PRODUCTIVITY COMMISSION REVIEW INTO COMPENSATION AND REHABILITATION SERVICES FOR VETERANS – SUBMISSION BY DAVID TYMMS

About the author. Military service from 1984 to 2005, multiple DVA claims under VEA, DRCA and MRCA. I am a paraplegic (recognised from military service) and have had extensive experience with dealing with DVA over the past 13 years since discharge. I also provide mentoring services as part of a Spinal Cord support group with Independence Australia, thus exposing me to the compensation and rehabilitation provided by TAC, Workcover VIC and NDIS. I have a very positive attitude and made a successful transition out of the military and I am now fully active and independent in the civilian community.

Assumption. Since the establishment of the War Pensions Act 1914, the Australian Soldiers Repatriation Act 1920 and thru to today's current legislation there has been over 40 (that I could find) government sponsored reviews, hearings and committees into the compensation and rehabilitation services or entitlements for Veterans. Each one of these reviews, hearings and committees acknowledged and upheld the notion of the Unique Nature of Military Service. Therefore, I have assumed that like all its predecessors over the past 100 years, this Review will continue to acknowledge the Unique Nature of Military Service and that the compensation and services provided to Veterans should be equal to all greater than that provided to others.

Scope. My submission intends to address three areas:

- Disparity between DVA and TAC, Workcover VIC, and NDIS service provider payments
- Case Manager Support
- Acts and entitlements

Disparity Between Sponsored Providers

Table 1 below highlights the disparity between what DVA pays service providers and what they can receive from other sources. In all cases the common service providers of Physiotherapists, Occupancy Therapist (OT), and Psychologist can all receive, on average, 50% more for treating non DVA clients. In an environment where Veterans are competing for restrictive services, due to the introduction of NDIS, Veterans are placed at a considerable disadvantage in securing timely support. The freeze on many fees, since 2013, make it non economical for some providers to treat DVA clients. I have personally been told "we are not taking on DVA clients due to the DVA fee structure". And for the past three years I have paid $50 per session out of my own pocket to continue with my current treating Psychologist. Add in the travel component for home visit (DVA approx $0.80/km v Workcover $1.84/km) and the financial discrepancy is further.

> **Recommendation:** Stop the freeze and increase the DVA fees to that commensurate or better than that provided by other organisations.

Organisation	Physio	OT	Psychologist	Travel
TAC	$102.12/hr	$178.76/hr	$162.78/hr	$104.58/hr
Workcover VIC	$114.11/hr	$121.22/hr	$167.33/hr	$1.84/km
NDIS	$148.69/hr	$179.26/hr	$152.95/hr	
DVA	$79.50/hr	$115.30/hr (incl travel)	$101.45/hr	$0.80/km

Table 1. Fee structure[1]

Case Manager Support

Post discharge I was lucky enough to have the same DVA case manager in Melbourne and a local Rehabilitation provider for numerous years. A rapport was established and whilst it took over 5 years to get my conditions accepted, including numerous VRB hearings, I felt my needs were being listen too. This all changed when Rehabilitation and Compensation moved to Adelaide and Case Management was outsourced. Not only did I lose the rapport I had established with the DVA Case Manager my Rehabilitation OT became my pseudo DVA Case Manager working directly to DVA not for me.

This was a conflict of interest as I no longer was entitled to see my Rehabilitation Plan before it was submitted to DVA. My input was now restricted and DVA were making decisions on what the OT thought was best for me, not what I needed or prioritised. To add to the procedure inefficiency, DVA policy changed and there was no longer an internal review process. I was unaware of why decisions were made as I had no access to the Rehabilitation Plan that influenced the DVA decision. Thus my only recourse was to go to the VRB. Coincidently NDIS is now experiencing a similar problem with poorly written and articulated annual plans resulting in an increase in the equivalent of VRB hearings.

Veterans should be entitled to see Rehabilitation Plans before they are submitted. I acknowledge that the Veteran may disagree with an OT assessment but he/she should be aware of the details being submitted to DVA. This would ensure any communication errors could be eliminated prior to submission. My concern is that Rehabilitation Plans had changed from being submitted on behalf of the Veteran, to plans being submitted to aid DVA delegates in their decision making. If DVA had Case Managers then any discrepancy could at least be discussed before a decision is made and possibly avoiding a further 6-8 month delay in going to the VRB.

> **Recommendation:** Bring back DVA Case Workers, make them regional if possible, thus enabling Rehabilitation providers to work for Veterans and avoid any conflict of interest.

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[1] http://www.tac.vic.gov.au/providers/invoicing-and-fees/fee-schedule

https://www.worksafe.vic.gov.au/providers

https://www.ndis.gov.au/providers/pricing-and-payment/201718-price-guide.html#guide

https://www.dva.gov.au/providers/fee-schedules/dental-and-allied-health-fee-schedules

Acts and Entitlements

I consider myself articulate and well read but after 13 years I still find it overly time consuming in finding out what Act and subsequent entitlement a Veteran is entitled to. It would be far simpler to say that a Veteran is entitled to the greater benefit from either of the three Acts. This would also reinforce the notion of the Unique Nature of Military Service and counter the expressed opinion that any new Act will only further erode entitlements. Yes overly simplistic. As the nature and conditions of service change so will any Act, so it can only be expected that any new Act would be subjected to the same changes to the nature of military service as the previous three Acts. But an easier method of finding relevance in each Act is needed.

In this Electronic Age a Veteran, for example, should be able to type in Paraplegia, period of Service, war or non warlike service and a list of relevant compensation and rehabilitation services should then be made visible for he/she to review and access relevance. If not by electronic means, if we had Case Workers, then a DVA representative should provide this. I know I am not the first Veteran to end up in a wheelchair so what did the Veterans falling under the same Act get? Surely this could be provided as a start point with the onus of the Veteran proving relevance with supporting documentation to claim a benefit.

If my Assumption, as listed in my opening, is correct then any Veteran should be no worse off than an individual receiving compensation and rehabilitation under an alternative non Defence system. NDIS has many areas where more current research has been conducted leading to new areas and technologically advances in rehabilitation services. There are too many to list here but a check of the NDIS approved aids and appliances would be a good start. Also the support under NDIS for recreational support services is another good example.

> **Recommendations:** DVA develop an electronic system to provide a guide of what a Veteran may be entitled to, based on a Veteran with similar approved conditions. In the interim, DVA Case Managers should provide a similar service. DVA review NDIS compensation and rehabilitation services to ensure DVA Veterans are not being left behind in a technological advancing world.

Conclusion

The time taken to establish an approved condition is overly complicated and time consuming. The lack of a competitive fee schedule often works against the Veteran and further delays and restricts the access to compensation and rehabilitation services. The lack of dedicated DVA Case Managers requires DVA clients to rely on outsourced providers that now work for DVA not the Veteran. An electronic generated information sheet, based on approved conditions and service, could provide Veterans a great start point for finding out what DVA can provide for them.

Recommendations

The following recommendations are made:

- Stop the freeze and increase the DVA fees to that commensurate or better than that provided by other organisations.
- Bring back DVA Case Workers, make them regional if possible, thus enabling Rehabilitation providers to work for Veterans and avoid any conflict of interest.
- DVA develop an electronic system to provide a guide of what a Veteran may be entitled to, based on a Veteran with similar approved conditions.
- DVA review NDIS compensation and rehabilitation services to ensure DVA Veterans are not being left behind in a technological advancing world.

Thank you for the opportunity to make a submission to the commission. I am more than happy to discuss further the above mentioned issue and any other DVA topics. I would also welcome the opportunity to discuss these issues with you at a public hearing.

David Tymms