure by the entitled person to self-administer their medication should follow the VHC Service Provider's policy and procedure for client self-administration of medication.

Services may also include demonstrating and encouraging the use of techniques to improve the entitled person's capacity for self-management and building confidence in the use of equipment and aids, such as a bath seat or handheld shower hose.

3.2.2 Out-of-Scope Activities

Clinical nursing interventions and medication interventions more complex than a prompt and/or assistance with self-administration are not provided under Personal Care. These services are available from the DVA Community Nursing Program.

Assistance with the entitled person's self-administration of cytotoxic drugs must not be provided under any circumstances. If assistance is required with cytotoxic drugs for any medical condition, these services are available from the DVA Community Nursing Program.

3.2.3 Equipment and Consumables

The entitled person provides their own personal hygiene products (e.g. soap, shampoo, skin care creams/lotions), aids/appliances, medication and meals for eating.

3.2.4 Frequencies

VHC Service Plans for Personal Care can be made for a weekly or fortnightly service.

Entitled persons requiring:

- Personal Care of up to 1.5 hours per week will be provided by the VHC Program;
- Personal Care of more than 1.5 hours per week will be referred to the DVA Community Nursing Program; or
- Personal Care **and** a clinical nursing intervention will be referred to the DVA Community Nursing Program.

However, there are exceptions to the rule for certain situations as outlined in section 3.2.5 [General] of the VHC Manual.

3.2.5 Exceptions

Personal Care of more than 1.5 hours per week may be provided by the VHC Program, rather than the DVA Community Nursing Program, for the following situations:

- the entitled person transferred from the HACC Program to the VHC Program prior to 1 November 2002 on high-level Personal Care under grandfathering arrangements;
- the entitled person requires short-term post-acute care;
- the entitled person is located in an area where DVA-contracted community nursing providers are unable to deliver any personal care services; or
- the entitled person is a White Card holder who requires high-level Personal Care, but the reason for the care is not related to their DVA-accepted service-related medical condition or disability.

Personal Care may be provided by the VHC Program at the same time as a clinical nursing intervention by the DVA Community Nursing Program for the following situations:

- the entitled person only requires a short-term clinical nursing intervention (e.g. two months for wound treatment);
- the entitled person has been receiving Personal Care from the VHC Program for a long time and the prospect of transferring and receiving services from a different provider under the DVA Community Nursing Program causes a high level of stress and anxiety; or
- the entitled person is located in an area where DVA-contracted community nursing providers are unable to deliver any personal care services.

The overlap of services for these circumstances may only occur if the provision of Personal Care services is not duplicated under both programs and the health and safety of the entitled person is not put at risk.

3.3 Safety-related Home and Garden Maintenance

3.3.1 In-Scope Activities

Home and Garden Maintenance refers to minimising environmental health and safety hazards around the entitled person's home to keep the home in a safe and habitable condition.

Activities covered are minor maintenance or repair work that can be carried out by a handyperson, which does not require a qualified tradesperson, and may include:

- replacing light bulbs and tap washers*;
- changing batteries in smoke and/or security alarms;
- cleaning gutters, external and internal windows, ceiling fans, exhaust fans and/or air-conditioning/split system units;
- minor home maintenance (e.g. cupboard door adjustment);
- pruning, lawn mowing or weeding only where an environmental health and safety hazard exists**;
- clearing of debris following natural disasters;
- chopping/splitting, moving and/or stacking of firewood located on the entitled person's property; and/or
- one-off yard clean up where a safety hazard exists (e.g. fire reduction, mobility limitation).

***Note:** Some state and territory law prohibits a person who is not a licensed plumber to change tap washers. If this is the case where an entitled person resides, this activity cannot be provided under safety-related Home and Garden Maintenance.

****Note:** Where an ongoing environmental health and safety hazard exists, the VHC Assessment Agency will discuss with the entitled person or their nominated representative and/or carer alternatives to addressing this issue on a more permanent basis, if appropriate.

3.3.2 Out-of-Scope Activities

Major repairs or services requiring a qualified tradesperson, gutter replacement, house painting, tree lopping, tree removal and garden redesign and landscaping are not provided under safety-related Home and Garden Maintenance.

Routine, cosmetic or ornamental gardening services such as regular lawn mowing, weeding, pruning and maintaining flower beds are not provided under safety-related Home and Garden Maintenance.

These services are available from local services or may be provided by voluntary groups (e.g. the local ex-service community).

Repairs or services that are the responsibility of the entitled person's private rental landlord or where damage is covered by the entitled person's home and contents insurance policy are not provided under safety-related Home and Garden Maintenance.

3.3.3 Equipment and Consumables

The entitled person covers the cost of materials needed (e.g. light bulbs, batteries) and any additional costs associated with providing the service (e.g. hire of specialised equipment, removal of rubbish).

VHC Service Providers supply the equipment needed to deliver the service (e.g. garden tools, ladders).

3.3.4 Frequencies

Generally, VHC Service Plans for safety-related Home and Garden Maintenance are one-off services.

Up to 15 hours in a 12 month period can be provided under safety-related Home and Garden Maintenance.

3.4 Respite Care

3.4.1 Overview

Respite Care gives a break to a carer by temporarily relieving them of their caring responsibilities.

A carer for the purposes of Respite Care is someone who provides:

- ongoing care to a person who is severely incapacitated or frail; and
- unpaid support and may receive the Carer Payment or Carer Allowance from Centrelink.

A carer is not required to live with the care recipient. For information on the definitions of 'carer', 'severely incapacitated' and 'frail', refer to section 8 [General] of the VHC Manual.

Respite Care operates within the Statement for Australia's Carers, which responds to the needs of carers, recognising their rights, choices, opportunities and capabilities to participate in economic, social and community life. Refer to section 6.7 [General] of the VHC Manual.

There are three types of Respite Care available through the VHC Program and they are:

- In-Home Respite;
- Residential Respite; and
- ESTHR.

The maximum days/hours available to each entitled person in a financial year is:

- 196 hours of In-Home Respite; or
- 28 days of Residential Respite*; or
- a combination of In-Home Respite and Residential Respite not exceeding an overall total of 196 hours or 28 days*; and
- 72 hours per episode, up to a maximum of 216 hours of ESTHR in addition to any of the above.

***Note:** One day of Residential Respite is equivalent to seven hours of In-Home Respite.

3.4.2 In-Home Respite

3.4.2.1 Purpose

In-Home Respite is available for entitled persons who are:

- being cared for and their carer needs a break from the caring role; or
- caring for someone and they need a break from the caring role.

Self-carers are not eligible for In-Home Respite.

In-Home Respite allows a carer to have a break while a substitute carer comes into the home to take over the caring role. In-Home Respite can be for regular visits or for one-off situations, from one hour to an overnight stay. It gives the carer the opportunity to attend to everyday activities and supports carers who have other work/education commitments or those re-entering the workforce. For example, In-Home Respite helps a carer to:

- attend a medical appointment;
- receive planned surgery or treatment;
- attend an event, show, movie, sport;
- attend to self-care activities, relaxation;
- go on a weekend short-break;
- recover from an illness or a stress-related event; or
- attend to work/employment or school/education commitments.

The provision of In-Home Respite may occur while the carer is absent from the home or while they are at home, but it must enable the carer to be relieved of the caring tasks.

3.4.2.2 In-Scope Activities

Activities undertaken by the substitute carer are those that will assist in reducing carer stress and burden, such as, but not limited to:

- supervision;
- companionship (e.g. social engagement);
- personal care activities (refer to section 3.2.1 [General] of the VHC Manual);
- household chores but not complete cleaning services (household chores cannot be the primary focus of In-Home Respite);
- meal preparation*; and/or
- social activities, *if they are normally part of the carer's role***.

***Note:** Assistance with meal preparation should **only** be for those meals consumed during the In-Home Respite period.

****Note:** If the care worker uses their own car for social outings, the care worker needs to have appropriate insurances, registration and a licence. If a taxi or other public transport is used for social outings, the entitled person is responsible for paying the fare. In addition, a co-payment cannot be charged for the purposes of providing transport for social outings.

3.4.2.3 Out-of-Scope Activities

Complete household cleaning is not the primary focus of In-Home Respite. This service can be provided under Domestic Assistance.

3.4.2.4 Equipment and Consumables

The entitled person (or carer) provides the necessary equipment for the activities, including personal hygiene products (e.g. soap, shampoo, skin care creams/lotions), aids/appliances, medication and ingredients for meal preparation.

3.4.2.5 Frequencies

VHC Service Plans for In-Home Respite can be made for a weekly, fortnightly, four weekly or 13 weekly basis.

Up to 196 hours in any financial year can be provided under In-Home Respite. If Residential Respite is used in the same financial year, the available In-Home Respite hours will be reduced. Unused hours cannot be carried over to the next financial year.

3.4.3 Residential Respite

3.4.3.1 Purpose

Residential Respite provides short-term care in an Australian Government-funded aged care facility, or other appropriate residential setting, for entitled persons who:

- are being cared for and whose carer is in need of a temporary break from the caring role; or
- are self-carers, but are in need of respite care; and
- intend to return to the community.

Residential Respite may be used on a planned or emergency basis. The carer might use Residential Respite to attend a wedding or other event, or go on a holiday. Additionally, the carer may need help if they are unwell or unable to provide care for any reason.

VHC Service Providers do not deliver Residential Respite. VHC Assessment Agencies manage the approval process for DVA to fund the fee for entitled persons receiving respite in an appropriate residential setting for up to 28 days.

3.4.3.2 Residential Settings

Residential Respite is approved in Australian Government-funded aged care facilities.

Where there is not an Australian Government-funded aged care facility available or the facility's services may not meet the entitled person's care needs (e.g. the entitled person is under 65 years old, the entitled person has dementia, etc), Residential Respite may also be approved in other appropriate residential settings, including a:

- hospital;
- Multi-Purpose Service (MPS);
- Supported Residential Services (SRS) in Victoria;
- Cottage Respite under the CHSP; or
- another appropriate facility (e.g. disability-specific service for younger people).

3.4.3.3 DVA Funding

3.4.3.3.1 Residential Respite in Australian Government-funded Aged Care Facilities

The Australian Government funds the subsidy for respite in an Australian Government-funded aged care facility for up to 63 days in any financial year for any Australian assessed as needing respite in a residential setting. The Australian Government may extend this subsidy in lots of 21 days if the ACAT or ACAS assessment finds that extra time is necessary.

Any Australian accessing respite in an Australian Government-funded aged care facility is required to pay the basic daily care fee for up to 63 days in any financial year. However, this is not the case for entitled persons. DVA will pay the basic daily care fee for:

- entitled persons for up to 28* days of the 63 days in any financial year. If more than 28* days is required, the entitled person has to pay the basic daily care fee; or
- entitled persons who are Australian former Prisoners of War (POW) or Victoria Cross (VC) recipients for up to 63* days in any financial year.

***Note:** If In-Home Respite is used in the same financial year, the available Residential Respite days will be reduced. Unused days cannot be carried over to the next financial year.

DVA will not pay the basic daily care fee for carers who are not an entitled person in their own right.

The basic daily care fee is an indexed amount that is adjusted in March and September each year to coincide with changes to the pension. The basic daily care fee contributes to an entitled person's day-to-day living costs such as meals, cleaning, laundry, heating and cooling. The Aged Care Fees and Charges list, which includes the basic daily care fee amount, is located on the Department of Health website at: agedcare.health.gov.au/aged-care-funding/aged-care-fees-and-charges

DVA will not pay for any extra service fees that may be applicable in the aged care facility.

Some Australian Government-funded aged care facilities may charge an entitled person a booking fee to secure a period of respite care. It is a prepayment and not an additional payment. Section 10 of the *Fees and Payments Principles 2014* limits the booking fee charged by Australian Government-funded aged care facilities. The booking fee must not exceed the equivalent of the fee for one week's respite care, or 25 per cent of the fee for the proposed period of respite care, whichever is less. DVA is unable to pay this booking fee. The Australian Government-funded aged care facility is responsible for refunding this booking fee to the entitled person after the respite stay. When the proposed period of respite care is cancelled within seven days before the start day for reasons other than hospitalisation or the death of an entitled person, the booking fee can be retained by the Australian Government-funded aged care facility. DVA will not reimburse the booking fee where Residential Respite was not provided in this circumstance.

If an Australian Government-funded aged care facility is charging an entitled person a booking fee that exceeds the legislated limit in section 10 of the *Fees and Payments Principles 2014*, the entitled person or their nominated representative can lodge a complaint with the Aged Care Quality and Safety Commission. The Aged Care Quality and Safety Commission can be contacted directly on 1800 951 822 or by visiting the website at: www.agedcarequality.gov.au.

3.4.3.3.2 Residential Respite in other Appropriate Residential Settings

For Residential Respite provided in one of the other appropriate residential settings outlined at section 3.4.3.2 [General] of the VHC Manual, DVA will pay an amount that is an appropriate and cost effective alternative to an Australian Government-funded aged care facility. This amount may be higher than the basic daily care fee.

DVA will pay an amount for:

- entitled persons for up to 28* days in any financial year. If more than 28* days is required, the entitled person has to pay the amount; or
- entitled persons who are Australian former POW or VC recipients for up to 63* days in any financial year.

***Note:** If In-Home Respite is used in the same financial year, the available Residential Respite days will be reduced. Unused days cannot be carried over to the next financial year.

DVA will not pay an amount for carers who are not an entitled person in their own right.

3.4.3.4 Access to DVA-funded Residential Respite

3.4.3.4.1 Residential Respite in Australian Government-funded Aged Care Facilities

To organise Residential Respite in an Australian Government-funded aged care facility, entitled persons must be assessed by an ACAT or ACAS before booking their respite stay. Entitled persons (or their carer or family) will need to organise an ACAT or ACAS assessment by contacting the My Aged Care national contact centre on 1800 200 422 or visiting the My Aged Care website at: www.myagedcare.gov.au/

After receiving an ACAT or ACAS approval for Residential Respite, the entitled person (or their carer or family) will need to locate and book an Australian Government-funded aged care facility with an available respite bed. This information can be found on the My Aged Care website at: www.myagedcare.gov.au/service-finder/aged-care-homes

Once a respite bed has been booked, the entitled person or their nominated representative contacts the VHC Assessment Agency to organise DVA approval for the respite stay. The VHC Assessment Agency will arrange for DVA to fund the respite stay within the balance of the entitled person's Residential Respite days.

3.4.3.4.2 Residential Respite in other Appropriate Residential Settings

To organise Residential Respite in one of the other appropriate residential settings outlined at section 3.4.3.2 [General] of the VHC Manual, the entitled person (or their carer or family) will need to locate and book an available respite bed. An ACAT or ACAS assessment is not required for respite stays in these other residential settings. However, DVA recommends that an ACAT or ACAS assessment is undertaken for *older* entitled persons so that their care needs are identified and the accommodation meets their required level of care. Additionally, the assessment also identifies any requirement for future aged care services.

Once a respite bed has been booked, the entitled person or their nominated representative contacts the VHC Assessment Agency to organise DVA approval for the respite stay. The VHC Assessment Agency will arrange for DVA to fund the respite stay within the balance of the entitled person's Residential Respite days.

3.4.4 Emergency Short-Term Home Relief (ESTHR)

3.4.4.1 Purpose

ESTHR is emergency care, which includes 24-hour care. When an entitled person's carer is unable to continue the caring role due to sudden and unforeseen circumstances, ESTHR is provided to the entitled person at home so they are not left without adequate care.. For example, ESTHR helps when an entitled person's carer:

- is suddenly admitted into hospital;
- suddenly requires long-term hospital treatment (unplanned surgery + Transition Care/rehabilitation);
- has had to leave to attend to another family emergency and are unsure when they will return;
- has died; or
- cannot continue the caring role due to carer stress/breakdown.

If the only alternatives are admission to hospital or being left alone without the necessary care, ESTHR provides emergency care to the entitled person in the home until the carer returns to the caring role or other arrangements are put in place (e.g. general community services, residential aged care, etc).

Self-carers are not eligible for ESTHR.

If the entitled person is the carer and the person they are caring for is not an entitled person in their own right, ESTHR cannot be provided. In this situation, In-Home Respite may be provided.

3.4.4.2 In-Scope Activities

Activities undertaken by the substitute carer are those that will provide adequate care to the entitled person, such as, but not limited to:

- supervision;
- companionship (e.g. social engagement);
- personal care activities (refer to section 3.2.1 [General] of the VHC Manual);
- domestic assistance activities (refer to section 3.1.1 [General] of the VHC Manual);
- meal preparation*; and/or
- social activities, *if they are normally part of the carer's role***.

***Note:** Assistance with meal preparation should **only** be for those meals consumed during the ESTHR period.

****Note:** If the care worker uses their own car for social outings, the care worker needs to have appropriate insurances, registration and a licence. If a taxi or other public transport is used for social outings, the entitled person is responsible for paying the fare. In addition, a co-payment cannot be charged for the purposes of providing transport for social outings.

3.4.4.3 Out-of-Scope Activities

Clinical nursing interventions are not provided under ESTHR. These services are available from the DVA Community Nursing Program.

3.4.4.4 Equipment and Consumables

The entitled person (or carer) provides the necessary equipment for the activities, including personal hygiene products (e.g. soap, shampoo, skin care creams/lotions), aids/appliances, medication and ingredients for meal preparation.

However, the entitled person may not have all of the necessary equipment due to the sudden departure of the carer. VHC Service Providers may arrange for or supply the necessary equipment and, if required, seek reimbursement of the cost from the entitled person or their nominated representative.

3.4.4.5 Episodes of Care

ESTHR is provided on an episode of care basis. One episode is up to 72 hours (three days) of continuous care per emergency. If further care is required within 24 hours after the end of the previous episode of care, another episode of care of up to 72 hours may be provided. The cumulative period of care provided to the entitled person cannot exceed 216 hours in any financial year.

Unused hours cannot be carried over to the next financial year.

Section 4 – Coordinated Veterans' Care (CVC) Social Assistance

4.1 Purpose

4.1.1 CVC Program

The CVC Program is designed to increase support for Gold Card holders that:

- have one or more of the following targeted chronic conditions:
 - congestive heart failure;
 - coronary artery disease;
 - pneumonia;
 - chronic obstructive pulmonary disease; and/or
 - diabetes;
- have complex care needs; and
- are at risk of unplanned hospitalisation.

The CVC Program focuses on improving the management of chronic conditions and quality of life for eligible Gold Card holders.

To be enrolled in the CVC Program, Gold Card holders must be assessed and diagnosed by a LMO or GP. If enrolled by the LMO/GP, they become a CVC participant and the LMO/GP will provide ongoing comprehensive coordinated care with the assistance of either a Practice Nurse/Aboriginal Health Worker or a Community Nurse from a DVA-contracted community nursing provider.

For information on the broader CVC Program, refer to the DVA website at:
www.dva.gov.au/providers/provider-programs/coordinated-veterans-care

4.1.2 Social Assistance Service Type Delivered through the VHC Program

One of the services provided through the CVC Program is Social Assistance.

CVC Social Assistance is a 12 week service designed to (re)connect socially isolated CVC participants into community life. The service is designed to empower the CVC participant to meet their need for social contact and/or company.

The aim is to give CVC participants the confidence and independence to be involved in community activities, so they can pursue interests, make new friends or maintain friendships and strengthen their wellbeing, which will result in better health and a greater support network.

The objective is to promote social health and independence and not to create dependency.

CVC Social Assistance is delivered through the existing infrastructure of the VHC Program. VHC Assessment Agencies conduct an assessment for CVC Social Assistance with CVC participants referred by the LMO/GP. If there is an assessed need for CVC Social Assistance, VHC Assessment Agencies allocate a VHC Service Provider to deliver the service.

4.2 Eligibility

To be eligible for CVC Social Assistance, the entitled person must be:

- a CVC participant;
- identified by their LMO/GP as being socially isolated, at risk of becoming socially isolated or at risk of unplanned hospitalisation due to social isolation;
- referred by their LMO/GP to a VHC Assessment Agency and the referral is valid for a six month period; and
- assessed by a VHC Assessment Agency as needing assistance to (re)connect them into community life.

4.3 Access and Referral

Generally, the LMO/GP will refer the CVC participant to a VHC Assessment Agency in their location.

CVC participants must undertake an assessment with a VHC Assessment Agency. A VHC assessor will contact the CVC participant and discuss their circumstances to identify the assistance that may be needed to (re)connect them into community life. If there is an assessed need for CVC Social Assistance, the VHC assessor will arrange the appropriate activities to meet that assessed need.

The majority of assessments are completed over the telephone. However, if the VHC assessor determines that an assessment completed in the home is more beneficial, they will arrange a suitable time and date with the referrer.

If a CVC participant is already receiving VHC services and would benefit from CVC Social Assistance, but have not been identified by their LMO/GP as being socially isolated, VHC Assessment Agencies will discuss a referral with the LMO/GP so as to meet the eligibility requirements at section 4.2 [General] of the VHC Manual.

4.4 Activities

4.4.1 Community Based Socialisation

This activity involves:

1. identifying interests/activities the CVC participant might like to do, which are directed towards meeting the CVC participant's need for social contact and/or company;
2. identifying what is available in the community (e.g. a Men's Shed type group, DVA Day Club, ex-service organisation with regular activities, local community workshops); and
3. supporting and encouraging involvement in the activity for up to 12 weeks.

Community based socialisation may involve assisting the CVC participant to engage in the activity by attending the activity with them, talking with the organisers ahead of time to ensure a good 'fit', reviewing CVC participant's satisfaction with the activity and making arrangements for the CVC participant to continue attending the activity after the 12-week period. The CVC participant needs to feel they are contributing to the activities, they are included and they do not feel like a burden.

The CVC participant is responsible for the costs to participate in their chosen activity.

If transport is required to attend the activity and the care worker will use their own car, the care worker needs to have appropriate insurances, registration and a licence. If a taxi or other public transport is used, the CVC participant is responsible for paying the fare.

After the 12-week period, the CVC participant is responsible for attending the activity. Information on the modes of transport available and/or assistance given to use the transport should be provided prior to the end of the 12-week period to enable the CVC participant to continue attending the activity.

4.4.1.1 Service Level

The service level for community based socialisation is up to four hours per week for 12 weeks.

This allows flexibility and includes the travel time from the CVC participant's home to and from the activity, if required. The travel time should be less than the time spent on undertaking the actual activity. If the travel time is greater than half an hour each way, this may be a barrier for the CVC participant to continue attending the activity and should be discussed with the CVC participant.

4.4.2 Home Based Socialisation

This activity involves:

- visiting the CVC participant in their home to provide companionship, which is directed towards meeting the CVC participant's need for social contact and/or company;
- supporting and encouraging the CVC participant to find a social interest/activity that they can engage and be involved in; and
- assisting the CVC participant to use different types of communication so as to keep in touch with family and friends (e.g. letter writing, using a telephone, or using a tablet or computer to do a video call, setting up an e-mail account, social media applications and websites).

Home based socialisation may involve assisting the CVC participant to make arrangements for them to continue the socialisation after the 12-week period. The CVC participant needs to feel they are contributing to the activities, they are included and they do not feel like a burden.

The CVC participant is responsible for providing the necessary equipment to participate in their chosen interest/activity.

After the 12-week period, the CVC participant is responsible for continuing the interest/activity.

4.4.2.1 Service Level

The service level for home based socialisation is up to two hours per week for 12 weeks.

4.4.3 Limited Accompanied Outings

This activity involves:

- accompanying the CVC participant to an appointment (e.g. hair appointment), which is directed towards companionship where they need someone with them;
- supporting and encouraging the CVC participant to keep up with essential life activities outside the home but within the community (e.g. shopping, bill-paying, banking) by accompanying them to undertake the activities; or
- accompanying the CVC participant on group excursions or day trips to visit places of interest that promote social interaction and community inclusion.

Limited accompanied outings are designed to empower the CVC participant to continue these activities after the 12-week period. This may involve attending the activity with them, showing them how to undertake the activity and making arrangements for the CVC participant to continue attending the activity after the 12-week period. The CVC participant needs to feel they are contributing to the activities, they are included and they do not feel like a burden.

The CVC participant is responsible for the costs to participate in their chosen activity.

If transport is required to attend the activity and the care worker will use their own car, the care worker needs to have appropriate insurances, registration and a licence. If a taxi or other public transport is used, the CVC participant is responsible for paying the fare.

After the 12-week period, the CVC participant is responsible for continuing the activity. Information on the modes of transport available and/or assistance given to use the transport should be provided prior to the end of the 12-week period to enable the CVC participant to continue attending the activity.

4.4.3.1 Service Level

The service level for limited accompanied outings is up to four hours per week for 12 weeks.

This allows flexibility and includes the travel time from the CVC participant's home to and from the activity, if required. The travel time should be less than the time spent on undertaking the actual activity. If the travel time is greater than half an hour each way, this may be a barrier for the CVC participant to continue attending the activity and should be discussed with the CVC participant.

4.4.4 Other

Other is the combination of any two of the above socialisation activities (e.g. home based socialisation and community based socialisation, or limited accompanied outings and community based socialisation, etc).

For example, the combination of home based socialisation and community based socialisation may involve assisting the CVC participant to use different types of communication to keep in touch with family and friends and to find a social interest/activity that they can be involved in. Once a social interest/activity has been identified, assist the CVC participant to engage in the activity by attending the activity with them initially and then encourage them to make their own arrangements for future attendance.

The CVC participant is responsible for providing the necessary equipment and for any costs to participate in their chosen interest/activity.

If transport is required to attend the activity and the care worker will use their own car, the care worker needs to have appropriate insurances, registration and a licence. If a taxi or other public transport is used, the CVC participant is responsible for paying the fare.

After the 12-week period, the CVC participant is responsible for attending the activity. Information on the modes of transport available and/or assistance given to use the transport should be provided prior to the end of the 12-week period to enable the CVC participant to continue attending the activity.

4.4.4.1 Service Level

The service level for a combination of socialisation activities is up to six to eight hours per week for 12 weeks.

This allows flexibility and includes the travel time from the CVC participant's home to and from the activity, if required. The travel time should be less than the time spent on undertaking the actual activity. If the travel time is greater than half an hour each way, this may be a barrier for the CVC participant to continue attending the activity and should be discussed with the CVC participant.

4.5 Conclusion of Services

CVC Social Assistance will not continue after the 12-week period. If longer term Social Assistance is required, the CVC participant may be referred to other social support services (e.g. CHSP).

Section 5 – Interaction with DVA Services and other Government Programs

5.1 DVA Services

5.1.1 Health Services

Entitled persons requiring health services may access these by using their Gold Card or White Card*. These health services include, but not limited to:

- medical services, including private or public hospital treatment, theatre fees, intensive care, LMO/GP services, referred specialist services, pathology services and radiology services;
- allied health services, including chiropractic, exercise physiology, dietetic services, occupational therapy, optometry, hearing services, osteopathy, physiotherapy, podiatry, psychology, social work and dental services;
- pharmaceuticals; and
- ambulance.

***Note:** For entitled persons with a White Card, DVA will only pay for the services if they are required to treat a disability and/or condition accepted by DVA.

Entitled persons may access all VHC services at the same time as using their Gold Card or White Card to access health services. However, if an entitled person is receiving treatment (hospital, Convalescent Care or Residential Respite admission) they cannot continue to access VHC services, unless they were receiving Domestic Assistance and/or safety-related Home and Garden Maintenance immediately prior to leaving the home for treatment. Refer to section 2.2.2.1 [General] of the VHC Manual. VHC services may be arranged to commence, where there is an assessed need, when an entitled person returns home.

For more information, refer to the DVA Factsheets:

- HSV01 – Health Services Available to the Veteran Community (www.dva.gov.au/factsheet-hsv01-health-services-available-veteran-community)
- HSV60 – Using the DVA Health Card – All Conditions (Gold) or DVA Health Card (Totally & Permanently Incapacitated (Gold)) (www.dva.gov.au/factsheet-hsv60-using-dva-health-card-all-conditions-gold-or-dva-health-card-totally-permanently)
- HSV61 – DVA Health Card – Specific Conditions (White) (www.dva.gov.au/factsheet-hsv61-dva-health-card-specific-conditions-white)

5.1.2 Community Nursing Program

Entitled persons requiring clinical nursing and/or high level or complex personal care services may access these through the DVA Community Nursing Program.

Entitled persons may access Domestic Assistance, safety-related Home and Garden Maintenance, In-Home Respite, ESTHR and CVC Social Assistance at the same time as using their Gold Card or White Card* to access the DVA Community Nursing Program. Entitled persons cannot receive Personal Care at the same as receiving community nursing services for a clinical and/or personal care need, except in certain situations. Refer to section 3.2.5 [General] of the VHC Manual.

***Note:** Entitled persons with a White Card can only access the DVA Community Nursing Program if the services are required to treat a disability and/or condition accepted by DVA.

For more information, refer to the DVA Factsheet HSV16 – Community Nursing Services (www.dva.gov.au/factsheet-hsv16-community-nursing-services)

5.1.3 Rehabilitation Appliances Program

Entitled persons requiring aids and appliances (assistive technology) may access these through the DVA Rehabilitation Appliances Program (RAP). These aids and appliances include, but are not limited to:

- continence products;
- mobility and functional support aids;
- personal response systems;
- home medical oxygen and Continuous Positive Airways Pressure (CPAP) supplies;
- diabetic supplies;
- cognitive, dementia and memory aids;
- low vision, hearing and speech appliances;
- orthoses and prostheses;
- medical grade footwear; and
- home modifications and household adaptive appliances.
- .

Entitled persons may access all VHC services at the same time as using their Gold Card or White Card* to access RAP.

***Note:** Entitled persons with a White Card can only access RAP if the aids and appliances are required to treat a disability and/or condition accepted by DVA.

For more information, refer to the DVA Factsheet *HSV107 – Rehabilitation Appliances Program* (www.dva.gov.au/factsheet-hsv107-rehabilitation-appliances-program)

5.1.4 Repatriation Transport Scheme

Entitled persons requiring transport to health appointments, including a Residential Respite admission, may access the Repatriation Transport Scheme. This scheme either assists by reimbursing the cost of privately arranged transport or arranges transport under the Booked Car Scheme.

In addition, entitled persons may access ambulance services for emergency or non-emergency transport.

Entitled persons may access all VHC services at the same time as using their Gold Card or White Card* to access the Repatriation Transport Scheme and ambulance services.

