

AUSTRALIAN WAR WIDOWS



QUEENSLAND

BENEFITS & SERVICES BOOKLET 2024

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THE PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide useful information to members of Australian War Widows Queensland about their Department of Veterans' Affairs (DVA) health care entitlements, how these entitlements can be supplemented by services from My Aged Care, Taxi Subsidy Scheme, an overview of Residential Aged Care, Carer information and important documents such as the Enduring Power of Attorney.

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

Are services based on need or age?

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

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

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

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

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

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

FINANCIAL ENTITLEMENTS

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

The War Widow Pension

The War Widow Pension is a compensation benefit that is **not** subject to any financial means testing, **except for the purposes of Aged Care**. In other words, the War Widow Pension is included as income in the income test for the Government Funded Home Care Packages, as well in the calculation of care fees in Residential Aged Care. The compensation payment is currently \$1,136.30 a fortnight and includes an energy supplement. This amount is effective from 1 July 2024 to 19 September 2024.

Should you be receiving a fortnightly payment greater than this amount from DVA then it is most likely that you are receiving either the full Income Support Supplement or part thereof.

The Income Support Supplement (ISS)

Gold cardholders may also be entitled to an **Income Support Supplement**. The maximum ISS is \$337.40 which is paid fortnightly with the War Widow pension. This payment is means tested which means that they will consider your existing income and assets in the calculation. Please contact **DVA** directly on **1800 555 254** and ask for The Income Support Supplement Team to see whether you qualify etc. This team will have a record of your income and assets or you may be required to update your income and assets in order for them to calculate the amount of ISS that a member is entitled to. Updating of income and assets can be done over the phone and can also be done by your representative who is registered with DVA.

What are the asset levels for ISS currently?

- The assets value limit for singles who are home owners is \$556,750
- The asset value limit for singles who are non-home owners is \$798,750
- So provided a war widows assets values are below these amounts a war widow qualifies for full ISS (provided their income is below the income test thresholds)

What are the income levels for ISS currently?

A member can have income up to \$1,741.60 per fortnight (singles) and still qualify for the full ISS of \$337.40 per fortnight provided their assets do not exceed the assets value limit for ISS.

Should income per fortnight exceed \$1,741.60 then the ISS will be reduced by half the value of all income above this threshold.

Example:

A war widow(er) receives income of \$639.70 per fortnight from sources other than their DVA pensions. For ISS purposes, their income per fortnight is \$639.70 plus \$1,136.30 (War widow(er)'s Pension), which totals \$1,776.00 per fortnight. Because their income is more than \$1,741.60 per fortnight (the singles income free area for ISS), their ISS will be paid at a reduced rate. Their income exceeds the limit by \$34.40, which means ISS will be reduced by \$17.20 per fortnight, ($\34.40×0.50).

Rent Assist

War widows automatically qualify for rent assist if they receive Income Support Supplement and members who do not qualify for ISS will not qualify for Rent Assist.

A minimum amount of rent must be paid before rent assistance is paid. This minimum amount is called the rent threshold. For every \$1 of rent that you pay in excess of the rent threshold you will receive \$0.75 of rent assistance, up to a maximum amount. The rent thresholds depend on whether you are single or a member of a couple.

The rent thresholds per fortnight for a singles rate is \$146 and couples rate is \$236.60. Rent thresholds are adjusted twice-yearly, in March and September, in line with movements in the cost of living.

Example:

1. A single pensioner is paying \$610.25 per fortnight in rent
2. The rent threshold is \$146
3. For every \$1.00 of rent paid that is over the threshold, the single pensioner will receive \$0.75 up to a maximum of \$188.20 for a single person

This equals:

$\$610.25$ (rent) - $\$146$ (threshold) = $\$464.25$

$\$464.25 \times \$0.75 = \$348.19$

This means the single pensioner would receive \$188.20 per fortnight in rent assistance.

Essential Medical Equipment Payment

- DVA will make an annual payment of \$191 towards the cost of electricity or other energy sources, for each essential approved medical equipment
- **D9400 Form** (Essential Medical Equipment Payment form) is required to be completed to access this payment
- Essential medical equipment include:

<ul style="list-style-type: none"> • Home dialysis machine • Home ventilator • Home respirator • Home enteral or parental feeding device 	<ul style="list-style-type: none"> • Oxygen concentrator • Heart pump • Suction pump • Nebuliser (if used daily) 	<ul style="list-style-type: none"> • Positive airways pressure device (PAP) • Phototherapy equipment • Airbed vibrator • Electric wheelchair • Insulin pump
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This Queensland Government scheme helps with electricity costs for people who have a chronic medical condition, such as multiple sclerosis, autonomic system dysfunction, or a severe inflammatory skin condition, which is aggravated by changes in temperature. It currently provides \$502.98 (including GST) per year to eligible applicants towards air conditioning and heating costs. For members who hold a **DVA Pensioner Concession Card** (War Widows are eligible for this card if they are receiving an Income Support Supplement) and wish to apply please call **Queensland Government on 137 468**.