***Note:** Entitled persons with a White Card can only access the Repatriation Transport Scheme if the services are required to treat a disability and/or condition accepted by DVA.

For more information, refer to the DVA Factsheets:

- *HSV02 – Claiming Travelling Expenses Under the Repatriation Transport Scheme* (www.dva.gov.au/factsheet-hsv02-claiming-travelling-expenses-under-repatriation-transport-scheme)
- *HSV03 – DVA Arranged Transport Under the Repatriation Transport Scheme* (www.dva.gov.au/factsheet-hsv03-dva-arranged-transport-under-repatriation-transport-scheme)
- *HSV120 – Ambulance Services* (www.dva.gov.au/factsheet-hsv120-ambulance-services)

5.1.5 Open Arms - Veterans and Families Counselling

Entitled persons requiring counselling can access Open Arms. Open Arms is a free and confidential, nation-wide counselling and support service for war and service-related mental health conditions, such as posttraumatic stress disorder, anxiety, depression, sleep disturbance and anger. Support is also available for relationship and family matters that can arise due to the unique nature of military service.

Open Arms counsellors have an understanding of military culture and can work with entitled persons to find effective solutions for improved mental health and wellbeing. Open Arms provides the following services:

- individual, couple and family counselling and support for those with more complex needs;
- services to enhance family functioning and parenting;
- after-hours crisis telephone counselling through the Veterans Line;
- group programs to develop skills and enhance support;
- information, education and self-help resources; and
- referrals to other services or specialist treatment programs.

Entitled persons may access all VHC services at the same time as accessing Open Arms. Entitled persons can call Open Arms on 1800 011 046.

For more information, refer to the Open Arms website at: www.openarms.gov.au/

5.1.6 Convalescent Care

Entitled persons requiring recovery from an illness or operation immediately following an acute hospital admission may access Convalescent Care.

Entitled persons cannot continue to access VHC services at the same time as using their Gold Card or White Card* to access Convalescent Care, unless they were receiving Domestic Assistance and/or safety-related Home and Garden Maintenance immediately prior to leaving the home for an acute hospital admission. Refer to section 2.2.2.1 [General] of the VHC Manual. VHC services may be arranged to commence, where there is an assessed need, when an entitled person returns home.

***Note:** Entitled persons with a White Card can only access Convalescent Care if the services are required to treat a disability and/or condition approved by DVA.

For more information, refer to the DVA Factsheet *HSV77 – Convalescent Care* (www.dva.gov.au/factsheet-hsv77-convalescent-care)

5.1.7 Dose Administration Aid (DAA) Service

Entitled persons requiring assistance with organising their medicines may access the DAA Service. The DAA is a blister pack that arranges medicines according to the day and time they should be taken and is packaged by a pharmacist.

Entitled persons may access all VHC services at the same time as accessing the DAA Service.

For more information, refer to the DVA Factsheet *HSV93 – Dose Administration Aid Service* (www.dva.gov.au/factsheet-hsv93-dose-administration-aid-service)

5.1.8 Rehabilitation

Veterans (not war widow/ers or dependant children) seeking assistance to improve their wellbeing and to adapt to, and recover from, an injury or illness from defence service may access DVA Rehabilitation. Services include:

- medical management rehabilitation;
- psychosocial rehabilitation; and
- vocational rehabilitation.

Veterans may access all VHC services at the same time as accessing DVA Rehabilitation. However, some rehabilitation plans include Household Services and/or Attendant Care. Veterans receiving Household Services and/or Attendant Care cannot duplicate the equivalent service types and tasks from the VHC Program. Refer to sections 5.1.9 and 5.1.10 [General] of the VHC Manual.

For more information, refer to the DVA website at: www.dva.gov.au/health-and-wellbeing/rehabilitation

5.1.9 Household Services

Veterans (not war widows/ers or dependent children) with a Gold Card or White Card who have a disability and/or condition accepted under MRCA or DRCA are eligible for an assessment for both VHC services and Household Services. Access to Household Services is based on the accepted disability and/or condition that limits the veteran's ability to do household tasks.

Household Services is similar to Domestic Assistance and safety-related Home and Garden Maintenance, however, there are a broader range of activities available. Household Services may include meal preparation, cooking, house cleaning, laundry, ironing, shopping, lawn mowing and gardening. Child care support may be provided to address short term/crisis care, when usual child care arrangements are disrupted due to unexpected circumstances.

Veterans accessing Household Services cannot duplicate the tasks they are receiving with the same tasks from the VHC Program. Refer to section 2.2.1.1 [General] of the VHC Manual.

For more information, refer to the DVA Factsheet *MRC42 – Household Services* (www.dva.gov.au/factsheet-mrc42-household-services)

5.1.10 Attendant Care

Veterans (not war widows/ers or dependent children) with a Gold Card or White Card who have a disability and/or condition accepted under MRCA or DRCA are eligible for an assessment for both VHC services and Attendant Care. Access to Attendant Care is based on the accepted disability and/or condition that limits the veteran's ability to self-care.

Attendant Care is the same as Personal Care, however, Attendant Care services can be provided at a higher intensity. Attendant Care services may include assistance with personal hygiene (bathing and toileting), grooming, dressing, feeding and mobility.

Veterans accessing Attendant Care cannot receive Personal Care. Refer to section 2.2.1.1 [General] of the VHC Manual.

For more information, refer to the DVA Factsheet *MRC41 – Attendant Care* (www.dva.gov.au/factsheet-mrc41-attendant-care)

5.1.11 Social Health Activities

Entitled persons and carers seeking to develop and maintain social contact outside the home through activities (e.g. games, sports, fitness, information sessions, arts and crafts) may access a Day Club. Day Clubs are run nationally. For more information, refer to the DVA website at: www.dva.gov.au/health-and-wellbeing/day-club-programmes

Veterans (not war widow/ers or dependent children) seeking to improve their physical health and wellbeing through exercise, nutrition and lifestyle management support may access the Heart Health Program. For more information, refer to the DVA website at: www.dva.gov.au/health-and-wellbeing/wellbeing/heart-health-programme

Entitled persons may access all VHC services at the same time as accessing the above social health activities.

5.1.12 Mental Health Information

Entitled persons requiring assistance with managing their mental health can access information, advice and tools from:

- at-ease website at: at-ease.dva.gov.au/veterans/
- High Res website at: at-ease.dva.gov.au/highres/#!/home
- Operation Life website at: at-ease.dva.gov.au/suicideprevention
- The Right Mix website at: www.therightmix.gov.au/

For more information, refer to the DVA Factsheet *HSV99 – Mental Health Support* (www.dva.gov.au/factsheet-hsv99-mental-health-support)

Entitled persons may access all VHC services at the same time as accessing the above mental health information, advice and tools.

5.1.13 Other Information

Entitled persons requiring information on:

- pension and entitlements, refer to the *You and Your Pension* booklet on the DVA website at: www.dva.gov.au/benefits-and-payments/income-support/managing-your-pension
- preparing for bereavement, refer to the *Planning Ahead* booklet on the DVA website at: www.dva.gov.au/about-dva/publications/health-publications/planning-ahead-kit
- services available to carers, refer to the *Carers Booklet* on the DVA website at: www.dva.gov.au/about-dva/publications/health-publications/carers-booklet
- preventing back injuries for carers, refer to the *Back to Basics* booklet on the DVA website at: www.dva.gov.au/about-dva/publications-and-forms/health-publications/back-basics
- purchasing, operating and maintaining motorised scooters, refer to the *Keeping you SAFE in the rider's seat* booklet on the DVA website at: www.dva.gov.au/about-dva/publications-and-forms/health-publications/keeping-you-safe-riders-seat
- cooking for one or two, refer to the *Cooking for One or Two Program* on the DVA website at: www.dva.gov.au/about-dva/publications/health-publications/cooking-one-or-two-programme

5.2 Other Community and Aged Care Programs

5.2.1 Right to Access

Entitled persons have the same right of access to other community and aged care programs, as any other member of the community. Specifically, entitled persons should not be discriminated against or refused care when accessing services from other community and aged care programs on an assumption that DVA will provide for all their care needs. Entitled persons have a choice; where eligible, they can decide to receive care from any community and aged care program as long as they do not duplicate the care they are receiving.

5.2.2 My Aged Care

My Aged Care is the gateway or the entry point to aged and community care services in Australia. My Aged Care is both a website and a national contact centre. The My Aged Care website, www.myagedcare.gov.au, allows 'consumers' (a term used by the Commonwealth Department of Health) to find information on aged and community care services, find a service in their local area and estimate aged care fees. The My Aged Care national contact centre answers consumer questions, registers consumers and undertakes a phone-based screening process. As part of the phone-based screening process, My Aged Care may refer the consumer:

- directly to CHSP services;
- to a face-to-face home assessment by the My Aged Care Regional Assessment Service (RAS) for CHSP services; or
- to a face-to-face home assessment by an ACAT or ACAS for the Home Care Packages Program, Transition Care, Short-Term Restorative Care, residential respite and permanent residential aged care.

Entitled persons requiring services from CHSP, Home Care Packages Program, Transition Care, Short-Term Restorative Care, residential respite, residential aged care and carer support are to be referred to the My Aged Care national contact centre on 1800 200 422. Information on the interaction between the VHC Program and all of these community and aged care programs is below.

For more information, refer to:

- the DVA website at: www.dva.gov.au/health-and-wellbeing/home-and-care/navigating-aged-care
- the My Aged Care website at: www.myagedcare.gov.au/getting-started

5.2.3 Commonwealth Home Support Program (CHSP)

Entitled persons who are aged 65 years and over, or 50 years and over for Aboriginal and Torres Strait Islanders, or 50 years or older and on a low income, homeless or at risk of homelessness, may access CHSP. Carers of entitled persons may also access CHSP.

CHSP offers services that are not available through the VHC Program or under Gold Card or White Card arrangements, such as a wide range of social support, food services, community transport and centre-based day respite.

Entitled persons may access all VHC services at the same time as accessing different services from CHSP (e.g. Domestic Assistance and Personal Care from the VHC Program and social support and centre-based day respite from CHSP). However, entitled persons accessing CHSP cannot duplicate the tasks they are receiving with the same tasks from the VHC Program.

For more information, refer to:

- the My Aged Care website at: www.myagedcare.gov.au/help-home/commonwealth-home-support-programme
- the CHSP Program Manual at: agedcare.health.gov.au/programs/commonwealth-home-support-programme/chsp-manual-effective-as-of-1-july-2018

5.2.4 Home Care Packages Program

Entitled persons that are an older person needing high-level coordinated services, or a younger person with a disability, dementia or other special care needs that are not met through other programs, may access the Home Care Packages Program. There are no minimum age requirements for this program, however, it is designed primarily as an aged care service.

Consumers have choice and control over what services are delivered and who delivers them under their self-managed Home Care Package plan to meet their assessed need. Consequently, entitled persons who have accepted a Home Care Package may be able to direct that some of the services be provided using their Gold Card or White Card, which then frees up their Home Care Package budget for other services that cannot be provided under Gold Card or White Card arrangements.

Entitled persons may access all VHC services at the same time as accessing different services from the Home Care Package (e.g. Domestic Assistance and Respite Care from the VHC Program and case coordination, clinical nursing, personal care, social support and centre-based respite from the Home Care Package). However, entitled persons accessing services under the Home Care Package cannot duplicate the services they are receiving with the same services from the VHC Program.

Entitled persons on a Home Care Package may be asked to pay a fee. DVA will pay this fee for entitled persons who are Australian former POW or VC recipients.

For more information, refer to:

- the My Aged Care website at: www.myagedcare.gov.au/help-home/home-care-packages
- the Home Care Packages resources at: agedcare.health.gov.au/programs/home-care/information-resources-home-care-package-delivery

5.2.5 Short-Term Restorative Care

Short-Term Restorative Care is an early intervention program that aims to reverse and/or slow 'functional decline' in older people and improve wellbeing through the delivery of a time-limited (up to 56 paid days), goal-oriented, multi-disciplinary and coordinated range of services. Short-Term Restorative Care is delivered either in the home, residential aged care or a combination of both. Entitled persons with a desire to return to earlier or improved levels of independence may be able to access Short-Term Restorative Care.

If Short-Term Restorative Care is provided in their home, entitled persons may access all VHC services at the same time as accessing different services from Short-Term Restorative Care (e.g. Domestic Assistance and safety-related Home and Garden Maintenance from the VHC Program and case coordination and allied health services from Short-Term Restorative Care). However, entitled persons accessing services from Short-Term Restorative Care cannot duplicate the services they are receiving with the same services from the VHC Program.

If Short-Term Restorative Care is provided outside the home, entitled persons cannot continue to access VHC services at the same time, unless they were receiving Domestic Assistance and/or safety-related Home and Garden Maintenance immediately prior to leaving the home for Short-Term Restorative Care. Refer to section 2.2.2.1 [General] of the VHC Manual. VHC services may be arranged to commence, where there is an assessed need, when an entitled person returns home.

Entitled persons receiving Short-Term Restorative Care may be asked to pay a fee. DVA will pay this fee for entitled persons who are Australian former POW or VC recipients.

For more information, refer to:

- the My Aged Care website at: www.myagedcare.gov.au/short-term-restorative-care
- the Short-Term Restorative Care Program Manual at: agedcare.health.gov.au/short-term-restorative-care-programme-manual-2016-and-frequently-asked-questions

5.2.6 Transition Care

Entitled persons who are older and require recovery from an illness or operation immediately following a hospital admission may access Transition Care. Transition Care is time-limited up to 12 weeks (or up to 18 weeks if assessed as needing more help) and provided in the home, in a health care facility or in a residential aged care facility.

If Transition Care is provided in their home, entitled persons may access all VHC services at the same time as accessing different services from Transition Care (e.g. Domestic Assistance and safety-related Home and Garden Maintenance from the VHC Program and case coordination, delivered meals and allied health services from Transition Care). However, entitled persons accessing services from Transition Care cannot duplicate the services they are receiving with the same services from the VHC Program.

If Transition Care is provided outside the home, entitled persons cannot continue to access VHC services at the same time, unless they were receiving Domestic Assistance and/or safety-related Home and Garden Maintenance immediately prior to leaving the home for Transition Care. Refer to section 2.2.2.1 [General] of the VHC Manual. VHC services may be arranged to commence, where there is an assessed need, when an entitled person returns home.

Entitled persons receiving Transition Care may be asked to pay a fee. DVA will pay this fee for entitled persons who are Australian former POW or VC recipients.

For more information, refer to the My Aged Care website at: www.myagedcare.gov.au/after-hospital-care-transition-care

5.2.7 National Disability Insurance Scheme (NDIS)

Entitled persons may be able to access the NDIS if they have a permanent impairment that significantly affects their ability to take part in everyday activities, or have a developmental delay, are aged less than 65 years old and live in an NDIS area. NDIS is in the process of being rolled out Australia-wide and may not be available in every location.

Consumers have choice and control over what services are delivered and who delivers them under their self-managed NDIS plan to meet their assessed need. Consequently, entitled persons who have accepted NDIS may be able to direct that some of the services be provided using their Gold Card or White Card, which then frees up their NDIS budget for other services that cannot be provided under Gold Card or White Card arrangements.

Entitled persons may access all VHC services at the same time as accessing different services from NDIS (e.g. Respite Care from the VHC Program and case coordination, daily activities, social support and transport from NDIS). However, entitled persons accessing services from NDIS cannot duplicate the services they are receiving with the same services from the VHC Program.

For more information, refer to the NDIS website at: www.ndis.gov.au/index.html

5.2.8 Western Australia (WA) Home and Community Care Program (HACC) for Younger People

Entitled persons living in Western Australia who are aged under 65 years, or under 50 years for Aboriginal and Torres Strait Islanders, may access the WA HACC Program. Carers of entitled persons may also access WA HACC.

WA HACC offers services that are not available through the VHC Program or under Gold Card or White Card arrangements, such as social support.

Entitled persons may access all VHC services at the same time as accessing different services from WA HACC (e.g. Domestic Assistance and Personal Care from the VHC Program and social support from WA HACC). However, entitled persons accessing WA HACC cannot duplicate the tasks they are receiving with the same tasks from the VHC Program.

For more information, refer to the Government of Western Australia Department of Health website at: ww2.health.wa.gov.au/sitecore/content/Healthy-WA/Articles/F_1/HACC-under-65

5.2.9 Victorian Home and Community Care Program for Younger People (HACC PYP)

Entitled persons living in Victoria who are aged under 65 years, or under 50 years for Aboriginal and Torres Strait Islanders, may access the HACC PYP. Carers of entitled persons may also access HACC PYP.

HACC PYP offers services that are not available through the VHC Program or under Gold Card or White Card arrangements, such as social support.

Entitled persons may access all VHC services at the same time as accessing different services from HACC PYP (e.g. Domestic Assistance and Personal Care from the VHC Program and social support from HACC PYP). However, entitled persons accessing HACC PYP cannot duplicate the tasks they are receiving with the same tasks from the VHC Program.

For more information, refer to the Government of Victoria Department of Health and Human Services website at: www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-program-for-younger-people

5.2.10 Carers Gateway

The National Carer Gateway is a carer resource and information gateway which provides support and linking services to carers both online at: www.carergateway.gov.au/ and through a national telephone contact centre on 1800 422 737.

5.2.11 Commonwealth Respite and Carelink Centres (CRCC)

Entitled persons or carers of entitled persons seeking assistance in their caring role may access a CRCC. CRCC services target carers of frail older people, people with dementia and younger people with moderate, severe or profound disabilities who are living at home.

CRCC can assist with putting in place short-term, regular and emergency respite. They can link carers to other forms of respite which are not available through the VHC Program. This includes centre-based day respite, community access respite and host family respite through CHSP.

Entitled persons may access all VHC services at the same time as accessing different services through the CRCC (e.g. Domestic Assistance and In-Home Respite from the VHC Program and centre-based day respite through CRCC). However, entitled persons accessing CRCC cannot duplicate the respite service they are receiving with the same respite service from the VHC Program.

For more information, refer to:

- the My Aged Care website at: www.myagedcare.gov.au/caring-someone/respite-care
- the Department of Social Services website at: www.dss.gov.au/disability-and-carers/programmes-services/for-carers/commonwealth-respite-and-carelink-centres

Section 6 – DVA Management Requirements

6.1 Privacy and Records Management

6.1.1 Protecting Personal Information

VHC Assessment Agencies and VHC Service Providers are required to comply with the Australian Privacy Principles set out in the *Privacy Act 1988* to ensure the protection of an entitled person's personal information. The Australian Privacy Principles are located on the Office of the Australian Information Commissioner's (OAIC) website at: www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles

The OAIC 'Guide to securing personal information' (Guide) provides guidance on the reasonable steps VHC Assessment Agencies and VHC Service Providers are required to take under the *Privacy Act 1988* to protect the personal information they hold from misuse, interference, loss, and from unauthorised access, modification or disclosure. It also includes guidance on the reasonable steps entities are required to take to destroy or de-identify personal information that they hold once it is no longer needed (unless an exception applies). The OAIC Guide is located at: www.oaic.gov.au/agencies-and-organisations/guides/guide-to-securing-personal-information

VHC Assessment Agencies and VHC Service Providers querying compliance with the *Privacy Act 1988* should always seek their own advice that is relevant to their specific situation and procedures. Queries in regard to the *Privacy Act 1988* should be directed to OAIC at enquiries@oaic.gov.au or call 1300 363 992.

VHC Assessment Agencies and VHC Service Providers must retain care, administrative and/or claiming documentation relating to services delivered to entitled persons. The documentation should be stored securely, accessible only by personnel that have undergone appropriate security checks, and accessed only by personnel as required to perform their duties.

6.1.2 Exchanging Personal Information

As part of the assessment process, VHC Assessment Agencies seek consent from entitled persons to obtain and share their personal information to facilitate VHC services.

When an entitled person has consented to sharing their information, their personal information can be exchanged as required between:

- DVA and a VHC Assessment Agency;
- DVA and a VHC Service Provider; or
- a VHC Assessment Agency and a VHC Service Provider.

An entitled person's personal information cannot be exchanged between a VHC Service Provider and another VHC Service Provider. If another VHC Service Provider requires an entitled person's personal information, the VHC Service Provider is to pass this information to the VHC Assessment Agency or DVA, who will in turn liaise with the other VHC Service Provider.

An entitled person's privacy is the central consideration when deciding what personal information is to be exchanged. When exchanging personal information, the information will only:

- have the level of detail which is necessary to provide the appropriate VHC services to an entitled person;
- be accessed by personnel that require the information to plan or provide the VHC services to the entitled person; and
- be securely stored in line with section 6.1.1 [General] of the VHC Manual.

Where there is an unsafe working environment or behaviours of concern, the exchange of this information should follow the above guidance with discretion.

6.1.3 Electronic Communication of Personal Information

The electronic transmission of personal information has inherent risks.

VHC Assessment Agencies can provide personal information to VHC Service Providers using VHC Service Plans, which are securely transmitted from VHC VIEW to the VHC Provider Portal. VHC Assessment Agencies can also provide personal information to DVA using VHC VIEW and uploading documents in their secure file transfer folder. However, there is no secure mechanism for electronic transmission of personal information from VHC Service Providers to VHC Assessment Agencies and DVA.

Sending unprotected personal information over an unsecured email could result in unauthorised loss, access and/or disclosure of the information resulting in a breach of the *Privacy Act 1988*. DVA does not support the electronic transmission of personal information through unsecured email. Where this is not practicable, and personal information needs to be electronically communicated to facilitate VHC services, DVA supports at a minimum for the personal information to be contained in a password protected PDF document attached to an email. The password is to be provided separately to the recipient (e.g. by telephone) and must not be included within the email. As an additional security measure, passwords to the PDF document should be changed regularly.

Otherwise, fax is the preferred transmission as long as the recipient is notified by telephone of the transmission.

6.1.4 Request by a Court, Administrative Tribunal or Person to Provide Personal Information

VHC Assessment Agencies and VHC Service Providers may receive a subpoena, summons, notice to produce or other request for information to provide an entitled person's personal information, including assessments and care documentation.

DVA is responsible for, and retains ownership of, an entitled person's personal information. VHC Assessment Agencies and VHC Service Providers should not provide evidence and/or documents about an entitled person to a court, administrative tribunal or a person requesting the personal information. Requests must be directed to the DVA Information Law section immediately as follows:

- If the request is verbal, refer the requesting person to the DVA Information Law section by giving them the email address of informationlaw@dva.gov.au; or
- If the request has already been served or mailed:
 - scan and/or email a copy to DVA's Information Law inbox at: informationlaw@dva.gov.au for action, with a cc to DVA VHC Contract Management team's inbox at: esgrd.pse.contract.management@dva.gov.au for information.
 - Mail the original to:

The Proper Officer
Information Law Section
Legal Services and Assurance Branch
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

The DVA Information Law section will liaise with the court, administrative tribunal or the requesting person. Any further enquiries by the court, administrative tribunal or requesting person should be directed to the DVA Information Law section.

In the situation where a person (e.g. family member, health professional) approaches the VHC Assessment Agency and/or VHC Service Provider for an entitled person's assessments or care documentation, which is to be used as supporting evidence for an application to appoint a guardian or an administrator for the entitled person, the VHC Assessment Agency and/or VHC Service Provider must not provide the documentation to the requesting person. The VHC Assessment Agency and/or VHC Service Provider should direct the requesting person to DVA's Information Law section as per the process outlined above.

6.2 DVA's Right to Access Records and Premises

Care, administrative and/or claiming documentation (copies or electronic) relating to entitled persons must be made available to DVA, or any person or organisation authorised by DVA, and access provided to such documentation upon request. DVA will provide reasonable notification when requesting supply of, or access to, such documentation.

6.3 Advertising

6.3.1 VHC Branding

The VHC logo and the words "Veterans' Home Care" used to brand the VHC Program are a DVA owned and registered trademark. The branding includes the format containing 'An Australian Government Initiative' logo and the 'VHC' logo.

Only with the approval of DVA, VHC Assessment Agencies and VHC Service Providers may use the branding to identify themselves in their work providing VHC services. To request approval to use the branding, refer to section 6.3.2 [General] of the VHC Manual.

The branding can be used on publicity material that is factual, truthful and in no way misleads the veteran community or the general public about services that are outside of the VHC Assessment Agency's or VHC Service Provider's contractual requirements. Use of the branding should not imply that the Australian Government or DVA endorses a particular product or service. For example, it should not imply that a particular VHC Service Provider is the preferred or only VHC Service Provider. The branding cannot be used to advertise for custom or on products that are sold for profit.

VHC Assessment Agencies and VHC Service Providers should only use the national VHC number **1300 550 450** when referring to the VHC Program in publicity material. Any information provided about contacting VHC must state that the veteran community needs to contact the VHC Assessment Agency for an assessment before services can be provided.

DVA requires the branding to be formatted on publicity material as follows:

- The VHC branding should always feature the full designs (symbols and the texts) of the relevant Australian Government logo and the VHC logo. The VHC logo should never be used without the relevant Australian Government logo. It is not appropriate to use the symbols or texts alone.
- The VHC branding should never be adjusted, re-drawn or modified. Care must be taken to scale the designs uniformly in both directions when imported into a layout program.
- The placement of the VHC branding needs to be consistent across all applications on which it is applied, including print and web media.
- When using the VHC branding with other logos (e.g. the VHC Service Provider's own logo), the VHC branding must remain to the left of or above the VHC Service Provider's own logo as shown:



Contractor's
Logo
Here

6.3.2 Request to use VHC Branding

DVA must approve any words and design of the publicity material which will use the branding. The branding must follow the requirements in section 6.3.1 [General] of the VHC Manual.

For approval to use the branding, email homecare@dva.gov.au with the request including any draft designs. If approved, DVA will provide the branding.

6.4 Quality Arrangements for Service Delivery

VHC Assessment Agencies and VHC Service Providers are expected to operate in accordance with the Aged Care Quality Standards. The Aged Care Quality Standards provide a framework of core requirements for quality and safety.

The Aged Care Quality Standards are available on the Aged Care Quality and Safety Commission's website at: www.agedcarequality.gov.au/providers/standards

6.5 Performance Monitoring

All VHC Assessment Agencies and VHC Service Providers are subject to performance monitoring processes, which are designed to:

- measure compliance with the Deed of Agreement, including the VHC Manual;
- minimise the risk of fraud; and
- determine the quality of VHC services being provided to entitled persons.

DVA will measure performance of VHC Assessment Agencies against the Contract Performance Framework, comprising four performance criteria and Key Performance Indicators. This is set out in A.12 [Part A] of the VHC Manual.

DVA will measure performance of VHC Service Providers based on the following activities:

1. a self-assessment by all VHC Service Providers to report compliance with the Deed of Agreement, including the VHC Manual, and to provide details of the organisation's quality systems;
2. a risk assessment by DVA based on the self-assessment responses, data analysis and other information including the KPIs set out in B.10 [Part B] of the VHC Manual; and
3. a compliance audit.

The mix of activities done by DVA to monitor performance and the frequency with which these activities are undertaken, will be based on claiming patterns, data analysis, random selection and any issues that may arise over time. While an annual Contract Performance Assessment will be carried out for VHC Assessment Agencies, this does not restrict DVA carrying out any of the activities listed above at any time.

VHC Assessment Agencies and VHC Service Providers must participate in any performance monitoring and any other reporting for contract management purposes, when requested by DVA.

6.6 Client Rights and Responsibilities and Service Satisfaction

VHC Assessment Agencies provide the VHC Services Client Rights and Responsibilities information sheet to each entitled person. The information sheet explains an entitled person's rights and responsibilities, the process for entitled persons to make a complaint and what they can do if dissatisfied with a decision. The information sheet is located on the DVA website at: www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/homecare/vhc_scr.pdf

VHC Assessment Agencies and VHC Service Providers must comply with this information sheet.

Complaints or service dissatisfaction and actions taken must be recorded in appropriate files and, when requested by DVA, be made available to DVA within two working days of the request.

6.7 Rights of Carers

The *Carer Recognition Act 2010* aims to increase recognition and awareness of carers and to acknowledge the valuable contribution they make to society. The *Carer Recognition Act 2010* provides a Statement for Australia's Carers that outlines principles and obligations for Australian Government agencies and organisations that they contract. The *Carer Recognition Act 2010* is available at: www.legislation.gov.au/Details/C2010A00123

The Statement for Australia's Carers is as follows:

1. All carers should have the same rights, choices and opportunities as other Australians, regardless of age, race, sex, disability, sexuality, religious or political beliefs, Aboriginal or Torres Strait Islander heritage, cultural or linguistic differences, socioeconomic status or locality.
2. Children and young people who are carers should have the same rights as all children and young people and should be supported to reach their full potential.
3. The valuable social and economic contribution that carers make to society should be recognised and supported.
4. Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life.
5. Carers should be acknowledged as individuals with their own needs within and beyond the caring role.
6. The relationship between carers and the persons for whom they care should be recognised and respected.
7. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.
8. Carers should be treated with dignity and respect.
9. Carers should be supported to achieve greater economic wellbeing and sustainability and, where appropriate, should have opportunities to participate in employment and education.
10. Support for carers should be timely, responsive, appropriate and accessible.

VHC Assessment Agencies and VHC Service Providers must comply with the *Carer Recognition Act 2010* and take all practicable measures to ensure that its officers, employees and agents:

- have an awareness and understanding of the Statement for Australia's Carers; and
- take action to reflect the principles of the Statement for Australia's Carers in developing, implementing, providing or evaluating care supports.

DVA, in conjunction with Carers Victoria developed a self-paced learning package which is accessible on the DVA website. The training is designed to be used by staff and management to give an understanding of the *Carer Recognition Act 2010* and inform VHC Assessment Agencies and VHC Service Providers of how to remain compliant. The training is available at: www.dva.gov.au/providers/provider-programmes/veterans-home-care/carers-awareness-training-package

6.8 Aged Care Workforce Census and Survey

All VHC Assessment Agencies and VHC Service Providers are required to participate in the National Aged Care Workforce Census and Survey, which occurs every four years. Further details can be found on the Department of Health website at: agedcare.health.gov.au/

Section 7 – Contacts

7.1 DVA Contacts

For operational support regarding the VHC Program, contact DVA on 1300 550 466 or email vhccnops@dva.gov.au

For enquiries regarding contractual issues, email esgrd.pse.contract.management@dva.gov.au

For enquiries about other DVA programs and services, refer to the DVA website at www.dva.gov.au/need-help-now

To make a complaint, compliment or provide feedback about DVA or any aspect of the VHC Program, refer to the DVA website at: www.dva.gov.au/contact/feedback

7.2 VHC Assessment Agency Contacts

The direct telephone and fax numbers for contacting VHC Assessment Agencies are as follows:

State	Region	Assessment Agency Name	Phone No.	Fax No.
ACT	ACT	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
NSW	Central Coast	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
NSW	Hunter	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
NSW	Illawarra	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
NSW	Mid North Coast	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
NSW	Northern Rivers	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
NSW	Southern	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
NSW	Far West	ACH Group	(08) 8159 3550	(08) 8159 3510
NSW	Greater Murray	ACH Group	(08) 8159 3550	(08) 8159 3510
NSW	Mid Western	ACH Group	(08) 8159 3550	(08) 8159 3510
NSW	Wentworth	ACH Group	(08) 8159 3550	(08) 8159 3510
NSW	Central Sydney	Aspire 4 Life	(07) 5669 0585	(07) 5604 1106
NSW	Macquarie	Aspire 4 Life	(07) 5669 0585	(07) 5604 1106
NSW	New England	Aspire 4 Life	(07) 5669 0585	(07) 5604 1106
NSW	Northern Sydney	Aspire 4 Life	(07) 5669 0585	(07) 5604 1106
NSW	South Eastern Sydney	Aspire 4 Life	(07) 5669 0585	(07) 5604 1106
NSW	South West Sydney	Aspire 4 Life	(07) 5669 0585	(07) 5604 1106
NSW	Western Sydney	Aspire 4 Life	(07) 5669 0585	(07) 5604 1106
QLD	South Brisbane	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
QLD	West Moreton/South Coast	Adssi HomeLiving Australia	(02) 4311 0200	(02) 4311 0299
QLD	Central	Blue Care	(07) 3891 8025	(07) 3219 0543
QLD	Darling Downs/South West	Blue Care	(07) 3891 8025	(07) 3219 0543
QLD	North Brisbane	Blue Care	(07) 3891 8025	(07) 3219 0543
QLD	Northern	Blue Care	(07) 3891 8025	(07) 3219 0543

State	Region	Assessment Agency Name	Phone No.	Fax No.
QLD	Peninsula	Blue Care	(07) 3891 8025	(07) 3219 0543
VIC	Barwon South Western	ACH Group	(08) 8159 3597	(08) 8159 3510
VIC	Grampians	ACH Group	(08) 8159 3597	(08) 8159 3510
VIC	Loddon Mallee	ACH Group	(08) 8159 3597	(08) 8159 3510
VIC	Western Metro	ACH Group	(08) 8159 3597	(08) 8159 3510
VIC	Gippsland	Benetas	(03) 8804 1121	(03) 9874 3608
VIC	Hume	Benetas	(03) 8804 1122	(03) 9874 3608
VIC	Eastern Metro	Benetas	(03) 8804 1121	(03) 9874 3608
VIC	Northern Metro	Benetas	(03) 8804 1122	(03) 9874 3608
VIC	Southern Metro	Benetas	(03) 8804 1123	(03) 9874 3608
TAS	North	Care Assess	(03) 6282 0088	1300 394 703
TAS	North West	Care Assess	(03) 6282 0088	1300 394 703
TAS	South	Care Assess	(03) 6282 0088	1300 394 703
SA	North West Country	ACH Group	(08) 8159 3500	(08) 8159 3510
SA	North West Metro	ACH Group	(08) 8159 3500	(08) 8159 3510
SA	South East Metro	ACH Group	(08) 8159 3500	(08) 8159 3510
SA	South East Country	ACH Group	(08) 8159 3500	(08) 8159 3510
NT	Operations North	ACH Group	(08) 8159 3595	(08) 8159 3510
NT	Operations Central	ACH Group	(08) 8159 3595	(08) 8159 3510
WA	North Metro	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	South East Metro	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	South West Metro	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	East Metro	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	Midwest	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	Wheatbelt	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	Goldfields	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	South West	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	Great Southern	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	Pilbara	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540
WA	Kimberley	Latrobe Community Health Service	(03) 8595 6598	(03) 8595 6540

Section 8 – Definitions

Term	Definition
ACAT / ACAS	Aged Care Assessment Team (ACAT) / Aged Care Assessment Service (ACAS) in Victoria. The assessment team that determines the care needs and eligibility for a Home Care Package, Short-Term Restorative Care, Transition Care, residential respite and residential aged care. For more information, refer to the My Aged Care website at: www.myagedcare.gov.au/eligibility-and-assessment/acat-assessments
Adult child (for continuation of Domestic Assistance and safety-related Home and Garden Maintenance services)	A person who was a dependent child of the veteran, is not undergoing full-time education and has turned 16 or 25 years or older. Refer to the definition of 'dependent child (for continuation of Domestic Assistance and safety-related Home and Garden Maintenance services)'.
Aged Care Quality and Safety Commission	The Aged Care Quality and Safety Commission is an independent agency which accredits, assesses and monitors aged care services subsidised by the Australian Government including CHSP, Home Care Package Program, Short-Term Restorative Care, Transition Care, residential respite and residential aged care. For more information, refer to the Aged Care Quality and Safety Commission's website at: www.agedcarequality.gov.au/
BCAL	British Commonwealth and Allied (BCAL)
Care documentation	Any documentation developed and/or completed for an entitled person by: <ul style="list-style-type: none"> • VHC Assessment Agencies as part of the provision of assessment and coordination; and • VHC Service Providers as part of the delivery of VHC services.
Carer	A person such as a friend, partner or family member, who provides ongoing care to another person who is severely incapacitated or frail. A carer is someone who provides unpaid support and may receive the Carer Payment or Carer Allowance from Centrelink. A carer does not have to live with the care recipient.
Care worker	A person who has been assigned by the VHC Service Provider to deliver a VHC service to an entitled person and the person meets the qualification requirements at section B.4 [Part B] of the VHC Manual.
CHSP	Commonwealth Home Support Program (CHSP). CHSP is an entry-level home help program for older people who need some help with daily tasks to live independently at home, with eligibility determined by a RAS. For more information, refer to section 5.2.3 [General] of the VHC Manual.
Client	An entitled person who is receiving VHC services.
CRCC	Commonwealth Respite and Carelink Centre (CRCC). CRCCs provide a link to carer support services and assist carers with options to take a break through short-term, regular and emergency respite, based on assessed need. For more information, refer to section 5.2.11 [General] of the VHC Manual.
Deed of Agreement	The contract between the Commonwealth of Australia, the Repatriation Commission and the Military Rehabilitation and Compensation Commission (as represented by DVA) and each: <ul style="list-style-type: none"> • VHC Assessment Agency for the function of providing VHC assessment and coordination services; and • VHC Service Provider for the function of delivering VHC services to entitled persons.

Term	Definition
Dependent child (for continuation of Domestic Assistance and safety-related Home and Garden Maintenance services)	A child of the veteran and the child has not turned 16 or, is undergoing full-time education, has not turned 25. Accordingly, a dependent child of a veteran ceases to be a dependent child upon turning 16 or 25.
Dependent child (for waiver of the co-payment)	A dependent child for the purposes of a waiver of the co-payment has the same meaning as 'dependent child' in the <i>Social Security Act 1991</i> . Refer to the Guide to Social Security Law, Section 1.1.D70, at: www.guides.dss.gov.au/guide-social-security-law/1/1/d/70
DRCA	Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)
DVA	Department of Veterans' Affairs (DVA)
DVA File Number	<p>The file number provided to DVA beneficiaries. The Gold Card and White Card includes the DVA file number, which is composed of a prefix of one or more letters followed by up to six numbers.</p> <p>The first letter of the prefix indicates the State of residency as follows:</p> <ul style="list-style-type: none"> N = New South Wales and Australian Capital Territory Q = Queensland S = South Australia and Northern Territory T = Tasmania V = Victoria W = Western Australia <p>The remaining letters of the prefix indicate the war codes for those veterans/members who served in the Australian Defence Forces. Some of the letters are as follows:</p> <ul style="list-style-type: none"> No letters = World War I X = World War II SM = Serving Member (includes peacekeepers) SS = Special Overseas Service (the Vietnam War and the Malay/Thai Border and Indonesian Confrontations) KM = Korea/Malaya SR = Far East Strategic Reserve Forces SWP = Merchant Marine GW = Gulf War NG = New Guinea Civilians AGX = Act of Grace IV = New Guinea & Torres Strait Islanders PX = British Commonwealth and Allied <p>Australians who served in Ubon Thailand between 1965 and 1968, and in conflicts post the Vietnam War would have the prefix of either SM, SR or SS.</p>
Entitled Person	A person with a Gold Card or White Card and includes veterans, serving and former members of the Australian Defence Force, war widows and widowers, dependent children/young persons, eligible Australian Federal Police members with overseas service, eligible BCAL veterans and eligible Australian Participants in British Nuclear Tests Program. Such persons may be of any age and have eligibility for a VHC assessment under legislation administered by DVA. Refer to section 2.2.1.1 [General] of the VHC Manual.

Term	Definition
ESTHR	Emergency Short-Term Home Relief (ESTHR)
Frail	For the purposes of the VHC Program, frail refers to older persons who have difficulty performing activities of daily living without help due to functional limitations.
Functional limitation	For the purposes of the VHC Program, functional limitation refers to a restriction that prevents a person from completing a range of tasks or activities on a day to day basis. The restriction must be related to a health condition (psychological or physical), injury, disability, frailty or ageing.
Grandfathering	Entitled persons who transferred from HACC to the VHC Program prior to 1 November 2002 continue to have their service types, levels and co-payments maintained at the level provided prior to the transfer until services cease or change as agreed between the entitled person and the VHC Assessment Agency. For more information, refer to section 2.6.3 [General] of the VHC Manual.
Gold Card	DVA Health Card – All Conditions within Australia (Gold Card)
Home	A house, apartment, flat, unit or villa or other dwelling that is a fixed residence and is where the entitled person is currently living, and does not include accommodation settings funded under the <i>Aged Care Act 1997</i> . For more information, refer to sections 2.2.1.3 and 2.2.1.4 [General] of the VHC Manual.
Home Care Packages Program	A Home Care Package is a coordinated package of services tailored to meet a person's specific care needs, with eligibility determined by an ACAT/ACAS. For more information, refer to section 5.2.4 [General] of the VHC Manual.
LMO	Local Medical Officer (LMO). A qualified medical practitioner registered or licensed in accordance with state or territory law and who agrees to provide medical services to entitled persons under DVA health care arrangements.
MRCA	Military Rehabilitation and Compensation Act 2004 (MRCA)
My Aged Care	My Aged Care is the gateway or the entry point to aged and community care services in Australia. My Aged Care is both a website and a national contact centre. For more information, refer to section 5.2.2 [General] of the VHC Manual.
NDIS	National Disability Insurance Scheme (NDIS). NDIS provides community linking and individualised support for people with permanent and significant disability, their families and carers. For more information, refer to section 5.2.7 [General] of the VHC Manual.
Notional budget	The notional budget is the amount of funds allocated to each VHC region for VHC services per financial year, which is managed by VHC Assessment Agencies and monitored by DVA.
Open Arms	Open Arms – Veterans and Families Counselling provides free and confidential counselling, group programs and community and peer networks to support mental health and wellbeing. For more information, refer to the Open Arms website at: www.openarms.gov.au/
RAS	<p>Regional Assessment Service (RAS). The assessment team that determines the care needs and eligibility for services from CHSP. For more information, refer to the My Aged Care website at: www.myagedcare.gov.au/eligibility-assessment/home-support-assessment</p> <p>There is a similar RAS that assesses the care needs and eligibility for services from the WA HACC Program in Western Australia. For more information, refer to the Government of Western Australian Department of Health website at: ww2.health.wa.gov.au/sitecore/content/Healthy-WA/Articles/F_I/HACC-under-65</p>

Term	Definition
Review	<p>A review can mean:</p> <ul style="list-style-type: none"> • an un-scheduled review of need for VHC services when an entitled person's care needs and/or circumstances have changed; • a scheduled review of need for VHC services, generally every six to nine months; • a DVA internal investigation of an entitled person's complaint or dissatisfaction regarding access to or receipt of VHC services; or • confirmation of eligibility for a waiver of the co-payment by DVA.
Service Approval Period	The time between the start and end date recorded on the VHC Service Plan.
Service Plan ID	The individual number automatically generated by VHC VIEW and allocated to a VHC Service Plan at the time of approval. The Service Plan ID appears in the VHC Provider Portal for VHC Service Providers to claim for payment.
Severely incapacitated	For the purposes of Respite Care, severely incapacitated refers to persons of any age who have a severe or debilitating health condition or disability where they are incapable of performing activities of daily living without help due to functional limitations.
Subcontractor	A legal entity to which a VHC Assessment Agency or VHC Service Provider may assign all or part of their responsibility for the provision of VHC services. The VHC Assessment Agencies or VHC Service Providers are responsible for managing subcontractors and ensuring their compliance with the Deed of Agreement.
Tolerance	When a service is delivered outside of the set item frequency period.
White Card	DVA Health Card – Specific Conditions (White Card)
VEA	Veterans' Entitlements Act 1986 (VEA)
VHC Assessment Instrument	The validated assessment tool used by VHC Assessment Agencies to determine the need for VHC services and capture data required for appropriate referral to other community care services.
VHC assessor	A person/s within a VHC Assessment Agency who undertakes the assessment process, including determining eligibility, conducting assessments and reviews, recommending services if there is an assessed need and coordinating referrals.
VHC Provider Portal	Online application used by VHC Service Providers to receive VHC Service Plans and make claims for payment for VHC services delivered to an entitled person.
VHC regional coordinator	<p>A person/s within a VHC Assessment Agency who undertakes the coordination process, including approving services, developing the VHC Service Plan and VHC Care Plan, allocating services, managing the VHC regional budget, building linkages with other programs and services, managing referrals and managing the assessment process.</p> <p>Sometimes the VHC assessor and VHC regional coordinator roles may be interchanged or done by one person. However, in majority of cases there will be one person delegated to have overall responsibility for the role of the VHC regional coordinator.</p>
VHC Region	<p>A boundary where a:</p> <ul style="list-style-type: none"> • VHC Assessment Agency is legally able to provide VHC assessment and coordination services; and • VHC Service Provider is legally able to deliver VHC services to entitled persons. <p>There are 54 VHC regions Australia-wide. For more information on the boundaries, refer to the DVA website at: www.dva.gov.au/providers/provider-programmes/veterans-home-care/vhc-regions</p>

Term	Definition
VHC VIEW	Online application used by VHC Assessment Agencies to assess entitled persons, approve VHC services, allocate VHC services to VHC Service Providers and manage the notional budget.
WH&S	Work Health and Safety (WH&S)
Widow	A widow is a woman who was legally married to, or was in a civil union, domestic partnership or de facto relationship with, an Australian veteran immediately before the veteran's death.
Widower	A widower is a man who was legally married to, or was in a civil union, domestic partnership or de facto relationship with, an Australian veteran immediately before the veterans' death.



Australian Government

Department of Veterans' Affairs



**Veterans'
Home Care**

Veterans' Home Care (VHC) Manual

Part A

for VHC Assessment Agencies

Effective from 1 July 2019

Table of Contents

Part A – Operational Responsibilities	1
A.1 Role of VHC Assessment Agencies	1
A.2 IT Capability	1
A.3 Services and Deliverables	2
A.3.1 Operating Hours	2
A.3.2 National VHC Telephone Number.....	2
A.3.3 VHC Assessor and VHC Regional Coordinator Functions	2
A.3.3.1 VHC Assessor Functions	2
A.3.3.2 VHC Regional Coordinator Functions.....	3
A.3.3.3 Personnel.....	4
A.3.4 Service Targets	4
A.3.5 Relationship Management	5
A.3.6 Contract Management	5
A.3.7 Contract Amendments	6
A.4 Personnel Requirements.....	6
A.4.1 Appropriately Qualified and Skilled Staff	6
A.4.2 Continuing Education for Required Personnel	6
A.4.3 Working with Vulnerable People including Children	6
A.5 Safe Working Environment.....	7
A.5.1 Work Health and Safety	7
A.5.2 Behaviours of Concern	7
A.6 Administrative Policies and Procedures	8
A.7 Assessments.....	8
A.7.1 Assessment Methods	8
A.7.2 VHC Assessment Instrument.....	9
A.7.3 Informed Consent	11
A.7.3.1 Obtaining Consent	11
A.7.3.2 Nominated Representative	11
A.8 Approvals.....	12
A.8.1 Approving Services within VHC Program Parameters.....	12
A.8.1.1 VHC Service Types, Excluding Residential Respite	12
A.8.1.2 Residential Respite in a Facility, Excluding Hospitals.....	14
A.8.1.3 Residential Respite in Hospitals	16
A.8.1.4 Approving VHC Services for Entitled Persons on a Home Care Package or NDIS Plan	16
A.8.2 Applying Service Rates.....	17
A.8.3 Budget Management	19
A.9 Coordinating Services	20
A.9.1 Outcomes Package	20
A.9.2 Referrals to VHC Service Providers.....	21
A.9.2.1 Fair and Reasonable Distribution of Work	21
A.9.2.2 VHC Service Providers Refusing Work	22
A.9.3 Referrals to Non-VHC Services	23

A.9.4	Creating VHC Service Plans and VHC Care Plans	24
A.9.4.1	VHC Service Plans.....	24
A.9.4.1.1	Residential Respite and In-Home Respite Approvals over Two Financial Years ..	24
A.9.4.2	VHC Care Plans.....	25
A.9.4.3	Calculating the Co-payment.....	25
A.9.5	Creating DVA Funding Approval Letters for Residential Respite.....	25
A.9.6	Feedback Outcomes to Third Party Referrers.....	26
A.10	Situations Requiring Modification of Services	26
A.10.1	Services not Meeting Needs and/or Change of Circumstances	26
A.10.2	Entitled Person not Responding to Scheduled Visit	26
A.10.3	Delivery of Services when the Entitled Person is not Home	27
A.10.4	Entitled Person or Another Person Requiring Medical Attention or Dies Prior to or During the Scheduled Visit.....	27
A.10.5	Entitled Person Refuses Services.....	28
A.10.6	Continuation of Services when the Entitled Person is Receiving Treatment or Enters Permanent Residential Aged Care.....	28
A.10.7	Continuation of Services Following the Death of the Entitled Person	29
A.10.8	Entitled Person is Discharged from Hospital	31
A.10.9	Carer Suddenly Unable to Care for the Entitled Person	32
A.10.10	Two Care Workers Required for Delivering In-Home Respite, ESTHR, Personal Care and Domestic Assistance.....	32
A.10.11	Emergency and Natural Disaster Situations.....	33
A.10.12	Water Restrictions Affecting Window Cleaning	33
A.10.13	Work Health and Safety Legislative / Insurance Restrictions Affecting Window and Gutter Cleaning	34
A.10.14	Safe Working Environment for Care Workers	34
A.10.15	Incidents, Accidents, Dangerous Occurrence, Reportable Assaults or Suspected Elder Abuse	36
A.10.16	Entitled Persons Moving to another VHC Region or Interstate.....	36
A.10.17	Entitled Persons Approved for a Waiver of the Co-Payment.....	37
A.11	Claiming.....	37
A.11.1	VHC Fees.....	37
A.11.2	Payments to VHC Assessment Agencies	38
A.11.3	Gap Fee	39
A.12	Contract Performance Framework and Key Performance Indicators	40
A.12.1	Performance Criteria and Key Performance Indicators	40
A.12.2	Reporting and Monitoring Process.....	43
A.12.2.1	Information and Materials used for Contract Performance Assessment	43
A.12.2.2	Communication, Consultation and Co-operation with VHC Assessment Agencies ...	43
A.12.3	DVA Action on Non-Compliance	43
A.12.4	Contract Performance Assessment Rating Scale	44
A.12.5	Contract Performance Assessment Processes	44

Part A – Operational Responsibilities

A.1 Role of VHC Assessment Agencies

The role of Veterans' Home Care (VHC) Assessment Agencies is to:

- establish a person's eligibility for a VHC assessment;
- assess an entitled person's care needs using the VHC Assessment Instrument;
- if VHC services are required, coordinate one or more VHC Service Providers to deliver the services to an entitled person;
- if Residential Respite is required, record the hours and generate the DVA funding approval letters; and
- if required, refer an entitled person to other health and community services to meet their needs.

The role of VHC Assessment Agencies does not include the delivery of Domestic Assistance, Personal Care, In-Home Respite, Emergency Short-Term Home Relief (ESTHR), Residential Respite, safety-related Home and Garden Maintenance and Coordinated Veterans' Care (CVC) Program Social Assistance to entitled persons. This is done by VHC Service Providers.

A.2 IT Capability

VHC Assessment Agencies are required to use the VHC VIEW IT system. This is the only mechanism to:

- establish an entitled person's eligibility;
- view information on the entitled person including their previous assessments and services;
- complete an assessment online using the VHC Assessment Instrument;
- approve the provision of VHC services;
- create and amend VHC Service Plans and VHC Care Plans;
- allocate VHC Service Plans to VHC Service Providers; and
- generate payments to VHC Assessment Agencies.

VHC Assessment Agencies must have Citrix® Receiver software installed on each user's computer to use VHC VIEW. To obtain the Citrix® Receiver software, refer to the Citrix website at: www.citrix.com.au/products/receiver/

The Department of Veterans' Affairs (DVA) will grant access to VHC VIEW for VHC Assessment Agency staff. To gain access, each user must complete the VHC System Access Request Form and Confidentiality Deed, which is Attachment 3 of the Deed of Agreement. These should be emailed to vhccnops@dva.gov.au

Each user granted access will be given an individualised logon ID, temporary password (until prompted to change) and Citrix Access Gateway (CAG) key (also known as RSA Secure ID Token) to access VHC VIEW. CAG keys are the property of the Commonwealth and must be securely stored when not in use.

When a user no longer requires access, VHC Assessment Agencies are to email vhccnops@dva.gov.au to de-activate the user account. The CAG key may be retained for new users.

A.3 Services and Deliverables

A.3.1 Operating Hours

VHC Assessment Agencies are required to provide VHC assessment and coordination services for their contracted VHC region/s from 9am to 5pm Monday to Friday, regardless of time zones and excluding public holidays in the State or Territory in which they operate.

A.3.2 National VHC Telephone Number

VHC Assessment Agencies are required to:

- set-up voice infrastructure with a call management facility to connect to the national VHC telephone number (1300 550 450) for their contracted VHC region/s;
- pay for the voice infrastructure, line rental and any outgoing calls;
- answer telephone calls received from the national VHC telephone number and advise the caller that they have contacted “Veterans’ Home Care” and not DVA;
- verify the identity of the caller prior to completing an assessment with, and/or sharing personal information about, an entitled person as required by the Australian Privacy Principles (refer to section 6.1 [General] of the VHC Manual);
- re-direct telephone calls incorrectly received from the national VHC telephone number to the correct provider/service, including for non-contracted VHC region/s to the relevant VHC Assessment Agency listed at section 7.2 [General] of the VHC Manual;
- provide an answering service during after-hours, public holidays and peak call times, which includes:
 - a call back option that allows callers to leave a voice message; and
 - details of appropriate services, comprising at a minimum, emergency services, DVA, the Commonwealth Respite and Carelink Centre and My Aged Care; and
- not use the answering service as the primary mechanism to answer telephone calls received from the national VHC telephone number during operating hours.

A.3.3 VHC Assessor and VHC Regional Coordinator Functions

VHC Assessment Agencies are required to provide the VHC assessor and VHC regional coordinator functions, which can be performed by one or more personnel, either in combination or separately, as listed below.

A.3.3.1 VHC Assessor Functions

- Accept self-referrals and third party referrals (refer to sections 2.3.2 and 4.3 [General] of the VHC Manual).
- Establish a person’s eligibility for a VHC assessment and, if required, liaise with third parties to determine eligibility (refer to sections 2.2, 4.2 and 5 [General] of the VHC Manual).
- Determine the assessment method, either by telephone or in the home (refer to section A.7.1 [Part A] of the VHC Manual).
- Obtain consent to complete an assessment and record the consent in VHC VIEW (refer to section A.7.3 [Part A] of the VHC Manual).
- Complete assessments and reviews with the entitled person or their nominated representative and/or carer using the VHC Assessment Instrument and record the outcomes in VHC VIEW (refer to section A.7.2 [Part A] of the VHC Manual).

- As part of an assessment, identify any special needs, specific goals or desired outcomes to maximise independence.
- Discuss the outcomes of an assessment with the entitled person or their nominated representative and/or carer.
- Where there is an assessed need:
 - recommend the type, duration and frequency of VHC services in VHC VIEW; and
 - if required, recommend other primary health, allied health or aged and community care services in VHC VIEW.
- If VHC services are recommended, invite preferences for service delivery from the entitled person or their nominated representative and/or carer.
- If VHC services are to be approved by the VHC regional coordinator, explain to the entitled person or their nominated representative and/or carer:
 - a co-payment is payable to the VHC Service Provider, except for In-Home Respite and ESTHR, and to any other providers delivering non-VHC services identified in the assessment process (refer to sections 2.6.1 and 2.6.3 [General] of the VHC Manual);
 - DVA may waive the co-payment payable to the VHC Service Provider for certain situations (refer to section 2.6.2 [General] of the VHC Manual);
 - if a new client, the VHC Service Provider will perform a safety check of the working environment of the home as part of the first service visit to comply with Work Health and Safety requirements (refer to section A.10.14 [Part A] of the VHC Manual);
 - to let the VHC Service Provider know as soon as possible to either cancel or reschedule a planned visit if the entitled person is unable to receive services (e.g. due to medical appointments, hair appointments, going shopping, going on holidays, going into hospital, etc) (refer to section A.10.2 [Part A] of the VHC Manual); and
 - the VHC Assessment Agency will review/reassess VHC services at scheduled intervals, or when required if there is a change in circumstances, prior to the expiry of the VHC Care Plan (refer to section A.3.4 [Part A] of the VHC Manual).
- Record communications with entitled persons or their nominated representative and/or carer in the Progress Notes of VHC VIEW, if not recorded in the VHC Assessment Instrument of VHC VIEW.

A.3.3.2 VHC Regional Coordinator Functions

- Review assessments completed by VHC assessors and approve the assessments, with or without VHC services, in VHC VIEW.
- Approve VHC services within VHC Program and/or CVC Program parameters and the notional budget for the contracted VHC region/s in VHC VIEW (refer to sections A.8.1.1, A.8.1.4 and A.8.3 [Part A] of the VHC Manual).
- Approve Residential Respite within VHC Program parameters in VHC VIEW (refer to sections A.8.1.2 and A.8.1.3 [Part A] of the VHC Manual).
- Develop an outcomes package based on addressing the needs identified during an assessment and consult with the entitled person or their nominated representative and/or carer about the outcomes package (refer to section A.9.1 [Part A] of the VHC Manual).
- Allocate a VHC Service Provider to deliver the services (except for Residential Respite) in a fair and reasonable manner (refer to section A.9.2 [Part A] of the VHC Manual).
- Develop and approve VHC Service Plans and VHC Care Plans in VHC VIEW (refer to sections A.8.2 and A.9.4 [Part A] of the VHC Manual).

- If Domestic Assistance, Personal Care, safety-related Home and Garden Maintenance, In-Home Respite, ESTHR and/or CVC Social Assistance is approved, mail VHC Care Plans and accompanying documentation to entitled persons or their nominated representatives and/or carers (refer to section A.9.4.2 [Part A] of the VHC Manual).
- If Residential Respite is approved, create DVA funding approval letters using the DVA templates, and mail those letters and accompanying documentation to the chosen facilities and entitled persons or their nominated representatives and/or carers (refer to section A.9.5 [Part A] of the VHC Manual).
- If non-VHC services are required, and consent has been received from the entitled person or their nominated representative and/or carer, refer or link them to the services and record referral details in VHC VIEW (refer to section A.9.3 [Part A] of the VHC Manual).
- Feedback outcomes of an assessment to third party referrers, when requested and where appropriate, and record feedback in VHC VIEW (refer to section A.9.6 [Part A] of the VHC Manual).
- If an entitled person or their VHC Service Provider is dissatisfied with the service delivery arrangements:
 - take all reasonable steps to resolve or come to a mutual agreement to resolve the complaint; and
 - record and retain evidence of all complaints and actions taken (refer to section 6.6 [General] of the VHC Manual).
- Monitor notional budget expenditure for the contracted VHC region/s (refer to section A.8.3 [Part A] of the VHC Manual).
- Monitor the Residential Respite, In-Home Respite and ESTHR entitlements of entitled persons.
- Record communications with entitled persons or their nominated representative and/or carer in the Progress Notes of VHC VIEW, if not recorded in the VHC Assessment Instrument of VHC VIEW.

A.3.3.3 Personnel

- Assign personnel to provide the VHC assessor and VHC regional coordinator functions appropriate to the demand of the contracted VHC region/s.
- The assigned personnel meet the qualification and clearance requirements at section A.4 [Part A] of the VHC Manual.
- Appoint one delegate to have overall responsibility for the provision of VHC assessment and coordination services. This includes supervising all elements of the VHC assessor and VHC regional coordinator functions, managing the notional budget for the contracted VHC region/s and liaising with DVA on contract management and performance activities.

A.3.4 Service Targets

VHC Assessment Agencies are:

- expected to answer telephone calls within a reasonable timeframe of 60 seconds, where a five per cent abandonment rate and below is acceptable;
- expected to call back callers who have left a voice message within the following reasonable timeframes:
 - *during peak call times*, within 60 minutes in operating hours and for those call backs that fall outside operating hours, within the next business day; and
 - *during after-hours and public holidays*, within the next business day; and

- required to complete:
 - *first assessments*, either by telephone or in the home, within five working days of receiving a self-referral or third party referral, triaged according to service delivery urgency;
 - *anniversary assessments*, either by telephone or in the home every 12 months, within:
 - ten working days prior to the expiry date of the VHC Service Plan; and
 - the anniversary window of four months before and one month after the anniversary date, unless there are extenuating circumstances where the entitled person or their nominated representative is not available; and
 - *scheduled reviews*, either by telephone or in the home every six months, within ten working days prior to the expiry date of the VHC Service Plan; and
 - *unscheduled reviews and/or modifications to a current VHC Service Plan* within five working days of receiving advice that there is a change of circumstances or the approved services are not meeting needs. Unscheduled reviews should be triaged according to service delivery urgency.