Other Gold Card Discounts from other service providers

- Cinemas sometimes offer a discount to Gold Card holders and provide complimentary tickets to carers. However, it may exclude newly released movies and there may be restrictions on when these discounts apply, so please check with your local cinema on their conditions
- Other discounts might include concessions for travel on Translink and regional ferry services, long distance QLD Pension rail travel entitlements, Australia Post discounts, and rates and water Subsidy
- Veteran Gold Card holders may be eligible to receive a subsidy on the gross rates and charges levied by your local council. For more information, contact your local council
- DVA will pay \$2,000 towards funeral expenses if:
 - a member has less than \$10,000 in the bank and
 - a member's expenses are more than their income and
 - a member does not own a house or has money owing to a residential aged care facility

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

VETERANS' HOME CARE

- Domestic services & unassisted shopping & bill paying
- Short-term personal care
- Safety-related home and garden related maintenance, and
- Respite care

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

Domestic Assistance and unassisted shopping & bill paying

- The service is usually **one hour a fortnight for cleaning**, and **on the alternate week one hour for unassisted shopping/bill paying**
- In cases where a member has a chronic disease, dementia or incontinence, weekly cleaning can be arranged directly with VHC
- *Post-Operative Care*: If a member is returning home from hospital and needing additional support, VHC can approve weekly domestic assistance **up to a maximum of 1.5 hours a week**
- *Ad-hoc tasks*: If additional assistance is required for tasks such as oven cleaning, or cleaning the bottom of cupboards, please call VHC to discuss; they may approve additional time and instructions when it is required
- The co-contribution fee for these services is **\$5 per visit**
- To access **VHC** services, please call **1300 550 450**. An assessment will be done over the phone to set up a **VHC care plan**, which is reassessed every six to nine months

Short-Term Personal Care

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

- The services are **30 minutes, three times a week**
- Should members require more personal care support than the VHC Short-Term Personal Care programme can provide, then it is best to get a doctor's referral to DVA's **Community Nursing** services for daily showers, dressing, medication management or wound dressing
- VHC can make a referral to Community Nursing for personal care only, should a member need more care than can be delivered in 30 minutes three times a week
- The co-contribution fee is **\$5 per hour**
- To access **VHC Personal Care**, please call **1300 550 450**. An assessment will be done over the phone to set up a **VHC care plan**, which is reassessed every six to nine months

Safety-Related Home and Garden Related Maintenance

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

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

Services included in Safety-Related Home and Garden Maintenance:

- Lawn mowing if there is a provider in your area
- Minor home maintenance (e.g. cupboard door adjustment, replacing light bulbs and tap washers)
- Changing batteries in smoke/security alarms
- Cleaning gutters, external and internal windows, exhaust fans, air-conditioning, split system units or ceiling fans – *DVA will need to know how many windows, blinds, fans, screen-doors, and the size of the house so you may wish to count before calling VHC for their approval*
- Clearing of debris following natural disasters and once-off garden clean ups where an environmental health or safety hazards exists (e.g. fire reduction, mobility limitations)
- Chopping/splitting, moving and/or stacking of firewood located on your property in a rural area
- Members are limited to a **maximum of 15 hours per financial year**. Members cannot use some of this time for another category of services such as domestic services. The co-contribution fee is \$5 per hour

Respite Care

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

In-Home Carer Respite

- In-Home Carer Respite allows a carer to have a break while another carer from VHC visits the home to take over the caring role
- A carer can be a friend, partner or family member who provides ongoing care to someone who is frail or has a severe disability or illness. The carer does not need to live with the person being cared for. If the member cares for themselves, they may be considered a carer if they have high care needs
- In-home carer respite does not include housework or giving medication
- DVA will pay for up to **196 hours in-home respite care, or 28 days of residential respite care per financial year**, or a combination of both
- To work out a combined total, 7 hours of in-home respite care is equal to 1 day of residential respite
- There is no fee for this service

Emergency Short-Term Home Relief (ESTHR)

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

Residential Respite

- Residential respite is care that is delivered to members **whose intention it is to return home**
- Care is usually provided to the member at an aged care facility:
 - after a hospital stay or
 - should a member need a break from caring for themselves or
 - when their carer needs a break from their caring duties
- It provides a member with the opportunity to test out how residential aged care works. It also offers the family peace of mind knowing their loved one is well cared while they are away

- For emergency cases, an **Aged Care Assessment Team (ACAT)** is no longer required on admission – the assessment can now be completed after the individual has been admitted for respite but very few facilities have adopted this practice
- A respite code is generated by the ACAT team, this code needs to be provided to VHC
- Most respite care works on a **rebate arrangement** whereby the individual pays for respite upfront, and then claims the payment back from DVA
- Please note that DVA is responsible for the reimbursement or payment and not VHC
- VHC will authorise **up to 28 days of residential respite care**
- Should a member need more than 28 days of residential respite care, they should contact My Aged Care
- Members can access up to **63 days per financial year in total**, that includes the 28 days paid for by DVA. After 28 days, members will need to pay the basic daily care fee that is calculated at **85% of the single person rate of the basic age pension**, currently \$ 61.96 a day excluding extra service fees
- Once a member has booked a respite bed, they should call the VHC Assessment Agency directly on **1300 550 450** to let them know about their plans
- VHC does not cover the cost of extra service fees
- Residential Aged Care facilities are receiving a rating of 1 to 5 stars by My Aged Care according to four categories namely residents' experience, compliance, staffing and quality measures. These ratings are captured by My Age Care and can be viewed on their website. VHC will only approve Respite Care if the Residential Aged Care facility has a rating of 3 and 4. A rating of 2 requires special approval from DVA and a rating of 1 will never be approved. If a Residential Aged Care facility has a rating of 2, DVA may take some time in approving the respite and this may cause some frustration with our members