A.3.5 Relationship Management

VHC Assessment Agencies are required to:

- build and maintain a close working relationship with both DVA and VHC Service Providers in their contracted VHC region/s to support a collaborative approach in managing the delivery of services to entitled persons;
- build and maintain linkages with other health and community providers within the primary health, allied health, aged and community care industries, and local community and ex-service organisations within their contracted VHC region/s to meet the care needs of entitled persons (refer to section A.9.3 [Part A] of the VHC Manual); and
- maintain the VHC Assessment Agency function separate from the VHC Service Provider function when the VHC Assessment Agency is also a VHC Service Provider. There should be no inequitable distribution of VHC Service Plans to the same business (refer to section A.9.2.1 [Part A] of the VHC Manual).

A.3.6 Contract Management

VHC Assessment Agencies are required to:

- manage the subcontracting arrangement and remain responsible for any omissions of the subcontractor if a subcontracting arrangement is entered into for the provision of VHC assessment and coordination services;
- participate in contract management and performance monitoring activities as requested by DVA (refer to section 6.5 [General] of the VHC Manual);
- provide access to records and premises as requested by DVA (refer to section 6.2 [General] of the VHC Manual);
- supply data and information as requested by DVA;
- participate in the evaluation of the VHC Program as requested by DVA; and
- participate in training provided by, or on behalf of, DVA.

A.3.7 Contract Amendments

VHC Assessment Agencies are required to:

- action VHC Bulletins and inform relevant staff of the content;
- request permission from DVA to make changes to the contracted business entity status, contracted VHC region/s and/or delivery site/s three months prior to change; and
- advise DVA of any subcontracting arrangements entered into if terminating the Deed of Agreement, reducing contracted VHC region/s or transferring ownership of the business three months prior to change.

A.4 Personnel Requirements

A.4.1 Appropriately Qualified and Skilled Staff

All personnel providing the functions of VHC assessor and VHC regional coordinator must be employed under relevant awards, have appropriate qualifications and undertake work appropriate to their qualification and experience under relevant state and territory law.

The minimum DVA required qualifications for personnel providing the functions of VHC assessor and VHC regional coordinator are:

VHC Assessors	VHC Regional Coordinators
<ul style="list-style-type: none"> • Experience in the aged or community care sector for a minimum of two years; and • Skills in comprehensive assessment and care planning. 	<ul style="list-style-type: none"> • Experience in the aged or community care sector for a minimum of two years; • Health professional who is either a Registered Nurse, Occupational Therapist, Physiotherapist, Social Worker or holds equivalent qualifications in the aged and community care industry; and • Skills in service coordination, budget management and people management.

If the functions of both VHC assessor and VHC regional coordinator are performed by the same person, they must hold the VHC regional coordinator qualifications.

The qualifications must be recorded in personnel files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

A.4.2 Continuing Education for Required Personnel

VHC Assessment Agencies should ensure that personnel have access to, and undertake, appropriate continuing education and professional development, particularly in relation to the provision of home and community care services, on a regular and on-going basis.

VHC Assessment Agencies are required to provide for all new personnel an induction and specific training program for VHC assessors and VHC regional coordinators. VHC Assessment Agencies are also required to participate in training, provided by, requested by, or on behalf of DVA.

A.4.3 Working with Vulnerable People including Children

VHC Assessment Agencies must ensure that all personnel who have access to entitled persons have, under relevant state and territory law, a current:

- national police check for working with vulnerable people; and
- where required, clearance for working with children.

These checks must be renewed every three years or as required under relevant state and territory law.

The checks/clearances must be recorded in personnel files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

For information on the requirements, refer to:

- www.dss.gov.au/about-the-department/doing-business-with-dss/vulnerable-persons-police-checks-and-criminal-offences
- agedcare.health.gov.au/police-certificate-guidelines-for-aged-care-providers
- aifs.gov.au/cfca/publications/pre-employment-screening-working-children-checks-and-police-checks

A.5 Safe Working Environment

A.5.1 Work Health and Safety

VHC Assessment Agencies must provide a safe and healthy workplace for all personnel providing VHC assessment and coordination services according to Work Health and Safety (WH&S) legislation and relevant regulations and codes.

The workplace will be:

- the workspace within Australia as determined by VHC Assessment Agencies, when providing telephone assessments and coordination services; and
- an entitled person's home, when providing in-home assessments.

VHC Assessment Agencies are responsible for addressing the safety of all personnel providing VHC assessment and coordination services, whether it is from the office or from an entitled person's home. VHC Assessment Agencies are also responsible for ensuring that all relevant personnel are trained to comply with the WH&S requirements associated with the work they perform.

For situations where an entitled person's home provides an unsafe working environment, refer to section A.10.14 [Part A] of the VHC Manual.

A.5.2 Behaviours of Concern

Entitled persons or their nominated representative, carer or family, may exhibit the following behaviours during telephone calls or face-to-face visits:

- uncooperative;
- angry or aggressive;
- anxious;
- depressed;
- threatening self-harm;
- socially inappropriate;
- intoxicated or drug affected;
- grief; or
- confused or suffering dementia.

As part of providing a safe and healthy working environment for personnel providing VHC assessment and coordination services, VHC Assessment Agencies must provide training to all relevant personnel to assist them in responding to, and managing, behaviours of concern. DVA has developed a resource booklet, Managing Challenging Behaviours – Reference Guide and Desktop Guide, to assist personnel to respond in a positive and constructive manner. The resource booklet can be ordered from the At Ease website at: at-ease.dva.gov.au/professionals/clinical-resources/online-ordering/

For situations where an entitled person exhibits behaviours of concern, refer to section A.10.14 [Part A] of the VHC Manual.

A.6 Administrative Policies and Procedures

VHC Assessment Agencies must have written policies and procedures that support compliance with the Aged Care Quality Standards and relevant state and territory law, which are appropriate for a community care setting. At a minimum, DVA requires VHC Assessment Agencies to have policies and procedures in relation to the following:

- WH&S, including providing a safe working environment and managing behaviours of concern;
- Recruitment of personnel, including clearances for working with vulnerable people and children;
- Subcontracting or outsourcing of services;
- Records management, including privacy and secure storage of personal information and care documentation;
- Financial management;
- Risk management;
- Complaints management; and
- Continuous improvement.

All policies and procedures must be reviewed at a minimum of every three years, to take into account industry and legislative changes.

The policies and procedures must be recorded in appropriate files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

A.7 Assessments

A.7.1 Assessment Methods

The three methods for completing VHC assessments are:

- standard telephone assessment;
- standard in-home assessment; and
- complex in-home assessment.

VHC Assessment Agencies must determine the assessment method based on the capacity of the entitled person or their nominated representative and/or carer to complete the assessment. The majority of assessments can be completed as standard telephone assessments. However, if the standard telephone assessment method presents challenges for the entitled person and/or they have complex needs, a standard or complex in-home assessment method should be arranged. Examples of when a standard or complex in-home assessment may be appropriate for an entitled person are suggested below.

Standard In-Home Assessment	Complex In-Home Assessment
<ul style="list-style-type: none"> Significant health conditions which make a telephone assessment difficult or stressful for the entitled person (e.g. hearing, speech, respiratory, mental illness); or Unstable health status due to frequent hospitalisation or requiring frequent visits to their LMO/GP; or Identified as deteriorating in three or four of their Activities of Daily Living (ADLs); or Signs of confusion, lack of concentration or other indicators of declining cognitive function. 	<ul style="list-style-type: none"> Aged 90 years or over, has deteriorating health and mobility, are not receiving community nursing services or do not have an ongoing carer; or Receives in excess of three hours of Domestic Assistance services per fortnight; or Identified as deteriorating in five or more of their ADLs or a combination of ADLs and Instrumental Activities of Daily Living (IADLs); or Diagnosed with dementia or a serious mental illness and exhibiting declining cognitive function due to the illness.

Entitled persons should not be disadvantaged from receiving a standard or complex in-home assessment, if such assessment is warranted, solely because they do not fit within the examples listed above and/or they do not live near a VHC Assessment Agency's workplace. VHC Assessment Agencies may consider subcontracting arrangements to complete in-home assessments.

A.7.2 VHC Assessment Instrument

The VHC Assessment Instrument is a standardised national tool to assess an entitled person's needs for VHC services. It also identifies, through the assessment process, the need for other primary health, allied health, aged and community care services. The VHC Assessment Instrument has been validated by experts in the field of aged and community care assessments.

The VHC Assessment Instrument consists of five sets to identify unmet needs and service provision requirements:

- Set 1: Reason for Assessment and Assessment Gateway
- Set 2: Health Profile and Functional Profile
- Set 3: Carer Profile
- Set 4: Health Supplement, Instrumental Activities of Daily Living (IADL) Supplement, Activities of Daily Living (ADL) Supplement, Cognition Supplement and Behaviour Supplement
- Set 5: Outcomes

The VHC Assessment Instrument is built as a questionnaire within VHC VIEW, comprising of comprehensive and short assessment types. The comprehensive assessment types utilise the whole questionnaire allowing the assessor to choose specific sets and questions depending on the entitled person's and carer's care needs. The short assessment types are VHC service type specific and utilise a few questions to respond to immediate needs.

VHC Assessment Agencies must select the most appropriate assessment type, complete the assessment and record the outcomes in VHC VIEW. The assessment types and when to use them are outlined in the table below.

Assessment Type	When to Use
Comprehensive Assessments	
Full Assessment	<ul style="list-style-type: none"> <i>First assessment</i> for new VHC clients, including CVC participants referred by their LMO/GP for CVC Social Assistance. <i>Anniversary assessment</i> for ongoing VHC clients requiring services after 12 months. Anniversary assessments must be completed every 12 months within the anniversary window of four months before and one month after the anniversary date listed in VHC VIEW. <p>Note: A first and anniversary 'full assessment' triggers a claim for payment. Refer to section A.11.2 [Part A] of the VHC Manual.</p>
Scheduled Review	Regular review of current services, which is scheduled to be completed prior to the expiry of the VHC Service Plan.
Unscheduled Review	Ad-hoc review following feedback from an entitled person or their nominated representative and/or carer, VHC Service Provider, discharge planner, health professional, etc, if assessed needs have changed or there is a change of circumstances such as post-hospitalisation.
Short Assessments	
Home and Garden Maintenance only	Ad-hoc request to arrange safety-related Home and Garden Maintenance services when a comprehensive assessment was completed previously within the last 12 months.
CVC Social Assistance only	Ad-hoc request by a GP to arrange CVC Social Assistance services when a comprehensive assessment was completed previously within the last 12 months.
Residential Respite only	Ad-hoc request to arrange DVA-funded Residential Respite when a comprehensive assessment: <ul style="list-style-type: none"> was completed previously within the last 12 months; or has not been done within the last 12 months and it is not practical to do so at the time of contact. A 'full assessment' should be completed when practical at a later date.
Emergency Respite only	Ad-hoc request to arrange urgent requests for In-Home Respite or ESTHR when a comprehensive assessment: <ul style="list-style-type: none"> was completed previously within the last 12 months; or has not been done within the last 12 months and it is not practical to do so at the time of contact. A 'full assessment' should be completed when practical at a later date.

Short assessment types do not replace a comprehensive assessment. A comprehensive assessment must be completed, rather than a short assessment, if the entitled person has not had one previously or has not been assessed within the last 12 months.

A.7.3 Informed Consent

A.7.3.1 Obtaining Consent

Prior to completing a VHC assessment, VHC Assessment Agencies must obtain informed consent from the entitled person to collect and exchange their personal information (refer to section 6.1.2 [General] of the VHC Manual). Informed consent may also be obtained from a nominated representative who is either legally appointed or informal as defined in section A.7.3.2 [Part A] of the VHC Manual.

The entitled person or their nominated representative must understand what they are consenting to, and be of sound mind at the time of consenting. If an entitled person has lost capacity to provide informed consent and does not have a legally appointed representative to act on their health/medical affairs, informed consent may be obtained from the next of kin or the entitled person's carer. VHC Assessment Agencies must encourage the next of kin or the entitled person's carer to arrange Guardianship so they can act on the entitled person's behalf (refer to A.7.3.2 [Part A] of the VHC Manual).

VHC VIEW contains two options for obtaining informed consent. The first option is a generalised consent statement and the second option is a short consent statement with specific questions about sharing information with:

- DVA (includes VHC Assessment Agencies through contractual arrangements);
- VHC Service Providers;
- other health and community care providers (e.g. referrals to or liaison with GP, discharge planners, Community Nursing, My Aged Care, Home Care Package Providers, residential aged care facilities, etc);
- organisations undertaking research and evaluation for DVA (e.g. de-identified data to assist with improving services for the veteran community); and
- family, if they request it.

When completing a first 'full assessment' with a new VHC client, VHC Assessment Agencies must obtain informed consent. For subsequent assessments and reviews, VHC Assessment Agencies only need to confirm previous consent. At a minimum, consent to share personal information with DVA and VHC Service Providers is required before a VHC assessment can be completed and VHC services can be delivered.

The VHC Assessment Instrument includes questions about the carer's needs. If the entitled person has a carer providing ongoing care and support, VHC Assessment Agencies must also obtain informed consent from the carer to complete the questions in Set 3.

A.7.3.2 Nominated Representative

A nominated representative who may be able to provide consent and complete a VHC assessment is either:

- a legally appointed representative that can make decisions on the entitled person's health/medical affairs according to a legal document made under state and territory law, such as an Enduring Power of Attorney, Advance Care Directive or a Guardian; or
- an informal representative that an entitled person has given verbal or written consent to act on their behalf in relation to DVA matters, including VHC assessments, but have no legal authority.

The laws on legal appointments vary across states and territories. VHC Assessment Agencies must know when to obtain consent and complete a VHC assessment with a legally appointed representative according to relevant state and territory law. To understand the relevant law, refer to the state and territory websites at:

- Australian Capital Territory: www.ptg.act.gov.au/
- New South Wales: www.tag.nsw.gov.au/
- Northern Territory: nt.gov.au/law/rights/advance-personal-plan
- Queensland: www.pt.qld.gov.au/
- South Australia: www.opa.sa.gov.au/
- Tasmania: www.publictrustee.tas.gov.au/
- Victoria: www.publicadvocate.vic.gov.au/
- Western Australia: www.publicadvocate.wa.gov.au/

VHC VIEW contains a *Representative Arrangements* folder which displays the information DVA has on legally appointed and informal representatives. VHC Assessment Agencies must refer to this folder prior to obtaining consent, completing a VHC assessment or sharing personal information about an entitled person's VHC services.

If an entitled person or their nominated representative advises that there is a representation arrangement in place, but it does not appear in VHC VIEW, VHC Assessment Agencies are to do the following:

- *if a legally appointed representative*, request them to send a certified copy of the legal document to DVA; or
- *if an informal representative*, request them to contact DVA on 1800 555 254 for a form to provide written consent; or
- advise them they can register their nominated representative online at: myaccount.dva.gov.au/myaccountnar/narexternal/externalRequest.html

A.8 Approvals

A.8.1 Approving Services within VHC Program Parameters

A.8.1.1 VHC Service Types, Excluding Residential Respite

If the outcomes of an assessment recommends VHC services, VHC Assessment Agencies may approve services according to the:

- VHC program parameters at section 2.1 [General] of the VHC Manual;
- service type parameters set out in the table below; and
- funds available in the notional budget (refer to section A.8.3 [Part A] of the VHC Manual).

Service Type	Parameters
Domestic Assistance	<p>Section 3.1 [General] of the VHC Manual.</p> <p>Subject to the outcomes of an assessment, the hours approved should generally be of a low intensity, consistent with other entry-level Australian Government programs, such as the Commonwealth Home Support Program (CHSP).</p> <p>An alert within VHC VIEW will appear if three or more hours per week of Domestic Assistance is approved. The alert does not stop the approval but is a prompt to check if the number of hours entered is correct. Approving three or more hours per week of Domestic Assistance is considered higher level home support services, which is beyond the VHC program parameters.</p> <p>Hours may be approved at a higher intensity on a short-term or episodic basis depending on the circumstances (e.g. recovery from a post-acute hospital admission, treatment of a clinical or mental health intervention, waiting for a Home Care Package or one-off clean up to prepare the home for ongoing services). However, if higher level services are required on an ongoing basis, an entitled person should be referred to:</p> <ul style="list-style-type: none"> • other Australian Government programs, such as the Home Care Packages Program or NDIS; or • DVA Household Services if they are a veteran (not a war widow/er) with eligibility under MRCA or DRCA.
Personal Care	<p>Section 3.2 [General] of the VHC Manual.</p> <p>VHC Assessment Agencies must refer directly to a DVA Community Nursing provider if an entitled person requires:</p> <ul style="list-style-type: none"> • Personal Care of more than 1.5 hours per week; or • Personal Care <i>and</i> a clinical intervention. <p>VHC Assessment Agencies are an authorised referrer under the DVA Community Nursing Program. To find a DVA Community Nursing provider in the entitled person's location, refer to the DVA website at: www.dva.gov.au/providers/community-nursing/panel-community-nursing-providers</p> <p>For any exceptions listed in section 3.2.5 [General] of the VHC Manual, VHC Assessment Agencies may approve more than 1.5 hours per week of Personal Care. An alert within VHC VIEW will appear if three or more hours per week of Personal Care is approved. The alert does not stop the approval but is a prompt to check if the number of hours entered is correct.</p>
Safety-related Home and Garden Maintenance	Section 3.3 [General] of the VHC Manual.
In-Home Respite	Sections 3.4.1 and 3.4.2 [General] of the VHC Manual.
ESTHR	<p>Sections 3.4.1 and 3.4.4 [General] of the VHC Manual.</p> <p>VHC Assessment Agencies approve the first episode of care. If a second or third episode of care is required within 24 hours after the end of the previous episode of care, VHC Assessment Agencies must seek prior approval from DVA. Refer to section A.10.9 [Part A] of the VHC Manual.</p> <p>ESTHR approvals are one-off approvals and not ongoing approvals on a weekly basis. If care is needed on an ongoing basis, In-Home Respite should be considered instead of ESTHR.</p> <p>ESTHR should not be approved to 'top up' hours if an entitled person has used up their 196 hours/28 days of In-Home Respite and/or Residential Respite in a financial year.</p>

Service Type	Parameters
CVC Social Assistance	<p>Section 4 [General] of the VHC Manual.</p> <p>VHC Assessment Agencies should approve the maximum hours listed for each activity. This allows VHC Service Providers to develop flexible working arrangements with the CVC participant according to the activity chosen. VHC Service Providers are required to claim only for the time they actually delivered the activity, including any travel time.</p>

A.8.1.2 Residential Respite in a Facility, Excluding Hospitals

If the outcomes of an assessment recommends Residential Respite, VHC Assessment Agencies may approve this service according to the:

- VHC program parameters at section 2.1 [General] of the VHC Manual;
- service type parameters at sections 3.4.1 and 3.4.3 [General] of the VHC Manual; and
- individual residential setting parameters set out in the table below.

Residential Setting	Parameters
Australian Government-funded aged care facility	<p>VHC Assessment Agencies are authorised to approve residential respite in this type of facility without seeking prior approval from DVA, if the following criteria has been met:</p> <ul style="list-style-type: none"> • The entitled person has an Aged Care Assessment Team (ACAT) or Aged Care Assessment Service (ACAS, in Victoria) approval for Residential Respite; • The entitled person has booked a residential respite stay in a facility; • The facility is listed on the My Aged Care website at: www.myagedcare.gov.au/service-finder/aged-care-homes; and • The My Aged Care website indicates the facility: <ul style="list-style-type: none"> ○ is Commonwealth Government subsidised; ○ is accredited; and ○ has no current notices of sanctions or non-compliance.
Multi-Purpose Service (MPS)*	<p>VHC Assessment Agencies are authorised to approve residential respite in this type of facility without seeking prior approval from DVA, if the following criteria has been met:</p> <ul style="list-style-type: none"> • The entitled person has booked a residential respite stay in a MPS; • The MPS is listed on the My Aged Care website at: www.myagedcare.gov.au/multi-purpose-services-program or www.myagedcare.gov.au/service-finder/aged-care-homes; • The My Aged Care website indicates the facility is Commonwealth Government subsidised; and • The consumer fee rate per night is equivalent to the basic daily care fee. <p>If the consumer fee rate is greater than the equivalent, VHC Assessment Agencies must seek prior approval from DVA. DVA will advise the requesting VHC Assessment Agency if Residential Respite can be approved in this situation.</p>

Residential Setting	Parameters
Cottage Respite under the CHSP*	<p>VHC Assessment Agencies are authorised to approve residential respite in this type of facility without seeking prior approval from DVA, if the following criteria has been met:</p> <ul style="list-style-type: none"> • The entitled person has booked a residential respite stay in a cottage respite facility; • The cottage respite will be provided in the provider's facility, and not in the entitled person's home; • The cottage respite facility is listed on the My Aged Care website at: www.myagedcare.gov.au/service-finder/help-at-home; • The My Aged Care website indicates the facility is Commonwealth Government subsidised; and • The consumer fee rate per night is equivalent to the basic daily care fee. <p>If the consumer fee rate is greater than the equivalent, VHC Assessment Agencies must seek prior approval from DVA. DVA will advise the requesting VHC Assessment Agency if Residential Respite can be approved in this situation.</p>
Support Residential Services (SRS) in Victoria*	<p>VHC Assessment Agencies are authorised to approve residential respite in this type of facility without seeking prior approval from DVA, if the following criteria has been met:</p> <ul style="list-style-type: none"> • The entitled person has stayed in a SRS facility before for either Residential Respite or Convalescent Care, and the entitled person has a preference to return to that SRS facility; • The entitled person has booked a residential respite stay in a SRS; and • The SRS facility is registered and listed on the Victorian Government's Department of Health and Human Services website at: www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services <p>If an entitled person has not stayed in a SRS facility before, VHC Assessment Agencies must seek prior approval from DVA providing the following information:</p> <ul style="list-style-type: none"> • The reason why the entitled person wants to stay in a SRS (e.g. they do not have an ACAT or ACAS assessment, the SRS meets the mental health or disability needs of the entitled person, or another reason); and • If the SRS facility is registered and listed on the Victorian Government's Department of Health and Human Services website at: www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services. <p>DVA will advise the requesting VHC Assessment Agency if Residential Respite can be approved in this situation.</p>
Another appropriate facility*	<p>VHC Assessment Agencies must seek prior approval from DVA providing the following information:</p> <ul style="list-style-type: none"> • The name and location of the facility; • What type of supported accommodation is the facility (e.g. disability-specific service for younger people, community mental health, or another type); • If the facility is funded by a state or territory government; • The reason why the entitled person wants to stay in the chosen facility (e.g. the entitled person is under 65 years old, the facility meets the mental health or disability needs of the entitled person, or another reason); • If the facility is an appropriate alternative to an Australian Government-funded aged care facility; • The consumer fee rate per night (Note: it does not have to be the equivalent of the basic daily care fee); and • The dates of the planned residential respite stay. <p>DVA will advise the requesting VHC Assessment Agency if Residential Respite can be approved in this situation.</p>

***Note:** An ACAT or ACAS approval is not required. If an *older* entitled person has not undertaken an ACAT or ACAS assessment, VHC Assessment Agencies should encourage them to seek one so they can prepare for any future need of other aged care services. Refer to section 3.4.3.4.2 [General] of the VHC Manual.

If an entitled person's Residential Respite stay is 14 consecutive days or more and they are partnered and receiving a DVA Service Pension (or a Centrelink Age Pension) at the couples' rate, they are eligible to receive their pension at the singles' rate during the Residential Respite period. To arrange this, an entitled person or their nominated representative must contact DVA within three months of the start of the Residential Respite stay.

A.8.1.3 Residential Respite in Hospitals

An entitled person can receive Residential Respite in a public or private hospital. The 28 day limit of Residential Respite per financial year does not apply to stays in a hospital. VHC Assessment Agencies do not approve Residential Respite stays in a hospital.

If an entitled person or their nominated representative and/or carer requests Residential Respite in a hospital, in the first instance VHC Assessment Agencies should encourage them to consider Residential Respite in an Australian Government-funded aged care facility or another appropriate setting. If the preference is still to receive Residential Respite in a hospital, VHC Assessment Agencies must refer them to the entitled person's GP. The GP is responsible for arranging a suitable respite bed in a hospital.

If an entitled person has received Residential Respite in a hospital previously, VHC Assessment Agencies must not count this stay as part of the 28 days limit when approving any future Residential Respite in an Australian Government-funded aged care facility or another appropriate setting. For example, an entitled person can receive in one financial year 10 days of Residential Respite in a hospital and then 28 days of Residential Respite in an Australian Government-funded aged care facility.

A.8.1.4 Approving VHC Services for Entitled Persons on a Home Care Package or NDIS Plan

If an entitled person has been assessed for a Home Care Package or NDIS plan and are waiting for one to become available, VHC services can continue to be provided until service provision under the package or plan commences.

The package or plan should address all of the entitled person's care needs. DVA expects that VHC services will discontinue, except for Respite Care, once the entitled person is on the package or plan.

If the package or plan budget is fully allocated and an entitled person requires additional support, the Home Care Package or NDIS provider may approach VHC Assessment Agencies for VHC services. VHC services may supplement, but not duplicate, services that an entitled person is accessing under the package or plan. Refer to sections 5.2.4 and 5.2.7 [General] of the VHC Manual.

When approached, VHC Assessment Agencies must find out:

- what the package or plan includes;
- what VHC services are being sought; and
- the reasons why VHC services are needed to supplement the package or plan.

If the package or plan budget is fully allocated, the need is reasonable and VHC services will not duplicate the services under the package or plan, VHC Assessment Agencies may approve VHC services according to the parameters listed in sections A.8.1.1 and A.8.1.2 [Part A] of the VHC Manual, without seeking prior approval from DVA.

VHC Assessment Agencies must add a Progress Note in VHC VIEW explaining the circumstances for the provision of VHC services.

A.8.2 Applying Service Rates

When approving a VHC service, VHC Assessment Agencies must apply the relevant service rate (Standard or Exceptional) when allocating a VHC Service Plan to VHC Service Providers. Only one service rate can be applied per VHC Service Plan in VHC VIEW. The service rates are listed in the Reference Guide to Applying the Service Rate below and the VHC fee schedule issued by VHC Bulletins.

The service rate selected by VHC Assessment Agencies determines the VHC fee paid to VHC Service Providers when they claim against a VHC Service Plan through the VHC Provider Portal. If a service rate is misapplied by VHC Assessment Agencies, VHC Service Providers could be under or overpaid, which affects the funds available in the notional budget (refer to section A.8.3 [Part A] of the VHC Manual).

The service rate applied does not appear on the VHC Service Plan. To assist VHC Service Providers with claiming, VHC Assessment Agencies must add comments to VHC Service Plans for Personal Care, In-Home Respite and Emergency Respite, as outlined in the Reference Guide to Applying the Service Rate below.

If the service rate applied is incorrect, VHC Service Providers are unable to change the service rate in the VHC Provider Portal. VHC Service Providers are required to contact VHC Assessment Agencies prior to claiming to request the VHC Service Plan to be modified with the correct service rate. When requested, VHC Assessment Agencies must modify the VHC Service Plan with the correct service rate.

Reference Guide to Applying the Service Rate

Service Type	Service Required on...	Service Rate to be Applied	Comments to add to the VHC Service Plan
Home and Garden Maintenance	Any day	Standard	
Domestic Assistance	Any day	Standard	
CVC Social Assistance	Any day	Standard	
Personal Care	Weekdays only	Standard	Personal Care is required on weekdays only. <i>Standard Rate</i> applied.
	Weekends or Public Holiday only	Exceptional	Personal Care is required on weekends and/or public holiday only. <i>Exceptional Rate</i> applied.
	Mix of Weekdays and Weekends	Standard	<ul style="list-style-type: none"> Personal Care is required on a mix of weekdays and weekends. <i>Standard Rate</i> applied. Claim all hours provided on the VHC Provider Portal, regardless if the visit was on a weekday, weekend or public holiday. To claim the <i>Exceptional Rate</i> for the weekend and public holiday visits, claim the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> by uploading a manual tax invoice on the VHC Provider Portal.
In-Home Respite	Weekdays only	Standard	In-Home Respite is required on weekdays only. <i>Standard Rate</i> applied.
	Weekends or Public Holiday only	Exceptional	In-Home Respite is required on weekends and/or public holiday only. <i>Exceptional Rate</i> applied.
	Mix of Weekdays and Weekends	Standard	<ul style="list-style-type: none"> In-Home Respite is required on a mix of weekdays and weekends. <i>Standard Rate</i> applied. Claim all hours provided on the VHC Provider Portal, regardless if the visit was on a weekday, weekend or public holiday. To claim the <i>Exceptional Rate</i> for the weekend and public holiday visits, claim the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> by uploading a manual tax invoice on the VHC Provider Portal.
Emergency Respite (ESTHR)	Weekdays only	Standard	Episode during the weekdays. <i>Standard Rate</i> applied.
	Weekend only	Exceptional	Episode during the weekend. <i>Exceptional Rate</i> applied.
	Weekdays and Weekend (episode of care provided on consecutive weekdays including a Saturday and/or Sunday)	Exceptional	Episode including the weekday and weekend. <i>Exceptional Rate</i> applied.

A.8.3 Budget Management

Every financial year, DVA assigns a notional budget or expenditure cap for each VHC region. This notional budget consists of:

- the actual budget; and
- the buffer amount that allows VHC Assessment Agencies to approve above the actual budget to manage the gap between the Committed Residual and Paid Residual.

DVA advises VHC Assessment Agencies by email of their notional budget for each contracted VHC region. VHC Assessment Agencies are responsible for managing approvals within their own notional budget/s and monitoring expenditure on a regular basis.

The notional budget is shown as 'Budget Amount' in VHC VIEW. Each VHC region will have a different Budget Amount and the Budget Amount may be different to the previous financial year. The Budget Amount covers the VHC service types of Domestic Assistance, Personal Care, safety-related Home and Garden Maintenance and CVC Social Assistance. The Respite Care budget is managed separately by DVA.