DVA COMMUNITY NURSING

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

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

DVA CONVALESCENT CARE

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

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

POST-OP CARE AT HOME AFTER HOSPITAL STAY

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

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

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

For an unplanned hospital stay:

- Ask to speak with the **discharge planner or discharge co-ordinator** to discuss which services you will need when you return home, and ensure they are in contact with **VHC or Community Nursing** should you need services arranged
- Ask for a copy of the **post-operative care plan so that you have the details of the service provider and the dates and frequency of services**
- Prior to discharge, ask a friend or family member to call the organisation delivering care to confirm that the services have in fact been arranged and **confirm the date and time that these services will be delivered**

Should you be discharged without support services arranged please:

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

DVA TRANSPORT

To book a DVA cab for medical appointments, please phone **DVA Transport on tel 1800 550 455** or email **bcwd.qld@dva.gov.au** (bcwd stands for **b**ooked **c**ab **w**ith **d**river)

- Please note DVA transport is closed over the weekends
- It is recommended that you call DVA to confirm your booking ahead of time. This is particularly important if your appointment is on a Monday morning, please call the Friday before to avoid disappointment
- Transport to and from hospitals can usually be arranged by the hospital staff over the weekend. They can contact the approved transport provider directly and provide your DVA Gold Card number to bill the cost of the travel directly to DVA
- Medical practitioners can also make DVA transport bookings for their gold card members on the DVA Online Services Health Provider Portal
- DVA transport is a door-to-door service meaning the taxi providers should be assisting our members with meeting them at their front door, opening and closing car doors, folding wheelie walkers and putting them in the vehicle, and making sure our members get back into their homes safely. Unfortunately very few taxi providers are offering this service. Should you have poor mobility you may wish to let DVA Transport know that you would like to make use of the door-to-door service so that the service provider knows in advance
- We have started logging complaints and we urge you to call the office so we can capture details of the trip so that DVA transport can identify which service provider requires more training

Under 80 years of age

- Members under 80 years can use DVA Transport for specialist appointments, hospital and X-rays
- DVA transport is not permitted to be used for general practitioners, dental providers, allied health services and optical dispensers

- DVA will however reimburse transport and travel expenses related to medical treatment for a member once a member has paid for the transport and completed the D800 form and submitted it to DVA. The form is called the Claim for Travelling Expenses. The form states that a member does not have to submit a receipt, only that the receipt is kept for 4 months should DVA request a copy of the receipt. Please call the office should you like us to post you a few copies of this form

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

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

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

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

Repatriation Transport Scheme

DVA may provide financial assistance for transport, meals and accommodation to members, and their attendants, if travelling for medical treatment within Australia. A member can pay and then **claim back cost of transport by submitting a D800 form – Claim for Travelling Expenses**. The form states that a member does not have to submit a receipt, only that the receipt is kept for 4 months should DVA request a copy of the receipt.

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

- ➔ closest to a client's permanent or temporary residence
- ➔ able to provide the appropriate treatment
- ➔ recognised as an approved health provider by DVA

Disability Parking Permit

- This is provide by the transport department of the Queensland Government
- For more details or to apply go to <https://www.service.transport.qld.gov.au>
- An individual / parent or carer may apply
- Supporting documentation will be required
- If you are applying for a permit because of a mobility impairment, you will need to scan and attach a completed copy of Section 2
- If you are applying for a permit because you have been diagnosed as legally blind, you have two options. If you are a holder of one of the below cards, you may scan and attach a copy (front and back):
 - ➔ Centrelink Blind Concession Card
 - ➔ Department of Veterans' Affairs Blind Concession Card
 - ➔ Vision Impaired Travel Pass issued by TransLink
 - ➔ If you are not the holder of one of the cards listed above, you will need to scan and attach a completed copy of Section 3 and 4 of the form
 - ➔ For assistance please call 13 74 68

MEDICAL TREATMENT AND ALLIED HEALTH SERVICES

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

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

Please note DVA will require a **doctor's referral for Allied Health Services**, and the time period that the doctor's referral is valid for differs from service to service. Members may also claim the cost of **travel vaccinations** if received within Australia. **Medical care overseas is not covered.**

MRI SCANS

In order for DVA to pay for an MRI the referral for this scan must be issued by a specialist and not a general practitioner. So for gold card holders, your GP may need to make a referral to a specialist, who can provide a referral for the MRI.

OTHER GOLD CARD BENEFITS

Veterans Counselling

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

Continence Products

DVA will pay for continence products provided there is a doctor's referral; a referral is valid for 2 years. The DVA approved suppliers are:

Independence Australia

Please phone **1300 788 855** or email [**customerservice@iagroup.org.au**](mailto:customerservice@iagroup.org.au)
A Standing order cannot be set-up; you can order a three-month supply

BrightSky

Please phone **1300 968 062** or email [**conti.orders@brightsky.com.au**](mailto:conti.orders@brightsky.com.au)
A Standing order can be set-up; you can order a three-month supply

Occupational Therapist (OT)

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

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

OT services include:

- Adapting the home for safety: modifications such as ramps, grab rails and magnetic door latches
- Personal response devices alarms to comfort members that assistance is never far away and reassuring family and friends that their loved one can access help easily if needed
- Equipment recommendations: tipping kettles, specialised chairs, beds, and toilet modifications
- Assess seating and positioning needs in beds, wheelchairs and wheelie walker
- Help after surgery or a fall and guidance on how to reduce falls
- Education for a person with arthritis on how to protect the joints and conserve energy
- Cognitive and memory support, assisting a person with memory impairment organise and label drawers
- Helping a person with limited motion to do stretching exercises and recommending adaptive equipment such as a sponge with a long handle
- Recommending a stretching program to prevent contractions and pain
- Providing members with profound hearing loss with a comprehensive range of assistive devices that include, but not limited to, smoke alarms, doorbells, and other wireless devices

Key Safe

The key safe will only be funded by DVA when it is ordered with a personal alarm. This funding was only approved last year. If a member was supplied with an alarm prior to this time, the member can request that their OT order the key safe from the alarm supplier. The alarm supplier will be responsible for installing the alarm. The four DVA approved suppliers are:

IINS LifeGuard

Please phone [**1800 621 881**](tel:1800621881) or email [**lifeguard@theinsgroup.com.au**](mailto:lifeguard@theinsgroup.com.au)

Tunstall Healthcare

Please phone [**1800 603 377**](tel:1800603377) or email [**au.customerservice@tunstall.com**](mailto:au.customerservice@tunstall.com)

Vitalcall

Please phone [**1300 848 252**](tel:1300848252) or email [**sales@vitalcall.com.au**](mailto:sales@vitalcall.com.au)

Safety Link

Please phone [**1800 813 617**](tel:1800813617) or email [**cscdept@safetylink.org.au**](mailto:cscdept@safetylink.org.au) or [**info@safetylink.org.au**](mailto:info@safetylink.org.au)

- From 1 July 2023, Safety Link will provide a monitoring only service to existing DVA clients and will not be accepting new DVA client referrals. Safety Link can accept a D9199 for existing clients who require a key safe or a different in-home personal alarm e.g.falls detector

How does an Occupational Therapist differ from a Physiotherapist?

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

Are you tired of fighting with your screen door?

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

SLEEP APNEA

Members suffering from sleep apnea require a doctor's referral to a physician, pulmonologists, or lung doctor. A **D9140** form is required to arrange PAP equipment funded by DVA. DVA will make an annual payment of \$191 towards the cost of electricity provided a **D9400 Form** (Essential Medical Equipment Payment form) is submitted.

Essential Medical Equipment Payment

DVA will pay an annual payment of \$191 for each piece of approved medical equipment provided the D9400 is completed.

VISION AUSTRALIA

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

An occupational therapist can assist members in selecting the most suitable product and showing members how to use it. Vision Australia can recommend occupational therapists who specialise in low vision products.

Please contact **Vision Australia** on tel **1300 847 466** or **www.visionaustralia.org**

AUDIOLOGY

As mentioned earlier, an occupation therapist can assist members who are profoundly deaf with a range of assistive devices.

Prior approval request

Some members may find themselves in need of new hearing aids to meet their changing hearing needs. Maybe your over-the-ear hearing aids are getting tangled with your glasses and mask and an inner ear hearing aid is a better solution or maybe you are finding it difficult to change the batteries in your hearing aids.

DVA only pays for new hearing aids every five years. There is however a work-around. Should a member need a new type of hearing aid such as an inner-ear hearing aid within the 5 year period then a doctor's letter is required stating that the medical reason for the change such as reduced dexterity in hands making old battery operated hearing aids obsolete. The OT will then attach this letter and complete a Prior Approval of Audiology Products D9398 to have a more suitable hearing aid approved.

Hearing Australia

Hearing Australia is one of many leading providers of hearing products and is an approved provider to DVA and My Aged Care. Besides offering products, they also offer a range of services that includes hearing assessments, product demonstrations and training. There are other independent audiologists that are approved providers.

An audiologist can assist members in selecting the most suitable product and showing members how to use it. Hearing Australia can recommend specialist audiologists to members. Please contact **Hearing Australia** on tel **134 453** or **www.hearing.com.au**

PHARMACEUTICAL BENEFITS SCHEME (PBS)

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

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

- The doctor needs to provide a **prescription** for the medication – the doctor can prescribe up to 5 repeats of some medication
- The doctor has the software to identify whether the medication is on the RPBS list. If the medication is not on the RPBS list, the doctor can call **DVA Pharmaceutical Approvals Centre on 1800 552 580** to seek approval which will be approved on a case-by-case basis
- The medicine can then be obtained from any **pharmacy** by presenting the doctor's prescription. It is not recommended to use the script across states due to different state laws governing medication

- The patient contribution fee is **\$7.70 per script** until Safety Net Threshold is reached. Should a member prefer to use a certain brand of medication a brand price premium may be charged
- With the current PBS cap, a member can obtain **48 scripts per calendar year**, thereafter PBS and RPBS medications with scripts will be free for the rest of that calendar year
- So next time you go to the doctor, make a list of medication, skin creams, ointments etc that you are paying full price for to see whether they can be funded through the RPBS

Shingles

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

TAXI SUBSIDY SCHEME

The taxi subsidy scheme is a Queensland Government scheme to subsidise taxi travel – half of the total fare, up to a maximum of \$30 per trip. There is no limit on the number of taxi journeys.