Each time a VHC service is approved, VHC VIEW calculates the total cost of the approval in a financial year (e.g. the total cost if each Domestic Assistance visit was delivered according to the hours and frequency of a VHC Service Plan). This total cost is deducted from the Budget Amount. The Budget Amount less the total cost of approvals equals the remaining funds available for a VHC Assessment Agency to allocate or commit in a VHC region. The remaining funds available is shown as 'Committed Residual' in VHC VIEW. The Committed Residual is adjusted each time an approval is completed with VHC services. A warning message appears in VHC VIEW if the Committed Residual is equal to or less than \$5,000 or if the cost of the approval is more than the Committed Residual.

Each time a VHC Service Provider claims for services delivered against a VHC Service Plan, and DVA pays them, VHC VIEW calculates the total cost of paid claims in a financial year. This total cost is deducted from the Budget Amount. The Budget Amount less the total cost of paid claims equals the remaining funds available for expenditure by VHC Service Providers. The remaining funds available is shown as 'Paid Residual' in VHC VIEW. The Paid Residual is adjusted each time VHC Service Providers are paid in a monthly pay run.

The Paid Residual is separate to, and does not adjust, the Committed Residual. The Paid Residual is based on services delivered by VHC Service Providers and Committed Residual is based on services approved or committed by VHC Assessment Agencies.

VHC Service Providers are required to claim for services delivered within 60 days of the plan period being claimed against a VHC Service Plan. For any unclaimed hours on a VHC Service Plan that are 60 days or more old (after the last Sunday of the plan period) will be re-credited or returned back into the Committed Residual. VHC Service Providers can also return unused hours before the 60 days are up. The re-credited hours increases the funds in the Committed Residual and allows VHC Assessment Agencies to re-use the hours to approve more VHC services.

When approving VHC services, VHC Assessment Agencies must check that the relevant VHC region has the funds to support the VHC services being approved. This is done by comparing the Committed Residual with the Paid Residual against the actual budget of the notional budget (excluding the buffer). If the Committed Residual is less than the total cost of an approval, VHC VIEW will not allow a VHC Assessment Agency to approve VHC services, even though the Paid Residual shows that there are still funds available for a VHC region.

The gap between the Committed Residual and Paid Residual is generally managed by the buffer amount of the notional budget. The buffer is a DVA-determined percentage of the actual budget. This allows VHC Assessment Agencies to approve VHC services above the actual budget but not exceed the Budget Amount, until there is an equalising between paid claims and re-credits.

For example, DVA assigned the Hunter VHC region a notional budget of \$2 million for the 2017-18 financial year, which consists of:

- the actual budget of \$1,739,130.40; and
- the buffer amount of \$260,869.60 (15 per cent of the actual budget).

VHC VIEW shows the Budget Amount as \$2 million. The actual budget of \$1,739,130.40 is the maximum expenditure limit for the Hunter VHC region. Even though the VHC Assessment Agency for the Hunter VHC region can approve VHC services up to \$2 million, they must ensure the expenditure or the Paid Residual is within the actual budget of \$1,739,130.40. The buffer amount allows the VHC Assessment Agency to approve VHC services until the Paid Residual nears the actual budget, so an entitled person is not left without VHC services.

The notional budget is GST exclusive. The amount deducted from the Budget Amount to form the Committed Residual and Paid Residual, or the amount re-credited back into the Committed Residual, do not include GST.

VHC Assessment Agencies must develop and apply budget management strategies to manage their notional budget. One of these strategies must include not approving VHC services for more than six months. DVA provides data reports to VHC Assessment Agencies to assist in managing their notional budgets.

When the Committed Residual is low, VHC Assessment Agencies should discuss the situation and seek a top up if required with their assigned DVA Contract Manager by emailing esgrd.pse.contract.management@dva.gov.au

A.9 Coordinating Services

A.9.1 Outcomes Package

VHC Assessment Agencies must develop an outcomes package for entitled persons based on addressing the needs identified during an assessment. An outcomes package may include:

- VHC services;
- referrals to non-VHC services (e.g. other primary health, allied health, aged and community care services, including DVA services); and
- information to assist an entitled person to manage their care needs* (e.g. preventative strategies, relevant DVA Factsheets, how to self-refer to My Aged Care, navigating the aged care system, mental health websites and DVA apps, etc).

If a VHC service/s is to be approved, the details of the outcomes package are to be reflected on an entitled person's VHC Care Plan. Prior to finalising the VHC Care Plan, VHC Assessment Agencies should consult with the entitled person or their nominated representative and/or carer to ensure it contains the agreed actions, including seeking consent to action any referrals to non-VHC services.

If VHC services are not required, but a referral to non-VHC services or information is required, the details of the actions taken by VHC Assessment Agencies are to be added as a Progress Note in VHC VIEW.

***Note:** VHC Assessment Agencies can email the information if this is preferred by the entitled person.

A.9.2 Referrals to VHC Service Providers

A.9.2.1 Fair and Reasonable Distribution of Work

VHC Assessment Agencies must develop VHC Service Plans to refer approved VHC service types to VHC Service Providers. VHC Service Plans must be referred to VHC Service Providers in a fair and reasonable manner when there is more than one VHC Service Provider operating in a contracted town, Local Government Area (LGA) or VHC region. VHC Assessment Agencies must be guided by the principles outlined in the table below.

Principle	Expectation
Ongoing VHC Service	
Continuity of care	<p>If an entitled person requires ongoing VHC services, their current VHC Service Provider should be maintained if the entitled person is satisfied with them. This principle also applies when an entitled person returns home from treatment.</p> <p>If an entitled person is dissatisfied with their current VHC Service Provider, reallocate the VHC Service Plan to an alternative VHC Service Provider, where available.</p>
New VHC Service or a Change of VHC Service Provider is Required	
Client preference	If an entitled person has requested a particular VHC Service Provider, the VHC Service Plan/s should be allocated to that VHC Service Provider, where possible.
Only one VHC Service Provider per entitled person	If an entitled person requires a different VHC service in addition to the current VHC service, their current VHC Service Provider should be allocated the additional VHC service, where possible. This principle is to minimise the number of VHC Service Providers entering an entitled person's home.
Nearest suitable VHC Service Provider	<p>VHC Service Plan/s should be allocated to the nearest suitable VHC Service Provider to the entitled person's place of residence (or place where services are to be delivered). The "nearest suitable" may be:</p> <ul style="list-style-type: none"> the closest geographical VHC Service Provider; a VHC Service Provider that has capacity to provide the service/s within the timeframe/s; and/or a VHC Service Provider that can meet the principle: "Special Capabilities of a VHC Service Provider".
Special Capabilities of a VHC Service Provider	If an entitled person has care needs that requires specialised services (e.g. staff trained in dementia care, challenging behaviours, disabled children, etc), the VHC Service Provider who can meet those needs should be allocated the VHC Service Plan/s.
Timeliness and Acceptance of Work	<p>VHC Service Providers who are able to accept VHC Service Plans within the following timeframes may be given preference:</p> <ul style="list-style-type: none"> 24 hours of referral of an urgent VHC Service Plan; or two working days of referral of a non-urgent VHC Service Plan.
Service types delivered by a VHC Service Provider	If the VHC region has a mixture of multi-service and single-service VHC Service Providers, the single-service VHC Service Provider should not be allocated more than 50 per cent of VHC Service Plans for that single-service, where possible. This principle ensures equity for that VHC service type.
Location in which a VHC Service Provider operates	If a VHC Service Provider operates only in a single area of a VHC region (e.g. a single LGA or town), the single-area VHC Service Provider should not be allocated more than 50 per cent of VHC Service Plans for that single-area in comparison to other VHC Service Providers covering the whole VHC region, where possible. This principle ensures equity for all VHC Service Providers operating in that single-area.

Allocation of VHC Service Plans must be recorded, including the principle/s applied to the allocation, and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

A.9.2.2 VHC Service Providers Refusing Work

All VHC Service Providers are required to:

- deliver their contracted VHC service types seven days a week, including public holidays and overnight, where needed;
- accept all VHC Service Plans within the capacity of the VHC Service Provider;
- advise the relevant VHC Assessment Agency if unable to deliver the VHC services defined in a VHC Service Plan due to capacity constraints; and
- note and accept that service duration or location are not valid capacity constraints for non-acceptance of a VHC Service Plan, if the entitled person is within the contracted service delivery area.

VHC Service Providers cannot decline VHC Service Plans unless they have a reasonable reason, such as:

- capacity constraints (e.g. no care workers available, the ratio of care workers to clients is at their limit);
- WH&S legislative and/or insurance policy restrictions (refer to section A.10.13 [Part A] of the VHC Manual); or
- the entitled person's home does not provide a safe working environment (e.g. health hazard, displays challenging behaviours such as physically abusive to care workers) (refer to section A.10.14 [Part A] of the VHC Manual).

DVA and VHC Assessment Agencies cannot force VHC Service Providers to deliver services in these situations. VHC Assessment Agencies will need to locate another VHC Service Provider who can accept the VHC Service Plan.

When a VHC Service Provider is the only one available to deliver a VHC service to an entitled person, but they have declined a VHC Service Plan, VHC Assessment Agencies should follow the advice provided in the table below so that the entitled person is not left without services.

Reason for Decline	Action
The location of the entitled person is too far away, where the distance to deliver the service is well above that usually travelled (e.g. in a rural area)	Advise the VHC Service Provider to seek DVA consideration of additional funding to cover the cost of the distance travelled.
Capacity constraints or WH&S legislative and/or insurance policy restrictions	Advise the VHC Service Provider to consider alternative arrangements, such as subcontracting the service or recruiting personnel.

If VHC Service Providers are refusing work on a regular basis or the reasons for not accepting referrals are unsatisfactory, VHC Assessment Agencies are to advise DVA of the situation by emailing esgrd.pse.contract.management@dva.gov.au

A.9.3 Referrals to Non-VHC Services

VHC Assessment Agencies must discuss a referral to non-VHC services with entitled persons or their nominated representatives and/or carers. The discussion should include information on the non-VHC service/s and if they need to complete an additional assessment with the non-VHC service/s.

An entitled person may facilitate the referral themselves or they may request a VHC Assessment Agency to complete the referral. If a VHC Assessment Agency will facilitate the referral, consent from the entitled person or their nominated representative and/or carer is required prior to completing the referral.

VHC Assessment Agencies should have linkages with and a working knowledge of primary health, allied health, aged and community care industries, including local community and ex-service organisations, to assist with referrals so that entitled persons can access the services they need.

For information on the DVA services and other government programs available, including their interaction with the VHC Program, refer to section 5 [General] of the VHC Manual.

Examples of when referrals may be appropriate for an entitled person are suggested in the table below.

Situation	Action
Has had a number of falls, which may be due to environmental factors and/or deteriorating mobility	Refer to the GP and suggest an assessment for aids and appliances and/or home modifications under the DVA Rehabilitation Appliances Program (RAP) (e.g. occupational therapy, physiotherapy assessment).
Requires assistance with transport to and from health appointments, including Residential Respite	Refer to DVA Repatriation Transport Scheme on 1800 550 455 for options.
Feeling extremely sad, depressed or grieving	Refer to Open Arms – Veterans and Families Counselling on 1800 011 046 for assistance.
Feeling socially isolated	If the entitled person is not a CVC participant, refer to My Aged Care on 1800 200 422 and suggest a RAS assessment for CHSP.
Requires assistance with regular garden maintenance, such as lawn mowing and weeding	<ul style="list-style-type: none"> Refer to My Aged Care on 1800 200 422 and suggest a RAS assessment for CHSP; or Refer to a local community or ex-service organisation for assistance.
Requires assistance with regular meals or cooking	Refer to My Aged Care on 1800 200 422 and suggest a RAS assessment for CHSP.
Has complex care needs that requires a higher level of services to remain at home, which is beyond the VHC Program parameters	Refer to My Aged Care on 1800 200 422 and suggest an ACAT/ACAS assessment for a Home Care Package.

A.9.4 Creating VHC Service Plans and VHC Care Plans

A.9.4.1 VHC Service Plans

VHC Service Plans are for VHC Service Providers. A VHC Service Plan details all information required by a VHC Service Provider to deliver the approved VHC service/s and the co-payment amount to be collected from the entitled person. Once a VHC Service Plan is finalised in VHC VIEW, the system automatically transfers the information to the VHC Provider Portal for VHC Service Providers to view and action (except for Residential Respite).

When creating VHC Service Plans, VHC Assessment Agencies must include information about an entitled person that is important and relevant to the delivery of the approved VHC service/s. The information will assist a VHC Service Provider to develop working arrangements and may reduce repetition of information provided by the entitled person. The information may include:

- specific health status, functional ability and special needs (e.g. could relate to physical limitation, mobility limitation, behaviour, memory loss, allergies, etc);
- living arrangements (e.g. lives alone, lives with partner/carer/family/friend, etc);
- equipment and aids around the home;
- preference for male or female care worker;
- preference for a cultural or linguistic speaker;
- safety hazards around the home or yard (e.g. multi-level home, steep driveway, etc); and/or
- pets around the home or yard.

VHC VIEW automatically sets the start date on a Monday and the end date on a Sunday for each plan period according to the frequency. This allows a VHC Service Provider to deliver the approved VHC service/s on any day within the plan period, subject to the working arrangements agreed to between an entitled person and a VHC Service Provider.

However, this affects the apportionment of the 28 days/196 hours per financial year limit for Residential Respite and In-Home Respite within VHC VIEW, if an approval crosses over two financial years.

A.9.4.1.1 Residential Respite and In-Home Respite Approvals over Two Financial Years

For a plan period that starts in the current financial year and ends in the next financial year, VHC VIEW divides the hours across the two financial years. For example, an In-Home Respite plan has a period that starts on Monday 25 June 2018 and ends on Sunday 1 July 2018. The frequency is eight hours per week. VHC VIEW divides the eight hours by seven days and apportions 6.86 hours (six days) to the 2017-18 financial year and 1.14 hours (one day) to the 2018-19 financial year. If the actual service date was 29 June 2018, an entitled person's 28 days/196 hours for the 2018-19 financial year has automatically been reduced by 1.14 hours even though they have not used any hours in that financial year. For entitled persons who use the whole 28 days/196 hours in a financial year, they may be disadvantaged by the apportionment.

To ensure that an entitled person can access all of their limit within a financial year, VHC Assessment Agencies should create VHC Service Plans for Residential Respite and In-Home Respite to start and end within each financial year, where possible. If an approval will cross two financial years (e.g. May to August 2018), VHC Assessment Agencies should create two VHC Service Plans, one for the current financial year (e.g. 2017-18 financial year) and another for the next financial year (e.g. 2018-19 financial year). The end date for the first VHC Service Plan should be the last Sunday of June and the start date for the second VHC Service Plan should be the first Monday of July.

Residential Respite and In-Home Respite can still be delivered during the gap week. If the scenario is an In-Home Respite approval, the hours for the last frequency ending on the last Sunday of June should be increased to allow VHC Service Providers to claim the gap week.

A.9.4.2 VHC Care Plans

VHC Care Plans are for entitled persons. A VHC Care Plan details the approved VHC service/s, the VHC Service Provider delivering the service/s, the co-payment amount to be paid by the entitled person to the VHC Service Provider, the next assessment date, any referrals to non-VHC services and any other information relevant to their care needs. Once a VHC Care Plan is finalised in VHC VIEW, VHC Assessment Agencies must print and mail (except for Residential Respite) the VHC Care Plan to an entitled person or their nominated representative and/or carer, together with:

- the VHC Services Client Rights and Responsibilities information sheet* (refer to section 6.6 [General] of the VHC Manual);
- any relevant DVA Factsheets* available at www.dva.gov.au/providers/provider-programs/veterans-home-care:
 - *HCS01 – Veterans' Home Care (VHC) Program* (for Domestic Assistance, Personal Care and/or safety-related Home and Garden Maintenance);
 - *HSV06 – Respite Care and Carer Support* (for In-Home Respite or ESTHR);
 - *HCS10 – Coordinated Veterans' Care (CVC) Social Assistance* (for CVC Social Assistance);
 - *HCS05 – Waiver of Co-payments for Veterans' Home Care Services* (for entitled persons with dependent children or experiencing financial hardship); and
- any information relevant to their care as discussed as part of their outcomes package* (refer to section A.9.1 [Part A] of the VHC Manual).

***Note:** VHC Assessment Agencies can email the website links, rather than print and mail the documents or information, if this is preferred by the entitled person.

A.9.4.3 Calculating the Co-payment

VHC VIEW calculates the co-payment to be collected by a VHC Service Provider and the amount is reflected on the VHC Service Plan and VHC Care Plan. When a waiver of the co-payment is in place for an entitled person, the VHC Service Plan and VHC Care Plan will display a zero because DVA pays the co-payment directly to the VHC Service Provider when they claim for payment (refer to section 2.6 [General] of the VHC Manual).

A.9.5 Creating DVA Funding Approval Letters for Residential Respite

After approving Residential Respite, VHC Assessment Agencies must create DVA funding approval letters – one for an entitled person and one for the facility. These letters are not generated in VHC VIEW. VHC Assessment Agencies must complete the relevant templates located in the secure file transfer folder.

Once the DVA funding approval letters are finalised, VHC Assessment Agencies must print and mail:

- the letter to the facility; and
- the letter to an entitled person or their nominated representative and/or carer, together with the DVA Factsheet *HSV06 – Respite Care and Carer Support* available at www.dva.gov.au/providers/provider-programs/veterans-home-care

A.9.6 Feedback Outcomes to Third Party Referrers

A third party referrer may request feedback on the outcomes of a VHC assessment, including if any VHC services have been put in place and/or referrals to non-VHC services.

If consent has been provided by the entitled person or their nominated representative and/or carer to share their personal information with a third party referrer, VHC Assessment Agencies should:

- feedback outcomes of an assessment to a third party referrer; and
- add a Progress Note in VHC VIEW.

In relation to CVC Social Assistance, the LMO/GP monitors a CVC participant's progress on this service by ongoing contact with a VHC Assessment Agency. After each assessment for CVC Social Assistance, VHC Assessment Agencies must feedback outcomes by completing and sending the D1306 *VHC Feedback to LMO/GP for CVC Program* form available at www.dva.gov.au/sites/default/files/dvaforms/D1306.pdf

Prior to the conclusion of the 12-week period of CVC Social Assistance, VHC Service Providers are required to inform VHC Assessment Agencies of the activities, progress and outcomes of the service provided to the CVC participant. Once informed, VHC Assessment Agencies must feedback this information to the LMO/GP to assist with the ongoing management of the CVC participant.

A.10 Situations Requiring Modification of Services

A.10.1 Services not Meeting Needs and/or Change of Circumstances

When a VHC Service Provider is aware of VHC services not meeting an entitled person's care needs or an entitled person's care needs and/or circumstances have changed, they are required to inform the relevant VHC Assessment Agency within two working days. VHC Assessment Agencies may also be informed by the entitled person or a third party.

Once informed, VHC Assessment Agencies must review the entitled person's services and care needs, and if required, modify the VHC services approved and/or refer the entitled person to other appropriate non-VHC programs.

For example, where an entitled person may be identified as requiring a clinical nursing intervention, the VHC Assessment Agency must arrange a referral to the DVA Community Nursing Program.

A.10.2 Entitled Person not Responding to Scheduled Visit

VHC Service Providers are required to develop, where agreed with the client, an individual plan of action to be implemented in the event that a client does not respond when the care worker arrives to deliver the scheduled visit. Where a client may not require or want an individual plan of action, VHC Service Providers are required to have a generic plan in place to ensure the safety of all clients without an individual plan.

When an entitled person does not respond to a scheduled visit, VHC Service Providers are required to follow their policy and procedure for activating the planned response, either the individual plan or generic 'client not responding' plan.

If the planned response has been activated, VHC Service Providers:

- may claim for a fixed standard period of one hour of the VHC fee in lieu of the scheduled visit to compensate for the time taken to activate the planned response;
- must not charge or collect the co-payment from the entitled person for that scheduled visit;

- must record the activation of the planned response on the entitled person's file for audit purposes; and
- must inform the relevant VHC Assessment Agency if the VHC Service Plan needs to be modified to allow claiming.

Once informed by VHC Service Providers, VHC Assessment Agencies must:

- *if the VHC Service Plan is less than one hour*, adjust the VHC Service Plan to allow the correct amount of time to be claimed by the VHC Service Provider; and
- *if the service needs to be rescheduled*, add another service to the VHC Service Plan.

If an entitled person regularly forgets about the scheduled visit, are consistently not at home or cancel the scheduled visit at minimal notice, VHC Service Providers are required to follow their processes for managing these situations (e.g. contacting the entitled person or carer to remind them of the scheduled visit, encouraging them to advise in advance if the scheduled visit is not suitable). VHC Service Providers cannot charge the entitled person the co-payment or claim payment from DVA if the service was not delivered.

To assist VHC Service Providers in managing these situations, each time VHC services are approved, VHC Assessment Agencies must explain to the entitled person or their nominated representative and/or carer that they need to advise their VHC Service Provider as soon as possible if they will be unavailable for a scheduled visit so that it can be cancelled or rescheduled.

A.10.3 Delivery of Services when the Entitled Person is not Home

Entitled persons may prefer that service visits, except for Personal Care and CVC Social Assistance, be delivered when they are not home or may arrange another person to be in attendance if they are unable to be there at the scheduled time. Service visits can be delivered in these circumstances.

The entitled person and VHC Service Provider need to agree on the working arrangements. VHC Service Providers are required to have processes in place for handling the entry into the home, security of keys and verification of services when the entitled person is not home or another person is in attendance.

A.10.4 Entitled Person or Another Person Requiring Medical Attention or Dies Prior to or During the Scheduled Visit

When the care worker/s finds an entitled person or another person requiring medical attention or is deceased, VHC Service Providers are required to follow their policy and procedure for managing this situation. DVA expects the VHC Service Provider to contact the appropriate emergency services/authorities in the first instance.

VHC Service Providers:

- may claim for the time taken by the care worker to ensure the entitled person or another person receives medical attention, which includes calling and waiting for the emergency services/authorities;
- must record the situation and actions taken on the entitled person's file for audit purposes; and
- must inform the relevant VHC Assessment Agency of the situation and time taken by the care worker/s so that, if required, the VHC Service Plan can be modified to allow claiming.

Once informed by VHC Service Providers, VHC Assessment Agencies must:

- *if the VHC Service Plan is less than the time taken by the care worker/s*, adjust the VHC Service Plan to allow the correct amount of time to be claimed by the VHC Service Provider;
- *if the service needs to be rescheduled*, add another service to the VHC Service Plan; and
- add a Progress Note in VHC VIEW to explain that this situation occurred.

If the situation involves the death of an entitled person or a family member, the VHC Service Provider must also contact DVA after they have contacted the appropriate emergency services/authorities and the VHC Assessment Agency.

A.10.5 Entitled Person Refuses Services

Entitled persons or their nominated representatives and/or carers have the right to refuse VHC services.

If VHC services have been refused, VHC Service Providers are required to:

- inform the entitled person or their nominated representative of the expected consequences of refusal (e.g. no assistance with personal care tasks);
- advise the VHC Assessment Agency of the refusal; and
- record the refusal in the entitled person's file.

Once advised by VHC Service Providers, VHC Assessment Agencies must discuss and try to resolve the issue with the entitled person or their nominated representative and/or carer. If there is no resolution, VHC Assessment Agencies must cancel the VHC Service Plan.

An entitled person's or their nominated representative's and/or carer's refusal of services does not exclude the entitled person from accessing VHC services again in the future.

A.10.6 Continuation of Services when the Entitled Person is Receiving Treatment or Enters Permanent Residential Aged Care

When a VHC Service Provider is aware of an entitled person leaving the home for treatment¹ or entering a residential aged care facility on a permanent basis while a VHC Service Plan is active/current, they are required to inform the relevant VHC Assessment Agency. VHC Assessment Agencies may also be informed by the entitled person or a third party.

Depending if the entitled person was receiving Domestic Assistance and/or safety-related Home and Garden Maintenance services, VHC Assessment Agencies must decide to either cancel the VHC Service Plan or continue services for up to 12 weeks from the date the entitled person leaves the home for treatment or entry into permanent residential aged care, according to the eligibility requirements at section 2.2.2.1 [General] of the VHC Manual.

Once informed of the entitled person leaving the home, VHC Assessment Agencies must:

- review the entitled person's circumstances, including determining the date the entitled person left the home for treatment or entered permanent residential aged care;
- check if there are any eligible persons living with the entitled person that could receive the continuation of services, according to section 2.2.2.1 [General] of the VHC Manual;

¹ Treatment means treatment of a health condition (by hospitalisation, Convalescent Care, Residential Respite, Short-Term Restorative Care outside the home or Transition Care outside the home).

- *if the entitled person has entered permanent residential aged care*, determine the timeframe to put other community care services in place for the eligible persons, if required, which will establish the length of the approval; and
- *if the active VHC Service Plan is for:*
 - Domestic Assistance and/or safety-related Home and Garden Maintenance services and the entitled person was living:
 - with an eligible person, continue services for a short period of time of up to 12 weeks; or
 - alone or with a non-eligible person, cancel the VHC Service Plan; or
 - Personal Care, In-Home Respite and ESTHR, cancel the VHC Service Plan.

To manage services during this period, VHC Assessment Agencies should complete regular reviews (e.g. four-weekly until the entitled person returns home or once other community care services can be arranged for members of the household). If the entitled person dies during the continuation of services, this discretionary period would cease and the bereavement period would commence (refer to section 2.2.2.2 [General] of the VHC Manual).

The continuation of services is provided under the same terms as the deceased's Domestic Assistance and/or safety-related Home and Garden Maintenance services (e.g. the same tasks provided, the same zones/living areas serviced and the same co-payment collected).

A.10.7 Continuation of Services Following the Death of the Entitled Person

When DVA is aware that an entitled person has died while a VHC Service Plan is active/current, DVA will inform VHC Assessment Agencies by a deceased report available through the secure file transfer folder, which is updated fortnightly.

Depending if the entitled person was receiving Domestic Assistance and/or safety-related Home and Garden Maintenance services, the deceased report advises VHC Assessment Agencies to either cancel the VHC Service Plan or continue services for up to 12 weeks from the date of death, according to the eligibility requirements at section 2.2.2.2 [General] of the VHC Manual.

Once informed by DVA, VHC Assessment Agencies must review and action the advice provided in the deceased report for the situations outlined in the table below.

Situation	Action
Entitled Person did not receive Domestic Assistance and/or safety-related Home and Garden Maintenance services	<ul style="list-style-type: none"> • Cancel the entitled person's VHC Service Plan from the date of death. • Advise the VHC Service Provider by modifying the VHC Service Plan (e.g. amend the end date). • If there is a surviving spouse or dependants, advise them to: <ul style="list-style-type: none"> ○ contact DVA to enquire about lodging a claim with DVA for a pension or compensation (e.g. war widow/er pension, orphan pension, wholly dependent partner payment or eligible young person payment); and ○ contact My Aged Care or NDIA if they need assistance with aged, community or disability services.
Entitled person lived with an eligible person	<ul style="list-style-type: none"> • Check with the eligible person if they wish to receive the entitled person's Domestic Assistance and/or safety-related Home and Garden Maintenance services for up to 12 weeks from the date of death. If they: <ul style="list-style-type: none"> ○ <i>do</i>, continue the entitled person's VHC Service Plan for up to 12 weeks from the date of death.

Situation	Action
	<ul style="list-style-type: none"> ○ <i>do not</i>, cancel the entitled person's VHC Service Plan from the date of death. • Advise the VHC Service Provider by modifying the VHC Service Plan (e.g. add a note explaining the continuation/discontinuation and if required, amend the end date). • Advise the surviving spouse or dependent child to contact DVA to enquire about lodging a claim with DVA for a pension or compensation (e.g. war widow/er pension, orphan pension, wholly dependent partner payment or eligible young person payment) within the 12 week grace period.
Entitled person lived alone or with a non-eligible person	<ul style="list-style-type: none"> • Cancel the entitled person's VHC Service Plan from the date of death. • Advise the VHC Service Provider by modifying the VHC Service Plan (e.g. amend the end date). • If a non-eligible person requires assistance with aged, community or disability services, advise them to contact My Aged Care or NDIA.
Entitled person's living arrangements are unclear	<ul style="list-style-type: none"> • DVA cannot make a determination because it is not clear on departmental records if the entitled person was living with an eligible person listed at section 2.2.2.2 [General] of the VHC Manual. • Determine the entitled person's living arrangements (e.g. who they lived with) and add a note in the Progress Notes of VHC VIEW. • If the entitled person lived with an eligible person prior to their death, refer to 'Entitled person lived with an eligible person' above. • If the entitled person lived alone or with a non-eligible person, refer to 'Entitled person lived alone or with a non-eligible person' above.
Eligible spouse or dependent child have <u>lodged</u> a claim with DVA for pension/compensation during grace period	<ul style="list-style-type: none"> • If DVA has not made a determination on the claim within the 12 week grace period, continue Domestic Assistance and/or safety-related Home and Garden Maintenance services until otherwise advised by DVA in the deceased report. • VHC VIEW does not allow the recording of an approval beyond the 12 week grace period. Advise the VHC Service Provider by issuing a letter of authority (or make a notation on the VHC Service Plan), which allows services to be delivered and claimed beyond the 12 week grace period. • For the VHC Service Provider to claim services beyond the 12 week grace period, advise them to upload a tax invoice into the <i>Upload Tax Invoice</i> screen within the <i>Claim items</i> tab of the VHC Provider Portal.
Eligible spouse or dependent child <u>did not lodge</u> a claim with DVA for pension/compensation during grace period	<ul style="list-style-type: none"> • Once the 12 week grace period has ended and no claim was lodged with DVA, the eligible spouse or dependent child can no longer receive the entitled person's services. • Prior to the 12 week grace period ending, advise the eligible spouse or dependent child to contact My Aged Care or NDIA if they need assistance with aged, community or disability services.