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

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

Category 1	Has a physical disability making the person dependent on a wheelchair for mobility outside the person's residence
Category 2	<p>Has a physical disability or other medical condition that restricts the person from walking unassisted, without a rest, 50 metres or less PLUS one of the following:</p> <ol style="list-style-type: none"> 1. makes the person permanently dependant on a walking aid 2. prevents the person from ascending or descending 3 steps without assistance 3. has a history of falls 4. has a condition that is an advanced cardiovascular, respiratory, or neurological disorder <p>OR</p> <p>Has a physical disability or other medical condition requiring:</p> <ol style="list-style-type: none"> 5. the person to ordinarily carry treatment equipment which, when carried, restricts the person from walking, unassisted and without rest, 50 metres or less 6. someone else to ordinarily carry or administer treatment equipment for the person

Category 3	Has a total loss of vision or severe permanent visual impairment
Category 4	Has severe and uncontrollable epilepsy
Category 5	Has an intellectual disability causing behavioural problems- 1. resulting in socially unacceptable behaviour 2. requiring the constant assistance of someone else for travel on public transport
Category 6	Has a severe emotional or behavioural disorder with a level of disorganisation resulting in the need to be always accompanied by another person for travel on public transport
Category 1 to 6	Has a clinical condition resulting in a disability mentioned in categories one to six of a temporary nature, and is undergoing medical, surgical or rehabilitative treatment for the disability, requiring the person to have access to taxi travel for a period of at least five months.

MY AGED CARE

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

How do I register with My Aged Care?

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

My Aged Care Services not provided by DVA

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

Services from My Aged Care can be obtained from either

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

Commonwealth Home Support Program (CHSP)

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

How to access services to upgrade smoke alarms through CHSP

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

Members looking to upgrade their smoke alarms can:

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

The Government Funded Home Care Packages (HCP)

- An **Aged Care Assessment Team (ACAT)** assessment is required to access these services
- This is generally for residents with a higher level of care – mobility issues, dementia, unable to do own personal care etc.
- There is a **national wait list** so people who have been assessed may need to wait before a package is granted to them – while they wait, they can access services funded by CHSP
- These packages are '**consumer-directed**' which means the consumer has control over how the funds are spent
- A **basic daily fee** does **not** need to be paid and it is currently industry practice not to charge this fee. It is only recommended for individuals who are needing more services than the package can fund
- There is an **income tested fee** payable based on assessed income that **includes** the **war widow pension** and **income support supplement**
- My Aged Care has an **estimator** that estimates the **income tested fee**:
<https://www.myagedcare.gov.au/fee-estimator>
- If a member is in receipt of a **means tested income support payment** e.g. the Income Support Supplement, then DVA will have enough information to calculate the income tested fees and the Income Assessment form (SA456) would not need to be completed
- Otherwise, an **Income Assessment form – SA456** will need to be completed
- There are **caps on the income tested fee** payable:
 - Full pensioners (or people with equivalent income) pay no income-tested care fees
 - Part-pensioners and people with equivalent incomes have their income-tested care fees capped at \$6,661.80 per year
 - Self-funded retirees have their income-tested care fees capped at \$13,323.68 per year
 - There is also a **lifetime cap** of \$79,942.44 for income-tested care fees, the same cap that applies to **means tested care fees** for residential care
- There are **four levels of packages** and funding is based on the level of care individuals need (see next page for table):

Packages	Level of care needs	Value
Level 1	Basic care needs	Approx \$10,272 a year
Level 2	Low care needs	Approx \$18,069 a year
Level 3	Intermediate care needs	Approx \$39,320 a year
Level 4	High care needs	Approx \$54,620 a year

- There are also supplementary payments made if the individual qualifies e.g. dementia, oxygen supplement

PRIVATE HOME CARE PROVIDERS

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

The importance of planning for a hospital procedure

A discharge planner raised the importance of members discussing their hospital procedure with their occupational therapist (OT) in their home as soon as they hear they are to undergo an operation. A doctor's referral to an OT will ensure DVA will pay for the services and all the equipment that an OT recommends. DVA no longer employ their own occupational therapists (OT's) and members need to use OT's in the community. Using the expertise of an OT well before a medical procedure, particularly joint replacements, will allow enough time for home modifications such as ramps, hand rails on steps leading to entrance door, grab rails, raised toilet seats and shower chairs etc. to be installed. This enables the member to be discharged from hospital into a safe home environment. Unfortunately, many DVA members are entering hospital without having made the necessary home modifications and this makes it extremely difficult, and at times impossible for the hospital OT's and discharge planners to have the safety modifications installed in the short time that the member is in hospital for surgery and rehabilitation.