Situation	Action
Claim for DVA pension/compensation was <u>successful</u> during grace period	<ul style="list-style-type: none"> • The eligible spouse or dependent child is provided with a DVA Gold Card. As a result, they can be assessed for VHC services. • Assess the eligible spouse or dependent child for VHC services, and if appropriate, approve and arrange VHC services and any referrals to other non-VHC services. • Cancel the entitled person's VHC Service Plan or letter of authority from the date of advice provided in the deceased report. • Advise the VHC Service Provider, if: <ul style="list-style-type: none"> ○ <i>within the 12 week grace period</i>, by modifying the VHC Service Plan (e.g. amend the end date). ○ <i>past the 12 week grace period</i>, by amending the letter of authority to the VHC Service Provider (or notation on the VHC Service Plan) to discontinue delivering services.
Claim for DVA pension/compensation was <u>not successful</u> during grace period	<ul style="list-style-type: none"> • Cancel the entitled person's VHC Service Plan from the date of advice provided in the deceased report. • Advise the VHC Service Provider, if: <ul style="list-style-type: none"> ○ <i>within the 12 week grace period</i>, by modifying the VHC Service Plan (e.g. amend the end date). ○ <i>past the 12 week grace period</i>, by amending the letter of authority to the VHC Service Provider (or notation on the VHC Service Plan) to discontinue delivering services. • Advise the surviving spouse or dependent child to contact My Aged Care or NDIA if they need assistance with aged, community or disability services.

The continuation of services is provided under the same terms as the deceased's Domestic Assistance and/or safety-related Home and Garden Maintenance services (e.g. the same tasks provided, the same zones/living areas serviced and the same co-payment collected).

VHC Assessment Agencies may also be informed of an entitled person's death by a VHC Service Provider or a third party. If this is the case, VHC Assessment Agencies are to check the deceased report provided by DVA. If an entitled person is not listed, advise DVA of the death.

A.10.8 Entitled Person is Discharged from Hospital

When a VHC Service Provider is aware of an entitled person being admitted into hospital, they are required to inform the relevant VHC Assessment Agency. VHC Assessment Agencies may also be informed by the entitled person or a third party.

Once informed, VHC Assessment Agencies must:

- contact the hospital discharge planner during the entitled person's admission to make arrangements to reinstate VHC services on the entitled person's discharge; and
- complete an assessment or review and, where appropriate, approve VHC services and refer the VHC Service Plan to the VHC Service Provider, prior to discharge.

The VHC Service Provider is required to contact the entitled person or their nominated representative and/or carer and commence/recommence services on the date of discharge or as close as possible to that date.

A.10.9 Carer Suddenly Unable to Care for the Entitled Person

There may be situations where an entitled person may be left without adequate care when the carer is suddenly unable to continue the caring role. The Commonwealth Respite and Carelink Centre, My Aged Care national contact centre or emergency services may contact VHC Service Providers directly to put ESTHR immediately in place to ensure the entitled person is adequately cared for until other arrangements can be put in place or until the carer resumes the caring role.

Only VHC Service Providers who are contracted to deliver ESTHR can accept these referrals. These contracted VHC Service Providers are required to advise the VHC Assessment Agency as soon as possible of the ESTHR arrangements in place so that a VHC Service Plan can be created to allow claiming.

Once advised by VHC Service Providers, VHC Assessment Agencies must complete an assessment, approve ESTHR services and refer the VHC Service Plan to the relevant VHC Service Provider for the first episode of care of up to 72 hours.

If the entitled person requires further care within 24 hours after the end of the previous episode of care, VHC Assessment Agencies must:

- review the ESTHR services;
- seek prior approval from DVA for a second episode of care of up to 72 hours; and
- if approved, refer the VHC Service Plan to the relevant VHC Service Provider to provide continued care.

ESTHR is provided on an episode of care basis of up to 72 hours per emergency. The cumulative period of care provided to the entitled person cannot exceed 216 hours in any financial year. Refer to section 3.4.4.5 [General] of the VHC Manual.

A.10.10 Two Care Workers Required for Delivering In-Home Respite, ESTHR, Personal Care and Domestic Assistance

If two care workers are required to perform an In-Home Respite, ESTHR, a Personal Care or Domestic Assistance service, VHC Service Providers are required to seek approval from the relevant VHC Assessment Agency so that they can claim the second care worker. Two care workers may be considered to ensure a safe working environment (e.g. transferring an entitled person, such as using a two person hoist lift, or to manage an entitled person's behaviours of concern).

Once advised that a second care worker is appropriate, VHC Assessment Agencies must:

- add a Progress Note in VHC VIEW advising of a second care worker against the relevant VHC Service Plan; and
- advise the VHC Service Provider of the following claiming arrangements:
 - first care worker to be claimed online through the VHC Provider Portal against the VHC Service Plan; and
 - second care worker to be claimed manually by uploading a tax invoice into the *Upload Tax Invoice* screen within the *Claim items* tab of the VHC Provider Portal. The tax invoice must include:
 - VHC Service Provider's name, address and ABN;
 - invoice number and date of invoice;
 - entitled person's name and DVA file number;

- VHC Service Plan number and VHC service type;
- date of service and visit hours; and
- a note that the invoice is for payment of a second care worker.

VHC Assessment Agencies must not double the hours approved against the VHC Service Plan, nor advise the entitled person or their nominated representative and/or carer that they will receive a reduced service, to accommodate the second care worker.

A.10.11 Emergency and Natural Disaster Situations

When the delivery of services are impacted by an emergency and/or natural disaster, VHC Service Providers are required to follow their policy and procedure for managing this situation. DVA expects that the entitled person or their nominated representative and/or carer is advised if the assigned care worker/s is prevented from delivering a scheduled visit and/or if there are any alternative arrangements.

VHC Assessment Agencies may receive requests for cleaning services as a result of damage to homes from a fire, earthquake or weather related event, including flooding. The cleaning of carpets or curtains damaged as a result of an event is generally covered under most home contents and building insurance policies, depending on an assessment of the claim in each case.

VHC Assessment Agencies must ask the entitled person or their nominated representative and/or carer to firstly contact their insurance company to check if they are covered under their policy. If an entitled person's insurance policy does not cover the expense, Domestic Assistance and safety-related Home and Garden Maintenance services may be approved to provide some limited assistance, such as a one-off clean up. Prior to approving services, VHC Assessment Agencies should check with VHC Service Providers within the area if they have the capacity to provide limited assistance.

A.10.12 Water Restrictions Affecting Window Cleaning

When there are water restrictions that prohibit the use of water to wash external windows, VHC Service Providers may either:

- deliver the service under the water restriction and local government guidelines within their area; or
- deliver the service using alternative cleaning methods (e.g. window cleaning spray). Alternative cleaning methods, and any additional cleaning materials required, should only be used after discussion and agreement with the entitled person; or
- advise the VHC Assessment Agency that, due to the current water restrictions prohibiting external window cleaning and alternative cleaning methods are not available or preferred by the entitled person, the service cannot be delivered.

Once advised by VHC Service Providers, VHC Assessment Agencies must:

- *if the entitled person does not prefer alternative cleaning methods*, advise the entitled person that this service cannot be delivered until the water restrictions have been lifted; or
- *if the entitled person accepts alternative cleaning methods but it cannot be provided by the allocated VHC Service Provider*, locate another VHC Service Provider who may be able to do so and reallocate the VHC Service Plan to the other VHC Service Provider.

A.10.13 Work Health and Safety Legislative / Insurance Restrictions Affecting Window and Gutter Cleaning

When VHC Service Providers are unable to deliver certain safety-related Home and Garden Maintenance tasks because of WH&S legislation and/or insurance policy restrictions (e.g. gutter cleaning for high set or multi-storey dwelling), they are required to inform the relevant VHC Assessment Agency.

Once informed by VHC Service Providers, VHC Assessment Agencies should not refer services that they cannot complete. VHC Assessment Agencies should try to locate a VHC Service Provider who may not be impacted by such restrictions so that services can be delivered to an entitled person.

A.10.14 Safe Working Environment for Care Workers

For new client referrals, VHC Service Providers are required to complete a safety check of the working environment within the entitled person's home as part of the first service visit to comply with WH&S requirements. VHC Assessment Agencies must alert an entitled person during the assessment that the VHC Service Provider's first service visit will include this safety check.

When the entitled person's home provides an unsafe working environment, including behaviours of concern, VHC Service Providers are required to follow their policy and procedure for managing this situation. DVA expects that the VHC Service Provider will discuss the situation with the entitled person or their nominated representative and/or carer, explaining:

- the legal implications of the care worker/s providing services in an unsafe environment;
- the responsibilities of entitled persons to provide a safe working environment for the care worker/s and treat the care worker/s with respect, courtesy and dignity, as defined in the VHC Services Client Rights and Responsibilities information sheet provided together with their VHC Care Plan (refer to section 6.6 [General] of the VHC Manual); and
- services may not be delivered until the situation is resolved.

If unable to resolve the matter with the entitled person or their nominated representative and/or carer, and prior to discontinuing services to the entitled person, the VHC Service Provider is required to advise the relevant VHC Assessment Agency of the steps taken to resolve the situation.

Once advised by VHC Service Providers, VHC Assessment Agencies should:

- review the steps taken by the VHC Service Provider to resolve the situation;
- check if the VHC Service Provider intends to continue delivering services to the entitled person; and
- contact the entitled person or their nominated representative and/or carer to:
 - seek their perspective on the situation;
 - discuss why the VHC Service Provider is considering/has had to discontinue services;
 - explain that the provision of VHC services from DVA's perspective is based upon the entitled person providing a safe working environment for the care worker/s and treating the care worker/s with respect, courtesy and dignity, according to the VHC Services Client Rights and Responsibilities information sheet provided together with their VHC Care Plan (refer to section 6.6 [General] of the VHC Manual); and
 - seek a resolution, where an agreement is reached to provide a safe working environment, otherwise services will be suspended until further notice.

The table below outlines the actions to be taken by VHC Assessment Agencies depending on the outcome of the conversation.

Outcome	Action
Resolved and the VHC Service Provider will continue to deliver services	<ul style="list-style-type: none"> Refer back to the VHC Service Provider explaining the resolved outcomes and any new working arrangements (e.g. a short-term trial period to ensure that a safe working environment is provided and maintained, two care workers for safety). Add a Progress Note in VHC VIEW explaining the situation and resolution.
Resolved but a new VHC Service Provider is required	<ul style="list-style-type: none"> Locate another VHC Service Provider who is willing and able to deliver the services to the entitled person and share details about the situation so that the alternative VHC Service Provider can make an informed decision (refer to section 6.1.2 [General] of the VHC Manual). If there is: <ul style="list-style-type: none"> <i>an alternative VHC Service Provider:</i> <ul style="list-style-type: none"> discuss with the entitled person or their nominated representative and/or carer what the new working arrangements are (e.g. a short-term trial period to ensure that a safe working environment is provided and maintained, two care workers for safety); and reallocate the VHC Service Plan to the new VHC Service Provider. <i>no other VHC Service Provider:</i> <ul style="list-style-type: none"> draft a letter to the entitled person or their nominated representative and/or carer explaining that VHC services cannot be provided because there are no other VHC Service Providers available, including the actions taken to resolve the situation and suggest alternative programs to refer the entitled person to for future services; and refer the matter to DVA by uploading into the secure file transfer folder the draft letter and a document explaining the situation and all of the steps taken by the VHC Assessment Agency and VHC Service Provider to reach a resolution. Email vhccnops@dva.gov.au to advise that a document has been uploaded into the secure file transfer folder for DVA's action. Add a Progress Note in VHC VIEW explaining the situation and resolution.
Not resolved	<ul style="list-style-type: none"> Advise the entitled person or their nominated representative and/or carer that, at this stage, services are suspended until further notice and the matter will be referred to DVA. Refer the matter to DVA by uploading into the secure file transfer folder a document explaining the situation and all of the steps taken by the VHC Assessment Agency and VHC Service Provider to reach a resolution. Email vhccnops@dva.gov.au to advise that a document has been uploaded into the secure file transfer folder for DVA's action. Add a Progress Note in VHC VIEW explaining the situation and actions taken to date.

When the matter has been referred to DVA, DVA will liaise with the VHC Assessment Agency, VHC Service Provider and, if necessary, the entitled person or their nominated representative and/or carer, to try to resolve the situation and/or explain the circumstances for the non-delivery of services if suspension of services is warranted. Depending on the situation, DVA may suggest that a DVA contracted Social Worker be involved to assist with resolution.

A.10.15 Incidents, Accidents, Dangerous Occurrence, Reportable Assaults or Suspected Elder Abuse

When there has been an incident, accident, dangerous occurrence, reportable assault or suspected elder abuse involving the entitled person, VHC Service Providers are required to follow their policies and procedures for managing these situations. DVA expects that if there has been a serious situation involving the entitled person, the VHC Service Provider will:

- if required, report the situation to the police or appropriate authority;
- advise the VHC Assessment Agency and DVA of the situation and the actions taken; and
- record the situation in the entitled person's file.

Once advised by VHC Service Providers, VHC Assessment Agencies should add a Progress Note in VHC VIEW of the situation and actions taken by VHC Service Providers. If the situation leads to an unsafe working environment for the care worker/s, refer to section A.10.14 [Part A] of the VHC Manual.

For information on reporting alleged or suspected assaults, refer to the *Guide for Reporting Reportable Assaults* located on the Department of Health website at:

agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/guide-for-reporting-reportable-assaults

For information on elder abuse, abuse prevention and reporting elder abuse, refer to the My Aged Care website at: www.myagedcare.gov.au/legal-information/elder-abuse-concerns

A.10.16 Entitled Persons Moving to another VHC Region or Interstate

If an entitled person moves to another VHC region or interstate either temporarily or permanently and requests their VHC service/ to be transferred to their new location, VHC Assessment Agencies must action the request as outlined in the table below.

Situation	Action
Entitled Person moves to a contracted VHC region / state or territory (e.g. same VHC Assessment Agency)	<ul style="list-style-type: none"> • The current VHC Assessment Agency liaises with the entitled person's VHC Service Provider to check if they have a site in the new location to continue delivering the entitled person's services. If they: <ul style="list-style-type: none"> ○ <i>do</i>: <ul style="list-style-type: none"> ▪ confirm with the entitled person that their current VHC Service Provider will deliver their service/s in the new location, but they will have a different care worker/s; and ▪ modify the current VHC Service Plan to change the assigned VHC region. ○ <i>do not</i>: <ul style="list-style-type: none"> ▪ locate a new VHC Service Provider in the new location; ▪ confirm with the entitled person who the new VHC Service Provider will be; and ▪ modify the current VHC Service Plan by amending the end date, and develop a new VHC Service Plan for the new VHC Service Provider. • The allocated VHC Service Provider confirms working arrangements with the entitled person or their nominated representative and/or carer.

Situation	Action
Entitled Person moves to a non-contracted VHC region / state or territory (e.g. different VHC Assessment Agency)	<ul style="list-style-type: none"> • The current VHC Assessment Agency (#1) liaises with the entitled person's VHC Service Provider to check if they have a site in the new location to continue delivering the entitled person's services. • The current VHC Assessment Agency (#1) liaises with the new VHC Assessment Agencies (#2), advising: <ul style="list-style-type: none"> ○ the changed circumstances; ○ the most recent assessment information; ○ a new VHC Service Plan is required; and ○ whether the current VHC Service Provider has a site in the entitled person's new location or if a new VHC Service Provider is required. • VHC Assessment Agency (#1) modifies the current VHC Service Plan by amending the end date. • The new VHC Assessment Agency (#2): <ul style="list-style-type: none"> ○ contacts the current VHC Service Provider or locates a new VHC Service Provider in the entitled person's new location; ○ confirms with the entitled person who the allocated VHC Service Provider will be; and ○ develops a new VHC Service Plan for the allocated VHC Service Provider. • The allocated VHC Service Provider confirms working arrangements with the entitled person or their nominated representative and/or carer. <p>Note: in some cases, VHC Assessment Agency (#1) will have been paid the annual fee for the entitled person and the new VHC Assessment Agency (#2) may not be paid until the next anniversary assessment. Refer to section A.11.2 [Part A] of the VHC Manual.</p>

A.10.17 Entitled Persons Approved for a Waiver of the Co-Payment

If an entitled person has applied for a waiver of the co-payment with DVA, and that application is successful, DVA will advise the relevant VHC Assessment Agency, including the entitled person and their allocated VHC Service Provider, of the waiver. DVA will also amend the entitled person's personal record in VHC VIEW. Refer to section 2.6.2 [General] of the VHC Manual.

Once informed, VHC Assessment Agencies must cancel the current VHC Service Plan and VHC Care Plan and create a new VHC Service Plan and VHC Care Plan for the entitled person. The new VHC Service Plan and VHC Care Plan will show the co-payment amount as zero and will enable the VHC Service Provider to be paid correctly by DVA. Refer to section A.9.4.3 [Part A] of the VHC Manual.

A.11 Claiming

A.11.1 VHC Fees

DVA sets the fees payable for VHC assessment and coordination services, which are based on an annual fee arrangement. The VHC assessment fees are made up of a number of components to cover the costs of providing VHC assessment and coordination services, including relevant modern award rates and loadings, superannuation guarantee, workers' compensation premium, payroll tax, travel, administrative overheads and training. Further, the Aged Care Workforce Supplement of 2.4 per cent is also added to the VHC assessment fees.

The VHC assessment fees are indexed annually on 1 January in line with Commonwealth Government indexation arrangements. The VHC assessment fees may also be amended by DVA from time to time outside indexation arrangements. DVA will release a VHC Bulletin each time the VHC fee schedule is amended.

The VHC assessment fees are made up of two service rates:

- *Standard*, for standard telephone assessments and standard in-home assessments; and
- *Exceptional*, for complex in-home assessments.

In addition, there is a gap fee, which is the difference between the Standard and Exceptional service rates for an out-of-cycle complex in-home assessment.

The service rates and gap fee are listed in the VHC fee schedule within the Deed of Agreement, as amended by VHC Bulletins. For information on the assessment methods, refer to section A.7.1 [Part A] of the VHC Manual.

The VHC assessment fees are GST taxable and all VHC Assessment Agencies must comply with the requirements of the *A New Tax System (Goods and Services Tax) Act 1999*.

A.11.2 Payments to VHC Assessment Agencies

VHC Assessment Agencies are paid an annual fee for each entitled person provided with VHC assessment and coordination services in a 12 month period.

The first 'full assessment' completed for a new entitled person and approved in VHC VIEW triggers a claim for payment (refer to section A.7.2 [Part A] of the VHC Manual). This is known as a first payment. The annual fee paid for first payments is the service rate (Standard or Exceptional):

- applied to the completed 'full assessment' by the VHC regional coordinator within the *Approval Completion* folder of VHC VIEW; and
- applicable on the approval date for that assessment.

An anniversary 'full assessment' completed for an ongoing entitled person and approved in VHC VIEW within the assessment window of four months before and one month after the anniversary date triggers a claim for payment (refer to section A.7.2 [Part A] of the VHC Manual). This is known as an anniversary payment. Anniversary payments are made in the years subsequent to the year of the first 'full assessment' completed and approved for an entitled person in VHC VIEW. The annual fee paid for anniversary payments is the service rate (Standard or Exceptional):

- applied to the completed 'full assessment' by the VHC regional coordinator within the *Approval Completion* folder of VHC VIEW; and
- applicable on the anniversary date (day and month of the first approval date) for an individual entitled person.

An anniversary 'full assessment' that has been completed outside of the assessment window will only be paid if extenuating circumstances caused the assessment to be conducted outside of this timeframe (e.g. an entitled person was admitted into hospital for treatment, requested ad-hoc Residential Respite services, etc). For payment to occur in this situation, the 'exceptional condition exists' tick box has to be selected and a reason provided within the *Approval Completion* folder of VHC VIEW.

In the situation where:

- the VHC Assessment Agency in a VHC region changes; or
- the entitled person changes a VHC region,
- the anniversary payment will be allocated to the VHC Assessment Agency who approves the first or anniversary ‘full assessment’ for the entitled person.

This includes first or anniversary payments which occurs after a VHC Assessment Agency has ceased contracting with DVA in a VHC region if the approval of the ‘full assessment’ was undertaken prior to the ceasing of the contractual arrangement.

For information on how to apply the service rate (Standard or Exceptional), complete an approval, and view an anniversary date and assessment window, refer to the VHC VIEW User Manual located in the secure file transfer folder.

Once a first or anniversary payment is triggered for an entitled person, VHC VIEW will automatically generate a claim for payment, reconcile the amount due to the VHC Assessment Agency and process the payment. Payments occur once a month unless prevented by technical difficulties. The cut-off date for VHC Assessment Agencies is the second Tuesday of each month. Payment will usually be credited to bank accounts on the Thursday following the cut-off date.

All payments are made by electronic funds transfer to nominated bank accounts. For VHC Assessment Agencies who are registered for GST, fees will have GST applied to them.

Each month, following the pay run, each VHC Assessment Agency will receive through the secure file transfer folder a *Remittance to Assessment Agencies* report detailing the first and anniversary payments made by DVA to the VHC Assessment Agency. This report will list assessments by the entitled person’s name, DVA file number, assessment identifier (F for first or A for anniversary payment), the date the assessment was completed and applicable service rate fee.

For VHC Assessment Agencies that are GST registered and have signed a Recipient Created Tax Invoice (RCTI) agreement with DVA, they will also receive through the secure file transfer folder an RCTI report covering all of the above payments. If an RCTI agreement has not been entered into, a *Payment Awaiting Tax Invoices* report can be produced to assist in the preparation of a Tax Invoice by the organisation.

A.11.3 Gap Fee

A gap fee is the difference between the Standard and Exceptional service rates for an out-of-cycle complex in-home assessment conducted within a 12 month period.

When a VHC Assessment Agency has completed, within a 12 month period:

- an initial standard telephone or in-home assessment for an entitled person, which triggered a first or anniversary payment at the Standard service rate; and then
- an out-of-cycle complex in-home assessment before the anniversary window for the same entitled person (e.g. completed within seven months of the previous ‘full assessment’), which did not trigger an anniversary payment at the Exceptional Rate,
- the VHC Assessment Agency is eligible to be paid the annual fee at the Exceptional, instead of the Standard, service rate for that entitled person.

VHC VIEW cannot automatically process the payment of the gap fee. To claim the gap fee, VHC Assessment Agencies are to manually generate a tax invoice and email it to MEPI.AND.PAYMENTS@dva.gov.au. The tax invoice must include:

- VHC Assessment Agency's name, address and ABN;
- invoice number and date of invoice;
- entitled person's name and DVA file number;
- approval date of the complex in-home assessment completed; and
- a note that the invoice is for payment of the gap fee.

A.12 Contract Performance Framework and Key Performance Indicators

DVA will measure performance of VHC Assessment Agencies against the Contract Performance Framework, comprising four performance criteria and Key Performance Indicators (KPI).

The Contract Performance Framework will be based on an annual Contract Performance Assessment (CPA) using the performance against KPIs and other relevant information to rate contractor performance. The annual CPA is based primarily on quarterly reporting to DVA. However, DVA retains the absolute discretion to act at any time on any underperformance issues that are identified or notified.

A.12.1 Performance Criteria and Key Performance Indicators

Criterion 1: Quality of Veteran Care and Responsiveness to, and Respect for, Veteran Needs

Requirement	Key Performance Indicators	Manual Reference
Telephone Service [T]		
Calls to the national VHC telephone number are answered and monitored, and there is an answering service for after-hours, public holidays and peak call times.	<ul style="list-style-type: none"> • T1 – Telephone calls are answered within expected service standards. Quarterly call log reports to be provided to DVA. • T2 – Call backs are actioned within expected service standards. Quarterly call log reports to be provided to DVA. • T3 – No validated complaints* are received by DVA that telephone calls are not being answered within expected service standards. 	A.3.2 and A.3.4

Requirement	Key Performance Indicators	Manual Reference
Assessment and Coordination [AC]		
Referrals for VHC services are actioned within the contracted VHC region/s.	<ul style="list-style-type: none"> AC1 – Referrals are actioned within operating hours and assessment and review timeframes. AC2 – Incorrect referrals are re-directed to the correct provider/service. Quarterly report on the number and type of re-directed calls to be provided to DVA. AC3 – No validated complaints* are received by DVA that a referrer has been unreasonably denied a service, received a delayed service** or has been treated unfairly or without respect. <p>**Note: Complaints about delays in service will include confirmation that a delay in carrying out assessments has not been caused by the VHC Assessment Agency as opposed to circumstances outside the VHC Assessment Agency's control, such as VHC VIEW and telephony failures. VHC Assessment Agency staffing and capacity are not considered out of the VHC Assessment Agency's control.</p>	A.3.1, A.3.3, A.3.4 and 2.3
Assessments (First and Anniversary) and scheduled reviews are completed, and the assessment method and type is appropriate to care needs.	<ul style="list-style-type: none"> AC4 – Assessments and reviews are completed within set timeframes. AC5 – In-home assessments occurred when it was appropriate to do so or when requested by a referrer or DVA. AC6 – All relevant fields of the VHC Assessment Instrument were completed. AC7 – No validated complaints* are received by DVA that a person was not assessed within a reasonable timeframe. Complaints regarding delays will be confirmed in accordance with the note at AC3 above. 	A.3.3, A.3.4, A.7 and 2.2
Approvals are appropriate and VHC services are allocated to a VHC Service Provider in a fair and reasonable manner.	<ul style="list-style-type: none"> AC8 – The VHC services approved were appropriate according to assessment outcomes and program parameters. AC9 – The approved VHC services were allocated to a VHC Service Provider in a fair and reasonable manner. AC10 – No validated complaints* are received by DVA that a person was denied VHC services if they were eligible according to assessment outcomes and program parameters. 	A.3.3, A.8 and A.9.2
VHC Service Plans and Care Plans are completed and for Residential Respite, DVA funding approval letters are completed and sent.	<ul style="list-style-type: none"> AC11 – There is a completed VHC Service Plan and VHC Care Plan in VHC VIEW. AC12 – The correct DVA funding approval letter was used for Residential Respite, and the letter contains the correct approval dates and fee rate appropriate to the residential facility. 	A.3.3, A.9.1, A.9.2, A.9.4 and A.9.5
Referrals to other non-VHC services are actioned.	<ul style="list-style-type: none"> AC13 – The person is referred to non-VHC services as agreed to in their outcomes package and listed in their VHC Care Plan. AC14 – No validated complaints* are received by DVA that a person did not receive assistance with a referral to a non-VHC service. 	A.3.3, A.9.1 and A.9.3

Criterion 2: Collaboration, Communication and Responsiveness to DVA and Other Stakeholders

Requirement	Key Performance Indicators	Manual Reference
Complaints and Non-Compliance Management [COM]		
Complaints from entitled persons are resolved expeditiously and non-compliances notified appropriately to DVA and remedied expeditiously.	<ul style="list-style-type: none"> COM1 – 100% of complaints are actioned. COM2 – All complaints and actions taken are recorded. COM3 – The policy and procedure for complaints management is current. COM4 – No validated complaints* are received by DVA regarding the VHC Assessment Agency not taking reasonable steps to resolve or come to a mutual agreement to resolve the complaint. 	A.3.3, A.6 and 6.6

Criterion 3: Effective Risk Management and Application of Health and Safety Rules and Protocols

Requirement	Key Performance Indicators	Manual Reference
Personnel [P]		
Personnel providing VHC assessment and coordination services are qualified, skilled, have appropriate clearances to work with vulnerable people and/or children and they provide quality services.	<ul style="list-style-type: none"> P1 – Qualifications are current. P2 – Police checks and/or working with children checks are current. P3 – The policies and procedures for recruitment, induction and training of personnel are current and comply with DVA's requirements. P4 – Level of validated complaints* received by DVA about the personnel's skills, experience, conduct and/or quality of services provided. 	A.3.3, A.4 and A.6

Criterion 4: Effective, Efficient, Economical and Ethical Use of Resources (Value for Money)

Requirement	Key Performance Indicators	Manual Reference
Eligibility for Service [E]		
VHC assessment and coordination services are provided to entitled persons.	<ul style="list-style-type: none"> E1 – The person assessed for VHC services is eligible. 	A.3.3 and 2.2
VHC Regional Budget Management [BM]		
Approvals are within the actual budget for the contracted VHC region/s and the gap between expenditure and committed is monitored.	<ul style="list-style-type: none"> BM1 – Budget management strategies are in place. BM2 – Expenditure does not exceed the actual budget. BM3 – Seek a top up from DVA if demand for services or future need will exceed actual budget and buffer. BM4 – No validated complaints* are received by DVA that a person was denied VHC services because there were no funds available. 	A.3.3 and A.8.3

***Note:** A 'validated complaint' is a complaint in which the substance and circumstances of the complaint have been reviewed by DVA and the VHC Assessment Agency and has, on a fair and reasonable assessment, been determined to have been caused by:

- a failure or fault in the VHC Assessment Agency processes and systems; or
- a lack of diligence, misunderstanding of proper process, or failure to apply proper process and standards by the VHC Assessment Agency employee(s) or sub-contractor(s).

Where an agreement cannot be reached by DVA and the VHC Assessment Agency on the validity of the complaint, an independent mediator may be requested to review and determine the validity.

A.12.2 Reporting and Monitoring Process

A.12.2.1 Information and Materials used for Contract Performance Assessment

DVA will use quarterly reports from VHC Assessment Agencies (of an agreed format and content) and data contained in VHC VIEW as the primary sources of information for carrying out the performance assessment process.

DVA may also include VHC Assessment Agency documentation, interviews and sample audits; internal contract management information; information gained from VHC Service Providers and other information from health and community providers to inform the assessment.

A.12.2.2 Communication, Consultation and Co-operation with VHC Assessment Agencies

During the transition-in process, DVA will discuss and confirm with VHC Assessment Agencies the form and content of quarterly reports they are to provide. To optimise efficiencies for both parties, the form and content will try to align with the business-as-usual internal operational processes of both DVA and the VHC Assessment Agencies.

The reporting requirements may change over the term of the Deed of Agreement and a process of timely review, communication and consultation with VHC Assessment Agencies will be undertaken before changes are made. As part of this process, DVA will seek and consider views from VHC Assessment Agencies on improvements to the KPIs and reporting requirements.

A.12.3 DVA Action on Non-Compliance

The stages of non-compliance include the following:

Stage	Action
Initial non-compliance	After identification and validation of the non-compliance or complaint, DVA will require the VHC Assessment Agency to agree to a written remediation plan to be applied and verified within an agreed timeframe. This may include resolving the qualification and/or clearance requirements within a timeframe set by DVA; and requiring non-compliant personnel to discontinue the functions of VHC assessor and/or VHC regional coordinator until compliant.
Further and repeated non-compliance	After identification and validation of the non-compliance or complaint, DVA will require the VHC Assessment Agency to agree to a written remediation plan to be applied and verified within an agreed timeframe. This remediation plan may include financial penalties for non-compliance in remediation action within the timeframe and for further recurrence of similar non-compliances.

Stage	Action
Annual Contract Performance Assessment (CPA)	<p>This will be carried out across all performance criteria and associated KPIs based on the quarterly reporting and monitoring process described in section A.12.2 [Part A] of the VHC Manual. Any incidences of non-compliance found within a 12 month period will be noted and used in the annual CPA. Effectiveness, responsiveness and promptness of remediation actions against non-compliance will also be considered. The final CPA rating will not be based on a weighted evaluation of the KPIs. It will be based on an assessment of the level of compliance against the KPIs and across the performance criteria.</p> <p>An annual CPA rating of 3 or below will be regarded as a significant non-compliance in which DVA may terminate the Deed of Agreement or reduce the VHC region/s covered under the Deed of Agreement in accordance with clause 25. A rating of 4, dependent on the nature of specific non-compliances and performance, may lead DVA to require remediation by the VHC Assessment Agency and the placement of the Deed of Agreement under performance caveats that may lead to termination of the Deed of Agreement.</p>
Cause for Termination	An annual CPA rating of 2 or below, repeated non-compliance or significant non-compliance that adversely affect entitled persons or cause concerns as to the reliability and quality of services, DVA may terminate the Deed of Agreement in accordance with clause 25.

A.12.4 Contract Performance Assessment Rating Scale

The following six point scale will apply:

Satisfactory		Less than Satisfactory	
6	Very good; satisfies criteria across all areas and KPIs	3	Less than adequate; on balance does not satisfy criteria and/or fails in at least one major area and fails to satisfy some KPIs
5	Good; satisfies criteria in almost all areas and KPIs	2	Poor; does not satisfy criteria in several major areas and fails to satisfy significant KPIs
4	Adequate; on balance satisfies criteria; does not fail in any major area but fails in some KPIs	1	Very poor; does not satisfy criteria in any major area and fails to satisfy several KPIs

A.12.5 Contract Performance Assessment Processes

Each VHC Assessment Agency will receive a copy of their completed CPA. VHC Assessment Agencies will have at least 28 days to make written comment and sign the CPA. Failure to respond within 28 days is deemed to indicate a VHC Assessment Agency's acceptance of the CPA.

Where a VHC Assessment Agency disputes any ratings or comments on the CPA, a DVA Contract Manager will consider, and may discuss, the disputed issues with the VHC Assessment Agency. If no agreement can be reached on the disputed issues, the DVA Contract Manager will escalate to the responsible DVA Director. DVA will make all reasonable attempts to resolve disputes at this level before the CPA is finalised including the referral of issues of to an independent mediator in extreme cases.

A copy of the CPA and the VHC Assessment Agency response (if one is made) will be held on file by DVA. Information from the CPA, including the VHC Assessment Agency response, can be used by DVA as part of any future contractor selection processes including consideration by Tender Evaluation Panels convened by DVA to evaluate tender proposals. The CPA is considered current for a period of six years from the date of signature and may be referred to within that period.



Australian Government

Department of Veterans' Affairs



**Veterans'
Home Care**

Veterans' Home Care (VHC) Manual

Part B

for VHC Service Providers

Effective from 1 July 2019

Table of Contents

Part B – Operational Responsibilities	1
B.1 Role of VHC Service Providers	1
B.2 IT Capability	1
B.3 Services and Deliverables	1
B.3.1 Operating Hours	1
B.3.2 Acceptance of Referred VHC Service Plans	1
B.3.3 Developing Service Delivery Arrangements	2
B.3.4 Delivering Services	3
B.3.5 Claiming Services Delivered	4
B.3.6 Relationship Management	4
B.3.7 Contract Management	4
B.3.8 Contract Amendments	4
B.4 Personnel Requirements	5
B.4.1 Appropriately Qualified and Skilled Staff	5
B.4.2 Continuing Education for Required Personnel	5
B.4.3 Working with Vulnerable People Including Children	5
B.5 Safe Working Environment	6
B.5.1 Work Health and Safety	6
B.5.2 First Service Visit for a New Client	6
B.5.3 Behaviours of Concern	6
B.6 Administrative Policies and Procedures	7
B.7 Situations Requiring Modification of Services	8
B.7.1 Services not Meeting Needs and/or Change of Circumstances	8
B.7.2 Entitled Person not Responding to a Scheduled Visit	8
B.7.3 Delivery of Services when the Entitled Person is not Home	9
B.7.4 Entitled Person or another Person Requiring Medical Attention or Dies Prior to or During the Scheduled Visit	9
B.7.5 Entitled Person Refuses Services	10
B.7.6 Continuation of Services when the Entitled Person is Receiving Treatment or Enters Permanent Residential Aged Care	10
B.7.7 Continuation of Services Following the Death of the Entitled Person	10
B.7.8 Entitled Person is Discharged from Hospital	11
B.7.9 Carer Suddenly Unable to Care for the Entitled Person	11
B.7.10 Two Care Workers Required for Delivering In-Home Respite, ESTHR, Personal Care and Domestic Assistance	12
B.7.11 Emergency and Natural Disaster Situations	12
B.7.12 Water Restrictions Affecting Window Cleaning	12
B.7.13 Work Health and Safety Legislative / Insurance Restrictions Affecting Window and Gutter Cleaning	12
B.7.14 Safe Working Environment for Care Workers	13
B.7.15 Incidents, Accidents, Dangerous Occurrence, Reportable Assaults or Suspected Elder Abuse	13
B.7.16 CVC Social Assistance	13
B.8 Co-Payment Collection	14

B.8.1	Collection and Payment Options.....	14
B.8.2	Situations Impacting on Co-Payment Collection	14
B.8.2.1	Entitled Person Refusing to Pay the Co-Payment	14
B.8.2.2	Waiver of the Co-Payment.....	15
B.8.2.3	Continuation of Services to the Household.....	15
B.8.2.4	Entitled Person has Deceased.....	15
B.8.2.5	Services not Delivered	15
B.8.2.6	Services Delivered at a Different Time to the Scheduled Visit	15
B.8.2.7	Additional Services Delivered Beyond Frequency and Hours on the VHC Service Plan	15
B.9	Claiming.....	15
B.9.1	VHC Fees.....	15
B.9.2	Claiming VHC Services Delivered.....	16
B.9.3	Reference Guide to Claiming the Standard and Exceptional Rates	17
B.9.4	Flexibility in Service Delivery and Claiming Tolerances	20
B.9.5	Timeframe for Claiming and Re-Credit Function.....	21
B.9.6	Over/Under Payments	21
B.10	Key Performance Indicators	22

Part B – Operational Responsibilities

B.1 Role of VHC Service Providers

The role of VHC Service Providers is to deliver the services outlined in VHC Service Plans, which have been allocated to them by VHC Assessment Agencies through the VHC Provider Portal.

VHC Service Providers have a duty of care to ensure that entitled persons are receiving the care they need to help them remain living at home. When there is a change to an entitled person's care needs and/or circumstances, VHC Service Providers are to inform the relevant VHC Assessment Agency of the change to enable a review of services and/or referral to other programs.

The role of VHC Service Providers does not include establishing eligibility, assessing service needs, determining levels of co-payment and changing services outside the VHC Service Plan.

B.2 IT Capability

VHC Service Providers are required to use the VHC Provider Portal. This is the only mechanism to access VHC Service Plans, view information on the referred entitled person and claim for services delivered.

The VHC Provider Portal uses the VANguard system to authenticate users. VANguard will check that the user attempting to access the VHC Provider Portal has an individual AUSkey. VHC Service Providers must have an AUSkey to access the VHC Provider Portal. To obtain an AUSkey, refer to the Australian Business Register website at: www.abr.gov.au/AUSkey/

After an AUSkey has been obtained, the Department of Veterans' Affairs (DVA) will provide access to the VHC Provider Portal. The access will be granted to a person nominated as the Portal Manager by the VHC Service Provider. The Portal Manager is responsible for setting up and providing access to each user/staff member within the VHC Provider Portal. For information on how to set up the VHC Provider Portal, refer to the DVA website at: www.dva.gov.au/providers/provider-programmes/veterans-home-care. Go to the heading "How contracted VHC Service Providers can activate their VHC Provider Portal account".

B.3 Services and Deliverables

B.3.1 Operating Hours

VHC Service Providers are required to deliver the contracted VHC services seven days a week including public holidays and overnight, where required.

B.3.2 Acceptance of Referred VHC Service Plans

VHC Service Providers are required to:

- logon to the VHC Provider Portal and check for new or modified VHC Service Plans;
- accept all VHC Service Plans within the capacity of the VHC Service Provider;
- advise the VHC Assessment Agency if unable to deliver the VHC services defined in a VHC Service Plan due to capacity constraints;
- note and accept that service duration or location are not valid capacity constraints for non-acceptance of a VHC Service Plan, if the entitled person is within the contracted service delivery area;

- seek DVA consideration of additional funding in cases where the only VHC Service Provider with capacity to deliver a service must travel a distance well above that usually undertaken in the delivery of home and community care services to their clients; and
- action all accepted new and modified VHC Service Plans.

B.3.3 Developing Service Delivery Arrangements

VHC Service Providers are required to:

- contact the entitled person or their nominated representative to discuss the working arrangements to deliver the services outlined in the VHC Service Plan, within:
 - 24 hours of referral of an urgent VHC Service Plan; or
 - two working days of referral of a non-urgent VHC Service Plan;
- develop the working arrangements with the entitled person or their nominated representative and/or carer, covering:
 - the type of service/s and task/s that will be provided as detailed in the VHC Service Plan;
 - the time and day that the service/s will be delivered;
 - any preferences for type of care worker/s (e.g. male, female, clearance to work with children);
 - contact details of the VHC Service Provider;
 - the planned response when the entitled person does not respond to a scheduled service visit (refer to section B.7.2 [Part B] of the VHC Manual);
 - the co-payment amount to be paid by the entitled person (as defined on the VHC Service Plan and VHC Care Plan) and how the co-payment can be paid to the VHC Service Provider (refer to section B.8 [Part B] of the VHC Manual); and
 - if the entitled person is a new client, the VHC Service Provider will perform a safety check of the working environment within the entitled person's home as part of the first service visit to comply with the Work Health and Safety (WH&S) requirements (refer to section B.5.2 [Part B] of the VHC Manual);
- assign care worker/s appropriate to the care needs and preferences of the entitled person and the assigned care worker/s meets the qualification requirements at section B.4 [Part B] of the VHC Manual;
- provide written confirmation of the agreed working arrangements to the entitled person or nominated representative, including the name of the care worker/s assigned to deliver the services, within two working days of contact; and
- identify and liaise with other provider/s when they are also delivering care to an entitled person (for example, Commonwealth Home Support Program (CHSP), Home Care Packages Program, DVA Community Nursing) to avoid duplicating services and notify the VHC Assessment Agency if there is duplication of services.

B.3.4 Delivering Services

VHC Service Providers are required to:

- commence delivering the service for:
 - *Emergency Short-Term Home Relief (ESTHR)* within 24 hours of first contact or as specified on the VHC Service Plan or as agreed by the entitled person or their nominated representative and/or carer;
 - *Personal Care and/or In-Home Respite* within two to five working days of first contact or as specified on the VHC Service Plan or as agreed by the entitled person or their nominated representative and/or carer; and
 - *Domestic Assistance, safety-related Home and/or Garden Maintenance and Coordinated Veterans' Care (CVC) Program Social Assistance* within 8 to 10 working days of first contact or as specified on the VHC Service Plan or as agreed by the entitled person or nominated representative and/or carer;
- deliver the tasks within the parameters of the contracted Domestic Assistance, Personal Care, In-Home Respite, ESTHR, safety-related Home and Garden Maintenance and/or CVC Social Assistance service types (refer to sections 3 and 4 [General] of the VHC Manual);
- provide identification to the assigned care worker/s, which they can show or wear to inform the entitled person that they are providing VHC services;
- ensure there is a safe working environment for the assigned care worker/s (refer to section B.5 [Part B] of the VHC Manual);
- contact the entitled person or nominated representative and/or carer after several service visits to ensure satisfaction with the service delivery arrangements;
- advise the entitled person or nominated representative and/or carer if the assigned care worker/s are prevented from providing services due to an emergency or natural disaster situation (refer to section B.7.11 [Part B] of the VHC Manual);
- activate the planned response when an entitled person does not respond to a scheduled service visit (refer to section B.7.2 [Part B] of the VHC Manual);
- inform the VHC Assessment Agency within two working days when aware of a change to an entitled person's care needs and/or circumstances to enable a review of services and/or referral to other programs (refer to section B.7.1 [Part B] of the VHC Manual);
- advise the VHC Assessment Agency of the activities, progress and outcomes of the CVC Social Assistance being provided to the CVC participant prior to the conclusion of the 12-week period (refer to section B.7.16 [Part B] of the VHC Manual);
- collect and retain the co-payment from the entitled person, when payable, and provide a receipt/payment confirmation to the entitled person (refer to section B.8 [Part B] of the VHC Manual);
- record and retain evidence of services provided to substantiate claims for payment (e.g. a verifiable record may include, but is not limited to, a signature from the entitled person or entitled person's nominated representative, carer, family or friend; data loggers or other electronic tracking devices; timesheets; etc) (refer to sections B.9.2, B.9.4 and B.9.5 [Part B] of the VHC Manual); and
- if an entitled person is dissatisfied with their service delivery arrangements:
 - take all reasonable steps to resolve or come to a mutual agreement to resolve the complaint; and
 - record and retain evidence of all complaints and actions taken (refer to section 6.6 [General] of the VHC Manual).

B.3.5 Claiming Services Delivered

VHC Service Providers are required to:

- logon to the VHC Provider Portal and enter claim details and/or upload tax invoices;
- claim only for services delivered against the VHC Service Plan (refer to section B.9.2 [Part B] of the VHC Manual);
- claim within 60 days of services delivered (refer to section B.9.5 [Part B] of the VHC Manual); and
- if a claim has been made incorrectly, adjust the claim to ensure correct payment (refer to section B.9.6 [Part B] of the VHC Manual).

B.3.6 Relationship Management

VHC Service Providers are required to:

- maintain a close working relationship with both DVA and relevant VHC Assessment Agencies to support a collaborative approach in managing the delivery of services to entitled persons;
- contact DVA and relevant VHC Assessment Agencies on the direct number listed at section 7 [General] of the VHC Manual; and
- when the VHC Service Provider is also a VHC Assessment Agency, maintain the VHC Service Provider function separate from the VHC Assessment Agency function and ensure there is no unequitable distribution of VHC Service Plans to the same business.

B.3.7 Contract Management

VHC Service Providers are required to:

- if a subcontracting arrangement is entered into for a VHC Service Plan/s, manage the subcontracting arrangement and remain responsible for any omissions of the subcontractor;
- participate in contract management and performance monitoring activities as requested by DVA (refer to section 6.5 [General] of the VHC Manual);
- provide access to records and premises as requested by DVA (refer to section 6.2 [General] of the VHC Manual);
- supply data and information as requested by DVA;
- participate in the evaluation of the VHC Program as requested by DVA; and
- participate in training provided by or on behalf of DVA.

B.3.8 Contract Amendments

VHC Service Providers are required to:

- maintain supplier and staff/user details in the VHC Provider Portal;
- action VHC Bulletins, alerts and notifications (broadcasts) on the VHC Provider Portal and inform relevant staff of the content;
- request permission from DVA to make changes to the contracted business entity status, contracted VHC region/s or Local Government Area/s (LGA), VHC service types and/or delivery site/s; and
- advise DVA of any subcontracting arrangements entered into for current VHC Service Plans if terminating the Deed of Agreement, reducing contracted VHC region/s or LGA, or transferring ownership of the business three months prior to change.

B.4 Personnel Requirements

B.4.1 Appropriately Qualified and Skilled Staff

All personnel delivering VHC services to entitled persons must be employed under relevant awards, have appropriate qualifications and undertake work appropriate to their qualification and experience under relevant state and territory law.

The minimum DVA required qualifications and competencies for personnel delivering VHC services to entitled persons are:

VHC Service	Certificate III in Individual Support	Manual Handling competency	Applied First Aid certificate	Cardiopulmonary Resuscitation (CPR)
Personal Care	Yes	Yes	Yes	Yes
In-Home Respite and ESTHR	Yes	Yes	Yes	Yes
CVC Social Assistance	Yes	Yes	Yes	Yes
Domestic Assistance	Desirable, but Not Required	Yes	No	No
Home and Garden Maintenance	No	Yes	No	No

The Manual Handling competency must be maintained annually. The Applied First Aid certificate must be:

- current;
- from a registered training organisation; and
- the CPR component of the Applied First Aid certificate must be maintained on an annual basis through a recognised training organisation. Refer to the Australian Resuscitation Council link: www.resus.org.au/

The qualifications and competencies must be recorded in personnel files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

B.4.2 Continuing Education for Required Personnel

VHC Service Providers should ensure that personnel have access to, and undertake, appropriate continuing education and professional development, particularly in relation to the provision of home and community care services, on a regular and on-going basis.

VHC Service Providers are also required to participate in training, provided by, requested by, or on behalf of DVA.

B.4.3 Working with Vulnerable People Including Children

VHC Service Providers must ensure that all personnel who have access to entitled persons have, under relevant state and territory law, a current:

- national police check for working with vulnerable people; and
- where required, clearance for working with children.

These checks must be renewed every three years or as required under relevant state and territory law.

The checks/clearances must be recorded in personnel files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

For information on the requirements, refer to:

- www.dss.gov.au/about-the-department/doing-business-with-dss/vulnerable-persons-police-checks-and-criminal-offences
- www.agedcare.health.gov.au/police-certificate-guidelines-for-aged-care-providers
- www.aifs.gov.au/cfca/publications/pre-employment-screening-working-children-checks-and-police-checks

B.5 Safe Working Environment

B.5.1 Work Health and Safety

VHC Service Providers must provide a safe and healthy workplace for all personnel delivering VHC services according to WH&S legislation and relevant regulations and codes.

For the delivery of VHC services, the workplace will be the entitled person's home. VHC Service Providers are responsible for addressing the safety of all personnel delivering VHC services to an entitled person in their home. Additionally, VHC Service Providers are responsible for ensuring that all relevant personnel are trained to comply with WH&S requirements associated with the work they perform.

For situations where an entitled person's home provides an unsafe working environment, refer to section B.7.14 of the VHC Manual.

B.5.2 First Service Visit for a New Client

For new client referrals, VHC Service Providers are to complete a safety check of the working environment within the entitled person's home as part of the first service visit to comply with WH&S requirements.

The VHC Assessment Agency will alert the entitled person during the assessment that the VHC Service Provider's first service visit will include this safety check.

B.5.3 Behaviours of Concern

Entitled persons or their nominated representative, carer or family, may exhibit the following behaviours during service visits:

- uncooperative;
- angry or aggressive;
- anxious;
- depressed;
- threatening self-harm;
- socially inappropriate;
- intoxicated or drug affected;
- grief; or
- confused or suffering dementia.

As part of providing a safe and healthy working environment for personnel delivering VHC services, VHC Service Providers must provide training to all relevant personnel to assist them in responding to, and managing, behaviours of concern. DVA has developed a resource booklet, Managing Challenging Behaviours – Reference Guide and Desktop Guide, to assist personnel to respond in a positive and constructive manner. The resource booklet can be ordered from the At Ease website at: www.at-ease.dva.gov.au/professionals/clinical-resources/online-ordering/

For situations where an entitled person exhibits behaviours of concern, refer to section B.7.14 [Part B] of the VHC Manual.

B.6 Administrative Policies and Procedures

VHC Service Providers must have written policies and procedures that support compliance with the Aged Care Quality Standards and relevant state and territory law, which are appropriate for a community care setting. At a minimum, DVA requires VHC Service Providers to have:

Policies and Procedures	Domestic Assistance, CVC Social Assistance and Home and Garden Maintenance	Personal Care	In-Home Respite and ESTHR
WH&S, including a safe working environment and managing behaviours of concern	Yes	Yes	Yes
Infection control	Yes	Yes	Yes
Manual handling	Yes	Yes	Yes
Incident, accidents and dangerous occurrence management	Yes	Yes	Yes
Reporting alleged or suspected reportable assaults and elder abuse	Yes	Yes	Yes
Clients/entitled persons self-administration of medication	No	Yes	Yes
Clients/entitled persons who do not respond to a scheduled visit, including development and activation of a generic or individual 'client not responding' plan*	Yes	Yes	Yes
Clients/entitled persons who cancel and reschedule services at minimal notice or not at all	Yes	Yes	Yes
Clients/entitled persons who require medical attention	Yes	Yes	Yes
Emergency and natural disaster situations	Yes	Yes	Yes
Client contribution/VHC co-payment collection	Yes	Yes	No
Complaints management	Yes	Yes	Yes
Financial management	Yes	Yes	Yes
Risk management	Yes	Yes	Yes
Recruitment of personnel, including clearances for working with vulnerable people and children	Yes	Yes	Yes
Subcontracting or outsourcing of services	Yes	Yes	Yes
Records management, including privacy and secure storage of personal information and care documentation	Yes	Yes	Yes
Continuous improvement	Yes	Yes	Yes

***Note:** To assist in developing a policy and procedure for clients/entitled persons not responding to a scheduled visit, VHC Service Providers may use *The Guide for Community Care Service Providers on how to respond when a community care client does not respond to a scheduled visit* located on the Department of Health website at:

www.webarchive.nla.gov.au/gov/20140803085353/http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-guide.htm

All policies and procedures must be reviewed at a minimum of every three years, to take into account industry and legislative changes.

The policies and procedures must be recorded in appropriate files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

B.7 Situations Requiring Modification of Services

B.7.1 Services not Meeting Needs and/or Change of Circumstances

When VHC services are insufficient to meet the entitled person's care needs or the entitled person's care needs and/or circumstances have changed, VHC Service Providers must inform the relevant VHC Assessment Agency of the situation within two working days. The VHC Assessment Agency may review services, modify the services approved and/or refer to other appropriate programs.

For example, where an entitled person may be identified as requiring a clinical nursing intervention, the VHC Service Provider must inform the relevant VHC Assessment Agency within two working days to arrange a referral to the DVA Community Nursing Program.

B.7.2 Entitled Person not Responding to a Scheduled Visit

VHC Service Providers are required to develop, where agreed with the client, an individual plan of action to be implemented in the event that a client does not respond when the care worker arrives to deliver the scheduled visit. Where a client may not require or want an individual plan of action, VHC Service Providers are required to have a generic plan in place to ensure the safety of all clients without an individual plan.

When an entitled person does not respond to a scheduled visit, VHC Service Providers must follow their policy and procedure for activating the planned response, either the individual plan or generic 'client not responding' plan, as required in section B.6 [Part B] of the VHC Manual.

If the planned response has been activated, VHC Service Providers:

- may claim for a fixed standard period of one hour of the VHC fee in lieu of the scheduled visit to compensate for the time taken to activate the planned response;
- must not charge or collect the co-payment from the entitled person for that scheduled visit;
- must record the activation of the planned response on the entitled person's file for audit purposes; and
- must inform the relevant VHC Assessment Agency if the VHC Service Plan needs to be modified to allow claiming.

The VHC Assessment Agency will:

- *if the VHC Service Plan is less than one hour*, adjust the VHC Service Plan to allow the correct amount of time to be claimed by the VHC Service Provider; and
- *if the service needs to be rescheduled*, add another service to the VHC Service Plan.

Where the VHC Service Provider has not activated the planned response to check the entitled person's safety, the VHC Service Provider must not claim for the one hour.

The VHC Service Provider must not claim more than three activations of the entitled person's individual plan or generic 'client not responding' plan in a three month period.

When the entitled person regularly forgets about the scheduled visit, are consistently not at home or cancel the scheduled visit at minimal notice, VHC Service Providers must have processes in place to manage these situations (e.g. contacting the entitled person or carer to remind them of the scheduled visit, encouraging them to advise in advance if the scheduled visit is not suitable), as required in section B.6 [Part B] of the VHC Manual. VHC Service Providers must not charge the entitled person the co-payment or claim payment from DVA if the service was not delivered.

B.7.3 Delivery of Services when the Entitled Person is not Home

Entitled persons may prefer that service visits, except for Personal Care and CVC Social Assistance, be delivered when they are not home or may arrange another person to be in attendance if they are unable to be there at the scheduled time. Service visits can be delivered in these circumstances.

The entitled person and VHC Service Provider need to agree on the working arrangements. VHC Service Providers must have processes in place for handling the entry into the home, security of keys and verification of services when the entitled person is not home or another person is in attendance.

B.7.4 Entitled Person or another Person Requiring Medical Attention or Dies Prior to or During the Scheduled Visit

When the care worker/s finds an entitled person or another person requiring medical attention or is deceased, VHC Service Providers must follow their policy and procedure, as required at section B.6 [Part B] of the VHC Manual. DVA expects that the appropriate emergency services/authorities are contacted in the first instance.

VHC Service Providers:

- may claim for the time taken by the care worker to ensure the entitled person or another person receives medical attention, which includes calling and waiting for the emergency services/authorities;
- must record the situation and actions taken on the entitled person's file for audit purposes; and
- must inform the relevant VHC Assessment Agency of the situation and time taken by the care worker/s so that, if required, the VHC Service Plan can be modified to allow claiming.

The VHC Assessment Agency will:

- *if the VHC Service Plan is less than the time taken by the care worker/s*, adjust the VHC Service Plan to allow the correct amount of time to be claimed by the VHC Service Provider; and
- *if the service needs to be rescheduled*, add another service to the VHC Service Plan.

If the situation involves the death of an entitled person or a family member, the VHC Service Provider must also contact DVA after they have contacted the appropriate emergency services/authorities and the VHC Assessment Agency.

VHC Service Providers should also have arrangements for the affected care worker/s to access counselling, if required.

B.7.5 Entitled Person Refuses Services

Entitled persons or their nominated representatives have the right to refuse VHC services.

If VHC services have been refused, VHC Service Providers must:

- inform the entitled person or their nominated representative of the expected consequences of refusal (e.g. no assistance with personal care tasks);
- advise the VHC Assessment Agency of the refusal; and
- record the refusal in the entitled person's file.

The VHC Assessment Agency will discuss and try to resolve the issue with the entitled person or their nominated representative and/or carer. If there is no resolution, the VHC Assessment Agency will cancel the VHC Service Plan. The VHC Service Provider will be advised of the cancellation by a modified VHC Service Plan through the VHC Provider Portal.

An entitled person's or their nominated representative's and/or carer's refusal of services does not exclude the entitled person from accessing VHC services again in the future.

B.7.6 Continuation of Services when the Entitled Person is Receiving Treatment or Enters Permanent Residential Aged Care

If the entitled person leaves the home for treatment* or enters a residential aged care facility on a permanent basis while a VHC Service Plan is active/current, the VHC Service Provider must inform the relevant VHC Assessment Agency. Depending if the entitled person was receiving Domestic Assistance and/or safety-related Home and Garden Maintenance services, the VHC Assessment Agency will decide to either cancel the VHC Service Plan or continue services for a short period of time of up to 12 weeks.

The VHC Service Provider will be advised of the cancellation or continuation of services by a modified VHC Service Plan through the VHC Provider Portal.

The continuation of services is provided under the same terms as the entitled person's Domestic Assistance and/or safety-related Home and Garden Maintenance services (e.g. the same tasks provided and the same zones/living areas serviced).

***Note:** Treatment means treatment of a health condition (by hospitalisation, Convalescent Care, Residential Respite, Short-Term Restorative Care outside the home or Transition Care outside the home).

B.7.7 Continuation of Services Following the Death of the Entitled Person

When the VHC Service Provider is aware of an entitled person's death while a VHC Service Plan is active/current, they must inform the relevant VHC Assessment Agency and DVA. Depending if the entitled person was receiving Domestic Assistance and/or safety-related Home and Garden Maintenance services, the VHC Assessment Agency will decide to either cancel the VHC Service Plan or continue services for up to 12 weeks from the date of death.

The VHC Service Provider will be advised of the cancellation or continuation of services by a modified VHC Service Plan through the VHC Provider Portal.

The continuation of services is provided under the same terms as the deceased's Domestic Assistance and/or safety-related Home and Garden Maintenance services (e.g. the same tasks provided and the same zones/living areas serviced).

The spouse or dependent child/ren of the deceased veteran may lodge a claim to DVA for a pension or compensation. Where the claim is lodged during the 12 week period, the Domestic Assistance and/or safety-related Home and Garden Maintenance services can be continued until the date that the initial determination of the claim is made by DVA, which can be before or after the 12 week period ends.

The VHC Assessment Agency cannot record the approval to extend services post the 12 week period on VHC VIEW. As a result, the VHC Service Provider will not be able to claim through the VHC Provider Portal for any services provided beyond the 12 week period. To be paid beyond the 12 week period, the VHC Service Provider must upload a tax invoice into the VHC Provider Portal for payment.

When a determination has not been made by DVA within the 12 week period, the following actions will be undertaken:

Who	Action
DVA	<ul style="list-style-type: none"> Confirms with the VHC Assessment Agency that relevant services are to continue beyond the 12 week period due to a delay in determining the outcome of the claim. These extended services are monitored until the determination is made. On receipt of an invoice from the VHC Service Provider, arranges payment.
VHC Assessment Agency	<ul style="list-style-type: none"> Approves and arranges VHC services to continue by issuing a letter of authority to the VHC Service Provider (or notation on the VHC Service Plan) allowing services to be delivered.
VHC Service Provider	<ul style="list-style-type: none"> Receives a letter of authority from the VHC Assessment Agency (or indication on the VHC Service Plan) for services extending beyond 12 weeks. Manually generates a Tax Invoice and uploads the invoice into the <i>Upload Tax Invoice</i> screen within the <i>Claim items</i> tab of the VHC Provider Portal.

B.7.8 Entitled Person is Discharged from Hospital

When the VHC Service Provider is aware of the entitled person being admitted into hospital, they must inform the VHC Assessment Agency to coordinate services upon their discharge from hospital.

The VHC Assessment Agency will complete an assessment or review and, where appropriate, approve services and refer the VHC Service Plan to the VHC Service Provider, prior to discharge. The VHC Service Provider must contact the entitled person and commence/recommence services on the date of discharge or as close as possible to that date.