It is also useful to let Veterans' Home Care (1300 550 450) know the dates and additional services that you may need after a hospital procedure. This will provide time for the approval of

additional services and the scheduling of staff with their service providers. These services may include:

- Weekly cleaning to allow for changing bed sheets etc.
- Weekly unassisted shopping
- Lawn mowing service if VHC has a provider in your area
- Personal care three times a week for 30 minutes for assistance with showering, washing hair and getting dressed

Should you need wound care or daily showers then the discharge planner will arrange **Community Nursing**

You may wish to use the services of **Meals on Wheels** or **Caring Cuisine** (see backpage for contact details) for a period while you recover. They offer a broad selection of hot or frozen meals, salads, soups, sandwiches and fruit salad. If you are registered with My Age Care then the meals will be subsidised.

RESIDENTIAL AGED CARE

Moving into residential aged care is an emotionally stressful time on the member and their family. The member may be unwell, there may be guilt and anxiety around whether this is the right move – there are no right or wrong answers – decisions need to be made on whether to sell the family home, there are uncertainties surrounding whether a member can afford a care facility of their choice, and the on-going charges and payments of residential aged care are initially overwhelmingly complex.

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

As mentioned earlier Residential Aged Care are now receiving a rating of 1 to 5 stars by My Aged Care according to four categories namely residents' experience, compliance, staffing and quality measures. These ratings are captured by My Age Care and can be viewed on their website.

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

What are the costs of Residential Aged Care?

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

Care Fees

- **Daily care fee**- everyone pays this fee, and it is calculated at 85% of a single Centrelink pension. Based on current rates this is \$61.96 per day. It covers the cost of your meals, cleaning, washing, and activities to promote socialising
- **Means tested care fee**- in addition to the daily care fee, members may need to pay a means tested care fee. The war widow pension and income support supplement will be included in the calculation of the means tested care fee
- **Additional services fees** may apply for luxuries like a glass of wine at dinner, Foxtel, and Wi-Fi etc. Some providers are only **extra service fee providers**, which means this higher-than-average standard of service is part of the residential aged care accreditation
- There are **annual and lifetime caps** on means-tested care fees. The maximum amount an aged care home can charge you is **\$33,309 per year, or \$79,943 in a lifetime**
- If you are moving from a Home Care Package into an aged care facility, any income-tested care fee you paid while you were receiving care at home will also be counted towards the annual and lifetime cap of the means tested care fees
- My Aged Care has an estimator that **estimates the care fees:**
<https://www.myagedcare.gov.au/fee-estimator>

Accommodation Fees

- Each aged care facility **sets its own accommodation pricing**, depending on factors such as the age and location of the facility and the size of the rooms. The amount you pay for your accommodation depends on your eligibility for government help
- **Government assistance** with accommodation costs is determined by a **means tested accommodation assessment**

There are 3 categories of accommodation based on your means:

- **Fully supported:** based on your income and assets assessment the government will pay the full costs of your accommodation
- **Partially supported:** based on your income and assets assessment the government covers some of the costs of your accommodation and you will be required to contribute the rest.
- **Self Funded:** this means that you pay the total costs of your accommodation

Accommodation Payment Options

Refundable Accommodation Deposit (RAD)

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

Daily Accommodation Payment (DAP)

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

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

A Department of Veterans' Affairs (DVA) client who signs a residential care agreement upon entry into permanent residential aged care can continue to access pensions and benefits from DVA, and also continue to access treatment using their Veteran Card. This includes medical, aids and appliances and allied health treatments. Since 1 October 2022, access has been improved for allied health and aids and appliances following changes to the funding arrangements for residential aged care.

As with any treatment or support provided by DVA, the only caveat is that the service is not already being provided through another government-funded avenue. In this context, if the Residential Aged Care facility is already funded through The Aged Care Department of Health and Aged Care arrangements to provide a service, DVA doesn't seek to duplicate that arrangement. However, if there is a gap in services or support, a DVA client in Residential Aged Care who has a Gold Card or a White Card (where the service or support relates to their accepted condition), can access additional services and supports. An example of this may be where the DVA card holder may require more frequent physiotherapy or podiatry than is available through their aged care facility.

More information about entitlements in residential aged care can be found on the DVA website at www.dva.gov.au/get-support/health-support/care-home-or-aged-care/residential-aged-care/summary-aged-care-services

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

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

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

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

Residential Aged Care and High Care

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

CARER SUPPORT - CARER GATEWAY

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

CARER ALLOWANCE AND CARER PAYMENT

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

Carer Payment

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

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

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

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

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

The amount of the Carer Payment is detailed below:

Pension Rates per fortnight	Single	Couple each	Couple combined	Couple each separated die to ill health
Energy Supplement	\$14.10	\$10.60	\$21.20	\$14.10
Maximum basic rate	\$1,020.60	\$769.30	\$1,538.60	\$1,020.60
Maximum Pension Supplement	\$81.60	\$61.50	\$123.00	\$81.60
TOTAL	\$1,116.30	\$841.40	\$1,682.80	\$1,116.30

Carer Allowance

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

- \$153.50 a fortnight
- Should the member wish to follow this up it may be easiest to arrange a Client Assisted Appointed with Centrelink, this means a staff member from Centrelink will fill in the forms immediately for the client

Companion Card

- The Companion Card is provided by the Queensland Government
- The Companion Card Application Form is available on the Queensland Government Website www.qld.gov.au or call **13 74 68**
- If you have a disability and a lifelong need for 'attendant care support' in order to participate in community activities and attend venues, the Companion Card can help you with the costs of getting out and about with the support of a companion
- Companion Card holders receive a second 'companion' ticket at no charge at participating venues and on public transport. The 'companion' ticket is also exempt from booking fees
- The Companion Card is issued in the name of the person who has a disability, and is valid for 5 years
- A companion is any person who accompanies a cardholder and provides attendant care support. The cardholder's chosen companion may be a paid or unpaid assistant or carer, family member, friend or partner

Companion Card is not income or asset tested. To be eligible for the card, you must:

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

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

GETTING YOUR AFFAIRS IN ORDER

I have recently been discussing with members the documentation needed to get their affairs in order. Besides a Will and an Advanced Health Directive, that I will be providing more information on in future bulletins, the one document that I wish to provide greater information is the Enduring Power of Attorney (EPOA). Many of our members do not have EPOA's or do not know the difference between an Enduring Power of Attorney and a Power of Attorney and Next of Kin.

What is an Enduring Power of Attorney ?

Enduring Powers of Attorney is a document which sets out who you would like to manage your financial and personal affairs should you no longer be able to do so yourself once you have lost capacity to make these decisions for yourself due to illness, an accident or aging related symptoms. The document allows an adult (called "the principal") to appoint someone (called "the attorney") the power to make these decisions on their behalf and how you have specified in the document. It is recommended that everyone over 18 years have such a document.

How is an Enduring Power of Attorney (EPOA) different to a Power of Attorney (POA)?

The 2 main differences are:

- EPOA remains valid even if you lose capacity while POA is only effective while you have capacity. This means that should you have an accident or become ill and lose capacity your POA will no longer be valid and you may need to stay in hospital for months while an application is made to the Queensland Civil and Administrative Tribunal (QCAT) for them to appoint a suitable EPOA. This process is lengthy and costly and may result in a family member being appointed who may not have been your first choice
- An EPOA covers a much wider range of decision-making, including financial, property, legal, lifestyle and health matters. POA can be more limited, depending on your specific instructions

Doesn't my Next of Kin have this power?

No, your Next of Kin does not have the same substitute decision-making powers that you appoint under an EPOA. For example, they cannot legally sign contracts such as the contracts that need to be signed with Residential Aged Care providers.

When does an attorney's enduring power begin?

An attorney must first sign the enduring document to accept their appointment before they can start to make decisions as an attorney. An attorney for personal matters (including health matters) can only make decisions as an attorney when the principal no longer has capacity to make those decisions. An attorney for financial matters can make decisions as an attorney on

the day or in the circumstances specified in the enduring document (or if not specified, the day the enduring power is made) or when the principal no longer has capacity to make those decisions.

Types of decisions

An attorney under an EPOA can make decisions about personal matters (including health care) and/or financial matters, depending on the terms of their appointment. An attorney under an advance health directive can only make decisions about health matters.

Personal matters relate to decisions about the principal's care and welfare, such as where and with whom they live and support services they may need. Personal matters include legal matters that do not relate to the principal's financial or property matters. Health matters are a personal matter and relate to decisions about the principal's health care. Health care includes most medical treatments, procedures and services to treat both physical and mental conditions. Health care also includes treatments aimed at keeping the principal alive or delaying their death (life-sustaining treatments).

Financial matters relate to decisions about the principal's financial or property affairs, including decisions about paying expenses, making investments, selling property (including their home) or carrying on a business.

When does an attorney's enduring power begin?

An attorney must first sign the enduring document to accept their appointment before they can start to make decisions as an attorney. An attorney for personal matters (including health matters) can only make decisions as an attorney when the principal no longer has capacity to make those decisions. An attorney for financial matters can make decisions as an attorney on the day or in the circumstances specified in the enduring document (or if not specified, the day the enduring power is made) or when the principal no longer has capacity to make those decisions.

Who can you appoint?

You can appoint any adult person (18 or over) who is willing to take on this role for you e.g. spouse, adult children, trusted friend or family member. You can appoint more than one person and have them act jointly, or jointly and severally.

What is capacity?

Capacity is a legal term referring to the ability to exercise the decision-making process in relation to a matter. When an adult has capacity to make a certain decision, they are able to: » understand the nature and effect of decisions about the matter » freely and voluntarily make decisions about the matter, and » and communicate those decisions in some way. An attorney appointed for a personal (including health) matter under an enduring document has the power to make decisions for a principal when the principal has impaired capacity for making

a particular decision on a matter. The power for an attorney appointed under an enduring power of attorney for a financial matter to make decisions for a principal, depends on the terms of the document. The power may begin: » immediately » at a particular time or in a particular circumstance, or » when the principal has impaired capacity for the matter.

What decisions can my attorney make on my behalf?

Your attorney can make almost all legal and financial decisions on your behalf that ordinarily only you would be able to make. Your attorney cannot vote for you or change your will, but they can do almost everything else. For example, operate your bank accounts, sell your house, sign contracts on your behalf and so on. For this reason your attorney should be someone that you **trust implicitly** to look after your best interests.