B.7.9 Carer Suddenly Unable to Care for the Entitled Person

There may be situations where an entitled person may be left without adequate care when the carer is suddenly unable to continue the caring role. The Commonwealth Respite and Carelink Centre, My Aged Care national contact centre or emergency services may contact VHC Service Providers directly to put ESTHR immediately in place to ensure the entitled person is adequately cared for until other arrangements can be put in place or until the carer resumes the caring role.

Only VHC Service Providers who are contracted to deliver ESTHR can accept these referrals. These contracted VHC Service Providers must advise the VHC Assessment Agency as soon as possible of the ESTHR arrangements in place so that a VHC Service Plan can be created to allow claiming.

ESTHR is provided on an episode of care basis of up to 72 hours per emergency. Refer to section 3.4.4.5 [General] of the VHC Manual. If the entitled person requires further care within 24 hours after the end of the previous episode of care, the VHC Service Provider must inform the VHC Assessment Agency and they may approve a further episode of care.

B.7.10 Two Care Workers Required for Delivering In-Home Respite, ESTHR, Personal Care and Domestic Assistance

If two care workers are required to perform an In-Home Respite, ESTHR, a Personal Care or Domestic Assistance service, VHC Service Providers must advise the VHC Assessment Agency. The VHC Assessment Agency will advise the claiming arrangements for the second care worker.

Two care workers may be considered to ensure a safe working environment (e.g. transferring an entitled person, such as using a two person hoist lift, or to manage an entitled person's behaviours of concern).

B.7.11 Emergency and Natural Disaster Situations

When the delivery of services are impacted by an emergency and/or natural disaster situation, VHC Service Providers must follow their policy and procedure, as required in section B.6 [Part B] of the VHC Manual. DVA expects that the entitled person or their nominated representative is advised if the assigned care worker/s is prevented from delivering a scheduled visit and/or if there are any alternative arrangements.

VHC Service Providers may receive requests for cleaning services through the VHC Program as a result of damage to homes from a fire, earthquake or weather related event, including flooding. The cleaning of carpets or curtains damaged as a result of an event is generally covered under most home contents and building insurance policies, depending on an assessment of the claim in each case.

VHC Service Providers must refer requests for assistance to the relevant VHC Assessment Agency for an assessment. The VHC Assessment Agency may ask the entitled person to firstly contact their insurance company to check if they are covered under their policy. If an entitled person's insurance policy does not cover the expense, Domestic Assistance and safety-related Home and Garden Maintenance services may provide some limited assistance.

B.7.12 Water Restrictions Affecting Window Cleaning

When there are water restrictions that prohibit the use of water to wash external windows, VHC Service Providers may either:

- deliver the service under the water restriction and local government guidelines within their area; or
- deliver the service using alternative cleaning methods (e.g. window cleaning spray). Alternative cleaning methods, and any additional cleaning materials required, should only be used after discussion and agreement with the entitled person; or
- advise the VHC Assessment Agency that, due to the current water restrictions prohibiting external window cleaning and alternative cleaning methods are not available or preferred by the entitled person, the service cannot be delivered.

B.7.13 Work Health and Safety Legislative / Insurance Restrictions Affecting Window and Gutter Cleaning

When unable to deliver certain safety-related Home and Garden Maintenance tasks because of WH&S legislation and/or insurance policy restrictions (e.g. gutter cleaning for high set or multi-storey dwelling), VHC Service Providers must inform the VHC Assessment Agency when they

are impacted by such restrictions to ensure that they are not referred services that they cannot complete.

B.7.14 Safe Working Environment for Care Workers

When the entitled person's home provides an unsafe working environment, including behaviours of concern, VHC Service Providers must follow their policy and procedure, as required in section B.6 [Part B] of the VHC Manual. DVA expects that the VHC Service Provider will discuss the situation with the entitled person or their nominated representative and/or carer, explaining:

- the legal implications of care worker/s providing services in an unsafe environment;
- the responsibilities of entitled persons to provide a safe working environment for the care worker/s and treat the care worker/s with respect, courtesy and dignity, as defined in the VHC Services Client Rights and Responsibilities information sheet provided together with their VHC Care Plan (refer to section 6.6 [General] of the VHC Manual); and
- services may not be delivered until the situation is resolved.

If unable to resolve the matter with the entitled person or their nominated representative and/or carer, and prior to discontinuing services to the entitled person, the VHC Service Provider must advise the relevant VHC Assessment Agency of the steps taken to resolve the situation. The VHC Assessment Agency will discuss and try to resolve the situation with the entitled person or their nominated representative and/or carer. If there is no resolution, the VHC Assessment Agency will advise the entitled person that, at this stage, services are suspended until further notice and refer the matter to DVA.

DVA will liaise with the VHC Assessment Agency, VHC Service Provider and, if necessary, the entitled person or their nominated representative and/or carer, to try to resolve the situation and/or explain the circumstances for the non-delivery of services if suspension of services is warranted. Depending on the situation, DVA may suggest that a DVA contracted Social Worker be involved to assist with resolution.

B.7.15 Incidents, Accidents, Dangerous Occurrence, Reportable Assaults or Suspected Elder Abuse

When there has been an incident, accident, dangerous occurrence, reportable assault or suspected elder abuse involving the entitled person, VHC Service Providers must follow their policies and procedures, as required in section B.6 [Part B] of the VHC Manual. DVA expects that if there has been a serious situation involving the entitled person, the VHC Service Provider will:

- if required, report the situation to the police or appropriate authority;
- advise the VHC Assessment Agency and DVA of the situation and the actions taken; and
- record the situation in the entitled person's file.

For information on reporting alleged or suspected assaults, refer to the *Guide for Reporting Reportable Assaults* located on the Department of Health website at:

www.agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/guide-for-reporting-reportable-assaults

For information on elder abuse, abuse prevention and reporting elder abuse, refer to the My Aged Care website at: www.myagedcare.gov.au/legal-information/elder-abuse-concerns

B.7.16 CVC Social Assistance

VHC Service Providers must inform the VHC Assessment Agency of the activities, progress and outcomes of the CVC Social Assistance being provided to the CVC participant prior to the conclusion of the 12-week period. This information is communicated to the LMO/GP, who manages and monitors the coordination of care.

If required, there is a feedback form to assist VHC Service Providers. The D1308 *VHC service provider feedback to VHC assessment agency for CVC Program* form is available on the DVA website at: www.dva.gov.au/sites/default/files/dvaforms/D1308.pdf

B.8 Co-Payment Collection

B.8.1 Collection and Payment Options

The VHC Service Plan indicates if a co-payment is payable and the amount to be collected. When there is a waiver of the co-payment in place for an entitled person, DVA will pay the co-payment directly to the VHC Service Provider.

VHC Service Providers must collect and retain the co-payment, when payable, from the entitled person or their nominated representative. The co-payment forms part of the fee paid to VHC Service Providers for services delivered. GST does not apply to the co-payment.

VHC Service Providers must follow their policy and procedure for the collection of the co-payment, as required in section B.6 [Part B] of the VHC Manual. DVA expects that VHC Service Providers will:

- offer different options to entitled persons or their nominated representative to pay the co-payment (e.g. credit card, Bpay, electronic funds transfer, cash on delivery);
- discuss and seek agreement from the entitled person or their nominated representative on the method of payment and frequency of collection of the co-payment;
- not charge the entitled person or their nominated representative an administrative fee for the collection of the co-payment; and
- provide a receipt/payment confirmation to the entitled person when the co-payment is collected.

Co-payments collected from entitled persons must be recorded in appropriate files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

B.8.2 Situations Impacting on Co-Payment Collection

B.8.2.1 Entitled Person Refusing to Pay the Co-Payment

If the entitled person or their nominated representative refuses to pay the co-payment, the VHC Service Provider must:

- discuss and try to resolve the situation with the entitled person or their nominated representative;
- if the entitled person is experiencing financial hardship, discuss the situation with DVA and if the entitled person is eligible to apply for a waiver of the co-payment;
- if the entitled person is not experiencing financial hardship but rather refuses to pay, choose to either:
 - not charge the co-payment and meet the costs themselves (DVA will not reimburse the VHC Service Provider); or
 - seek DVA assistance to resolve the situation.

If DVA is unable to resolve the situation with the entitled person or their nominated representative, the VHC Service Provider has the option to not deliver the services to the entitled person. The

entitled person or their nominated representative should be informed of this option prior to discontinuing services.

B.8.2.2 Waiver of the Co-Payment

When a waiver of the co-payment is in place for an entitled person, DVA will pay the co-payment to the VHC Service Provider. The VHC Service Plan will indicate if there is a waiver in place. GST applies to co-payments paid by DVA to the VHC Service Provider (but not to entitled persons paying the co-payment).

B.8.2.3 Continuation of Services to the Household

When the entitled person has deceased, is absent from the home for treatment or enters permanent residential aged care, but the services are continuing as determined by the VHC Assessment Agency, the VHC Service Provider may continue to collect co-payments for VHC services provided to the household according to the VHC Service Plan. Arrangements for collection should be determined after consultation with the entitled person or their nominated representative and may include payments by the household at the time of service.

If there is a waiver of the co-payment in place for the entitled person, the waiver will continue to the household only when the services are continuing as determined by the VHC Assessment Agency.

B.8.2.4 Entitled Person has Deceased

If there are unpaid co-payments prior to the entitled person's death, the VHC Service Provider can bill the entitled person's estate for the unpaid co-payment.

B.8.2.5 Services not Delivered

If a scheduled visit was not delivered, the co-payment for that service must not be collected. In addition, if an individual plan or generic 'client not responding' plan was activated, the co-payment for that activation must not be collected (refer to section B.7.2 [Part B] of the VHC Manual).

B.8.2.6 Services Delivered at a Different Time to the Scheduled Visit

If a scheduled visit was not delivered, but rescheduled to a different time, the co-payment for that service will apply according to the current VHC Service Plan.

B.8.2.7 Additional Services Delivered Beyond Frequency and Hours on the VHC Service Plan

If the VHC Service Provider delivers additional services to those approved on the VHC Service Plan, or spends extra time providing the service, the VHC Service Provider must not collect the co-payment for the additional services or extra time spent. DVA will not reimburse the VHC Service Provider.

B.9 Claiming

B.9.1 VHC Fees

DVA sets the fees payable for VHC services delivered, which are based on a fee-for-service arrangement. The VHC fees are made up of a number of components to cover the costs of delivering a VHC service, including relevant modern award rates and loadings, superannuation guarantee, workers' compensation premium, payroll tax, travel, administrative overheads and, where applicable, ad-hoc occurrences of entitled persons not at home. Further, the following components are also added to the VHC fees:

- supplementation provided by the Australian Government to agencies affected by the Fair Work Australia decision to increase wages for Social and Community Services employees and Crisis Accommodation employees of Schedule B and C of the *Social, Community, Home Care and Disability Services Industry Award 2010* (the 'SCHCDS Award'). The

supplementation is applied to the Domestic Assistance, CVC Social Assistance, Personal Care, In-Home Respite and Emergency Respite fee types; and

- ongoing 2.4 per cent Aged Care Workforce Supplement.

The VHC fees are indexed annually on 1 January in line with Commonwealth Government indexation arrangements. The VHC fees may also be amended by DVA from time to time outside indexation arrangements. DVA will release a VHC Bulletin each time the VHC fee schedule is amended on the VHC Provider Portal.

VHC Assessment Agencies apply the relevant service rate (Standard or Exceptional) when allocating a VHC Service Plan to VHC Service Providers. The service rates are listed in section B.9.3 [Part B] of the VHC Manual and the VHC fee schedule listed in the Deed of Agreement, as amended by VHC Bulletins. Only one service rate can be applied per VHC Service Plan. VHC Service Providers are unable to change the service rate applied. If the service rate applied by the VHC Assessment Agency is incorrect, VHC Service Providers are to liaise with the relevant VHC Assessment Agency to modify the VHC Service Plan prior to claiming on the VHC Provider Portal.

The VHC fees are GST taxable and all VHC Service Providers must comply with the requirements of the *A New Tax System (Goods and Services Tax) Act 1999*.

B.9.2 Claiming VHC Services Delivered

Once a service has been delivered according to the VHC Service Plan, VHC Service Providers are entitled to claim payment for that service from DVA. If a service has not been delivered, VHC Service Providers must not claim payment, unless the individual plan or generic 'client not responding' plan has been activated (refer to section B.7.2 [Part B] of the VHC Manual).

To claim payment, refer to the Reference Guide to Claiming the Standard and Exceptional Rates at section B.9.3 [Part B] of the VHC Manual.

In summary, VHC Service Providers complete the *Claim items* tab of the VHC Provider Portal by entering or uploading details of the date/s and hour/s or part thereof worked against each VHC Service Plan item. These details are then validated against the specified VHC Service Plan and the applicable VHC fee and GST to be paid is calculated by DVA's internal IT systems. Successfully validated claims are processed into a list for payment in DVA's monthly pay run. For unsuccessfully validated claims, they will not be processed until the errors are fixed by the VHC Service Provider. Payments are made by electronic funds transfer to nominated bank accounts.

The DVA monthly pay run is usually the second Thursday of each month. The cut-off date to submit claims for the DVA monthly pay run is the Monday before the second Tuesday of each month. DVA will release a VHC Bulletin on the VHC Provider Portal at the end of each financial year advising of the monthly pay run dates and cut-off dates for the following financial year, effective from 1 July.

The applicable VHC fee paid is based on the start date of the plan period claimed against the VHC Service Plan, and not based on the actual service visit date (e.g. plan periods with a start date in 2017 will have the 2017 VHC fee schedule applied). In addition, the applicable VHC fee paid may include the co-payment where DVA is liable to pay when a waiver is in place for an entitled person (refer to section B.8.2.2 [Part B] of the VHC Manual).

A remittance report for each DVA monthly pay run is available for download from the VHC Provider Portal.

For VHC Service Providers that are GST registered and have signed a *Recipient Created Tax Invoice (RCTI)* agreement with DVA, RCTI reports can be viewed and printed from the VHC

Provider Portal. If adjustments have been made to previous claims and a RCTI has already been created, a *Recipient Created Adjustment Note (RCAN)* will be supplied to replace the original RCTI.

For VHC Service Providers who have not signed a RCTI agreement, the *Payments Awaiting Tax Invoices* report can be viewed and printed from the VHC Provider Portal.

For instructions on how to claim payment and view/print reports, refer to the *Help?* button within each relevant screen of the VHC Provider Portal.

Evidence to substantiate claims for payment must be recorded in appropriate files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

B.9.3 Reference Guide to Claiming the Standard and Exceptional Rates

VHC Assessment Agencies can only apply one service rate per VHC Service Plan.

VHC Assessment Agencies will include comments in the VHC Service Plan advising which service rate is applied and whether services are required on weekdays, weekends and/or public holidays.

The Reference Guide to Claiming is provided on the next page. The reference guide identifies the Standard or Exceptional Rates and the claiming arrangements.

Reference Guide to Claiming

VHC Service Plan	Service Required...	Service Rate Applied by VHC AA	Claiming Arrangements
Home and Garden Maintenance	Any day	Standard	Claim all hours provided on the VHC Provider Portal. <i>Standard Rate</i> payable.
Domestic Assistance	Any day	Standard	Claim all hours provided on the VHC Provider Portal. <i>Standard Rate</i> payable.
CVC Social Assistance	Any day	Standard	Claim all hours provided on the VHC Provider Portal. Include any travel time from the CVC participant's home to the activity and return. <i>Standard Rate</i> payable.
Personal Care	Weekdays only	Standard	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Standard Rate</i> payable. If a visit was provided on a weekend or public holiday instead of a weekday, claim the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> by uploading a manual tax invoice on the VHC Provider Portal. For example, where the co-payment is payable by the entitled person, the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> for a 30 minute visit in 2017 is \$7.68 (GST exclusive). Refer to the Note below for manual tax invoice requirements.
	Weekends or Public Holiday only	Exceptional	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Exceptional Rate</i> payable. <u>'One-off' service (one frequency only)</u>: if the service was provided on a weekday, instead of a weekend or public holiday, request the VHC Assessment Agency to modify the VHC Service Plan from <i>Exceptional Rate</i> to <i>Standard Rate</i>, prior to claiming on the VHC Provider Portal. <u>'Ongoing' services</u>: if a visit was provided on a weekday, instead of a weekend, process an over payment for that visit on the VHC Provider Portal. Add "Claiming Standard Rate because visit provided during the weekday" in the <i>Reason for over payment</i> field.
	Mix of Weekdays and Weekends	Standard	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Standard Rate</i> payable. To claim the <i>Exceptional Rate</i> for the weekend and public holiday visits, claim the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> by uploading a manual tax invoice on the VHC Provider Portal. For example, where the co-payment is payable by the entitled person, the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> for a 30 minute visit in 2017 is \$7.68 (GST exclusive). Refer to the Note below for manual tax invoice requirements.

VHC Service Plan	Service Required...	Service Rate Applied by VHC AA	Claiming Arrangements
In-Home Respite	Weekdays only	Standard	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Standard Rate</i> payable. If a visit was provided on a weekend or public holiday instead of a weekday, claim the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> by uploading a manual tax invoice on the VHC Provider Portal. For example, the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> for a one hour visit in 2017 is \$16.35 (GST exclusive). Refer to the Note below for manual tax invoice requirements.
	Weekends or Public Holiday only	Exceptional	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Exceptional Rate</i> payable. <u>'One-off' service (one frequency only)</u>: if the service was provided on a weekday, instead of a weekend or public holiday, request the VHC Assessment Agency to modify the VHC Service Plan from <i>Exceptional Rate</i> to <i>Standard Rate</i>, prior to claiming on the VHC Provider Portal. <u>'Ongoing' services</u>: If a visit was provided on a weekday, instead of a weekend or public holiday, process an over payment for that visit on the VHC Provider Portal. Add "Claiming Standard Rate because visit provided during the weekday" in the <i>Reason for over payment</i> field.
	Mix of Weekdays and Weekends	Standard	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Standard Rate</i> payable. To claim the <i>Exceptional Rate</i> for the weekend and public holiday visits, claim the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> by uploading a manual tax invoice on the VHC Provider Portal. For example, the difference between the <i>Standard Rate</i> and <i>Exceptional Rate</i> for a one hour visit in 2017 is \$16.35 (GST exclusive). Refer to the Note below for manual tax invoice requirements.
Emergency Respite (ESTHR)	Weekdays only	Standard	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Standard Rate</i> payable. If the episode needs to be extended to include a Saturday and/or Sunday, request the VHC Assessment Agency to modify the VHC Service Plan from <i>Standard Rate</i> to <i>Exceptional Rate</i>, prior to claiming on the VHC Provider Portal.
	Weekend only	Exceptional	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Exceptional Rate</i> payable.
	Weekdays and Weekend (episode of care provided on consecutive days of the week including a Saturday and/or Sunday)	Exceptional	<ul style="list-style-type: none"> Claim all hours provided on the VHC Provider Portal. <i>Exceptional Rate</i> payable. If the episode needs to be reduced to exclude the weekend, request the VHC Assessment Agency to modify the VHC Service Plan from <i>Exceptional Rate</i> to <i>Standard Rate</i>, prior to claiming on the VHC Provider Portal.

Note: The manual tax invoice must include:

- VHC Service Provider's name, address and ABN;
- invoice number and date of invoice;
- entitled person's name and DVA file number;
- VHC Service Plan number and VHC service type;
- date of service and visit hours or part thereof that attract the *Exceptional Rate*; and
- the amount which is the difference between the *Exceptional Rate* and *Standard Rate* fees and GST component.

The Tax Invoice is to be uploaded into the *Upload Tax Invoice* screen within the *Claim Items* tab of the VHC Provider Portal.

B.9.4 Flexibility in Service Delivery and Claiming Tolerances

There is some flexibility to deliver services specified on the VHC Service Plan at different times and hours, and still claim through the VHC Provider Portal without requesting the VHC Assessment Agency to modify the VHC Service Plan. This flexibility, which is called 'tolerances' within the VHC Provider Portal, is available only for Domestic Assistance, In-Home Respite and safety-related Home and Garden Maintenance on an ad-hoc basis. The tolerances are:

- *Weekly approvals* — Any unused hours from two previous weeks or two future weeks can be used in the current week in addition to the approved hours for that week;
- *Fortnightly approvals* — Any unused hours from one previous fortnight or one future fortnight can be used in the current fortnight in addition to the approved hours for that fortnight;
- *Four weekly approvals* (service once every four weeks) — Any unused hours from two previous weeks or two future weeks can be used in the current four weekly period in addition to the approved hours for that four weekly period; and
- *13 weekly approvals* (service once every 13 weeks) — No tolerances apply.

A service visit date may be entered for a day after the end date of a VHC Service Plan, but not before the start date of a VHC Service Plan.

If tolerances are used, claim within the plan periods of the VHC Service Plan to ensure co-payment collection is in line with the VHC Service Plan.

For instructions on how to claim payment and tolerances, refer to the *Help?* button within each relevant screen of the VHC Provider Portal.

Evidence to substantiate claiming tolerances must be recorded in appropriate files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

VHC Service Providers who receive frequent requests to alter service delivery from an entitled person or their nominated representative, or if their care needs and/or circumstances have changed, should discuss the situation with the VHC Assessment Agency. The VHC Assessment Agency may review services, modify the services approved or refer to other appropriate programs.

B.9.5 Timeframe for Claiming and Re-Credit Function

VHC Service Providers must claim for services delivered on the VHC Provider Portal within 60 days of the plan period being claimed.

For any unclaimed hours on a VHC Service Plan that are 60 days or more (after the last Sunday of the plan period), the VHC Provider Portal will automatically re-credit and return the unclaimed hours to the VHC regional notional budget for the managing VHC Assessment Agency to allocate for other VHC services. VHC Service Providers can also choose to return unused hours before the 60 days are up. In either case, VHC Service Providers can still claim re-credited or returned hours, however, a reason why the claim was delayed must be provided. Evidence to substantiate claiming re-credited or returned hours must be recorded in appropriate files and, when requested by DVA, be made available to DVA within two working days (or an agreed timeframe) of the request.

B.9.6 Over/Under Payments

If a claim has been made incorrectly (e.g. entered the wrong hours for a plan period, etc), VHC Service Providers must request an adjustment to ensure correct payments are made. To make an adjustment, VHC Service Providers need to complete the *Over/under payments* screen within the *Claim items* tab of the VHC Provider Portal.

As part of performance monitoring activities, DVA will analyse claiming data. If an overpayment has been found, DVA retains the right to recover payments made for incorrect claims.

B.10 Key Performance Indicators

DVA will measure performance of VHC Service Providers against the following significant Key Performance Indicators (KPI).

Requirement	Reference	KPI	DVA Action on Non-Compliance
Service Delivery [SD]			
The contracted VHC service/s are delivered within the contracted VHC region/s and/or site/s.	B.3.2	<ul style="list-style-type: none"> SD1 – VHC Service Plans are accepted within the capacity of the VHC Service Provider. SD2 – The VHC Service Provider has advised if unable to deliver a contracted VHC service/s within a contracted VHC region/s and/or site/s due to capacity constraints. SD3 – Actions are being taken to resolve capacity constraints. SD4 – No serious complaints are received by DVA regarding the non-acceptance of VHC Service Plans. 	<ul style="list-style-type: none"> DVA will require the VHC Service Provider to take all reasonable steps to make alternative arrangements, such as subcontracting the service or recruiting personnel, to enable the contracted service to be delivered within an agreed timeframe.
Accepted VHC Service Plans are actioned, entitled persons are contacted, working arrangements are developed and the delivery of services commenced within the specified timeframes.	B.3.3 and B.3.4	<ul style="list-style-type: none"> SD5 – Entitled persons are contacted and working arrangements are discussed within set timeframe. SD6 – Written confirmation of working arrangements is provided to entitled persons within set timeframe. SD7 – The delivery of the first service commenced within set timeframe. SD8 – No serious complaints are received by DVA that entitled persons are not receiving services in a timely manner. 	<ul style="list-style-type: none"> DVA will require the VHC Service Provider to improve timeliness and reliability within an agreed timeframe. DVA may reduce the level of work allocated to the VHC Service Provider.
Personnel [P]			
Personnel delivering VHC services are qualified, skilled, have appropriate clearances to work with vulnerable people and/or children and they provide quality care.	B.3.3 and B.4 and B.6	<ul style="list-style-type: none"> P1 – Qualifications are current. P2 – Police checks and/or working with children checks are current. P3 – The policy and procedure for recruitment of personnel is current. P4 – No serious complaints are received by DVA about the personnel's skills, experience, conduct and/or quality of care provided. 	<ul style="list-style-type: none"> DVA will require the VHC Service Provider to resolve the qualification and/or clearance requirements within an agreed timeframe; DVA will require the non-compliant personnel to discontinue delivering VHC services until compliant. DVA may reduce the level of work allocated to the VHC Service Provider.

Requirement	Reference	KPI	DVA Action on Non-Compliance
Co-payment Collection [CPC]			
Co-payments are collected for the amount indicated on the VHC Service Plans and only for VHC services delivered (except for In-Home Respite, ESTHR and activated 'client not responding' plans).	B.3.4, B.6, B.7.2 and B.8	<ul style="list-style-type: none"> CPC1 – Collection corresponds with the VHC Service Plan on the VHC Provider Portal. CPC2 – Collection matches evidence that a service was delivered. CPC3 – The policy and procedure for the collection of the client contribution/VHC co-payment is current. CPC4 – No serious complaints are received by DVA that an entitled person was overcharged the co-payment amount, had to pay an administrative fee for collection or paid the co-payment when a service was not delivered. 	<ul style="list-style-type: none"> DVA will require the VHC Service Provider to reimburse the entitled person. DVA may reduce the level of work allocated to the VHC Service Provider.
Claiming [C]			
Claims are made against VHC Service Plans (including additional travel work orders), within 60 days and only for VHC services delivered (including activation of 'client not responding' plans).	B.3.2, B.3.5, B.6, B.7.2 and B.9	<ul style="list-style-type: none"> C1 – 98% of claims and manual invoices are made within 60 days of each plan period being claimed. C2 – Claims and manual invoices correspond with the VHC Service Plan on the VHC Provider Portal. C3 – Manual invoices for additional travel payment correspond with the additional travel work orders. C4 – Claims and manual invoices match evidence that a service was delivered. C5 – No more than three activations of a 'client not responding' plan are claimed within a three month period. 	<ul style="list-style-type: none"> DVA will recover payments made for incorrect claiming. DVA will not pay a claim if there is no VHC Service Plan in place. DVA may reduce the level of work allocated to the VHC Service Provider.
Complaints [COM]			
Complaints from entitled persons are resolved.	B.3.4, B.6 and 6.6	<ul style="list-style-type: none"> COM1 – 100% of complaints are actioned. COM2 – All complaints and actions taken are recorded. COM3 – The policy and procedure for complaints management is current. COM4 – No serious complaints are received by DVA regarding the VHC Service Provider not taking reasonable steps to resolve or come to a mutual agreement to resolve the complaint. 	<ul style="list-style-type: none"> DVA will require the VHC Service Provider to resolve un-actioned complaints within an agreed timeframe. DVA may reduce the level of work allocated to the VHC Service Provider.

For repeated non-compliance or significant non-compliance that adversely affect entitled persons or cause concerns as to the reliability and quality of services, DVA may terminate the contract in accordance with clause 25 of the Deed of Agreement.



Australian Government
Department of Veterans' Affairs



Veterans'
Home Care

SP19-03

Veterans' Home Care (VHC) Bulletin for Service Providers

14 June 2019

New Aged Care Quality Standards

Purpose

The purpose of this VHC Bulletin is to provide you with information on the new Aged Care Quality Standards which come into effect from 1 July 2019 and to notify you of amendments to the VHC Manual.

New Aged Care Quality Standards

The VHC Program operates within the quality standards applicable for all aged care services subsidised by the Australian Government. The current applicable standards are the Australian Government Home Care Standards, however from 1 July 2019 these will be replaced with the Aged Care Quality Standards.

Additional Information

Information on the new Aged Care Quality Standards is available on the Department of Health website at: <https://agedcare.health.gov.au/quality/aged-care-quality-standards>.

VHC Manual Updates

The VHC Manual sets out the requirements under which VHC Assessment Agencies and VHC Service Providers deliver VHC services to entitled persons.

With effect from 1 July 2019, the VHC Manual has been updated to reflect the implementation of the new Aged Care Quality Standards. References to the Aged Care Complaints Commissioner have also been updated to reflect the transition to the new Aged Care Quality and Safety Commission which took place on 1 January 2019.

The relevant updates are at:

- VHC Manual General – Section 3.4.3.3.1, Section 6.4 and Section 8
- VHC Manual Part A for VHC Assessment Agencies - Section A.6 and Section A.10.2
- VHC Manual Part B for VHC Service Providers – Section B.6 and Section B.7.2

A summary of the updates is at **Attachment A**.

Response Required

Please confirm that you have received this bulletin by emailing VHCCNOPS@dva.gov.au.

Questions?

If you have any queries about this Bulletin or delivering services under the VHC program, please contact the VHC Operations team at VHCCNOPS@dva.gov.au or by phoning 1300 550 466.

Please ensure that all relevant staff in your organisation are made aware of the information contained in this Bulletin

List Changes to the VHC Manual for VHC Assessment Agencies and VHC Service Providers

VHC Manual General for VHC Assessment Agencies and VHC Service Providers		
Reference	Section	Summary of updates
3.4.3.3.1	Residential Respite in Australian Government Funded Aged Care Facilities	Updated to replace references to the Aged Care Complaints Commissioner.
6.4	Quality Arrangements for Service Delivery	Updated to reflect the implementation of the new Aged Care Quality Standards.
8	Definitions	Consequential amendments made to the definition of 'Aged Care Complaints Commissioner'.
VHC Manual Part A for VHC Assessment Agencies		
Reference	Section	Summary of updates
A.6	Administrative Policies and Procedures	Updated to reflect the implementation of the new Aged Care Quality Standards.
A.10.2	Entitled Person not Responding to Scheduled Visit	Updated to remove reference to Commonwealth Home Care Standards.
VHC Manual Part B for VHC Service Providers		
Reference	Section	Summary of updates
B.6	Administrative Policies and Procedures	Updated to reflect the implementation of the new Aged Care Quality Standards.
B.7.2	Entitled Person not Responding to Scheduled Visit	Updated to remove reference to Commonwealth Home Care Standards.