You can specify that financial and personal matters be general or you can outline the types of decisions that the EPOA can make eg. refuse of consent to specific types of health care or prevent them from selling particular assets etc.

Can my attorney do whatever they want with my money and property?

Absolutely not! In accepting their appointment your attorney takes on the highest 'fiduciary duty'. This means:

- they must always act in your best interests
- they must also keep their own money and property separate from yours
- they must keep reasonable accounts and records of anything they do with your money and property
- they cannot gain any benefit from being your attorney
- they must act honestly in all matters concerning your legal and financial affairs

If your attorney breaches this duty, they face serious criminal and civil penalties.

If someone believes that your attorney is not fulfilling this duty, they can make an application to the Queensland Civil and Administrative Tribunal (QCAT) to have the role reviewed. QCAT will audit your attorney's use of the EPOA and revoke or amend it as required.

What happens if I don't have this document in place and I need it?

If you don't have a valid EPOA document in place and you lose capacity, an application will need to be made to QCAT that will appoint a guardian make these decisions for you. This will usually be a family member, not necessarily the family member that you would have chosen, there will be undue costs of having to go through this process and there will be a delay. Should a Gold Card DVA member remain in hospital past the date that they are medically discharged then they will personally be held liable for the cost.

Residential Aged care facilities require an EPOA so should a member need to go into care they may find themselves in hospital for months while a social worker is appointed and the case is taken to QCAT who will decide who the most suitable person is to be their EPOA.

Can I change my mind?

Yes, you can revoke your EPOA at any time as long as you still have capacity. If you have lost capacity and the document requires revoking or amending, an application must be made to QCAT.

When does an EPOA end?

EPOA documents become invalid when you pass away, and the executor of your will then becomes your personal legal representative. Your attorneys cannot legally access your bank accounts or assets after your death.

Long Form EPOA vs short form EPOA

A long form EPOA is used to appoint different attorneys for person (including health) matters and for financial matters while if you are choosing one of more attorneys for financial or personal (including health) or both then a short form EPOA can be used

Where can I get an EPOA?

- EPOA's are available on the Queensland Government website
- Speak to a solicitor

Representations with DVA

Should a family member wish to become a representative with DVA for their mother or father then verbal approvals can be arranged over the phone with both parties giving verbal consent. This allows the representative to enquire about services the member is receiving from DVA. This arrangement can, in some cases, only apply to that call.

DVA and EPOA's

Due to previous legal issues, DVA no longer accept EPOA's on its own. A certified original EPOA needs to be accompanied by a D9325 (Appointing a third party to represent a DVA client), and where applicable an original GP Certificate of Incapacity. The reason DVA provide for having to complete the D9325 are that the EPOA documents are inconsistent between states and lack enough detail for DVA to create an accurate identity record.

A Form d9325 can be lodged via email to: income.support.nar.requests@dva.gov.au or posted to:

Attn: Nominated Representative Requests
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

Representations with Centrelink

Centrelink has a similar form (SS313) called "Authorising a person or organisation to enquire or act on your behalf.

Advanced Health Directive

At some point one may not be in a position to make decisions about your health care, even temporarily. This might be due to an accident, dementia, a stroke or a mental illness.

An advance health directive allows you to provide directions about your future health care, make your wishes known and give health professionals direction about the type of treatment you want or don't want and to appoint someone you trust (an attorney) to make decisions about your health care.

Your advance health directive must be signed by your doctor and by you in the presence of an eligible witness.

In signing the advance health directive, the doctor and witness are certifying that you appeared to have capacity to make the advance health directive.

This form can be downloaded from the Queensland Government website or you are welcome to call the office and request that we post you the document together with the guide on how to complete the form.

Once you have completed the document you may wish to make a double appointment with your doctor.

You may wish to keep the original document on top of the fridge as paramedics are trained to look for a person's Advanced Health Directive here.

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

Sue Hilditch
Wellbeing Program Manager

USEFUL CONTACT DETAILS

AWWQ	07 3846 7706 or 1800 061 945
AWWQ Transport Assistance Program (Lindy Beehre)	0478 398 931
Aged Care Placement Agent (Leona Bonning)	0408 748 341
Beyond Blue	1300 224 636
Caring Cuisine	07 3354 3919
Centrelink (MyGov)	1300 169 468
Crime Stoppers	1800 333 000
Do Not Call Register	1300 792 958
DVA General Enquiries	1800 838 372
DVA Payment and Reimbursement Team	ambphmepi@dva.gov.au
DVA Pharmaceutical line	1800 552 580
DVA Rehabilitation Appliances Program	ambrapge@dva.gov.au
DVA Short-term Crisis Accommodation	1800 011 046
DVA Transport	1800 550 455
Lifeline	13 11 14
Meals on Wheels	1300 909 790
My Aged Care	1800 200 422
Open Arms	1800 011 046 / openarms.clientassist@dva.gov.au
Police / Fire / Ambulance	000
Policelink (Non urgent matters)	131 444
Seniors Enquiry Line	1300 135 500
SES (Flood & Storm Emergency)	132 500
Veterans' Home Care	1300 550 450



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WAR WIDOWS
QUEENSLAND

We support them
because they supported us.

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