

PRODUCTIVITY COMMISSION DRAFT REPORT 2018

A BETTER WAY TO SUPPORT VETERANS

RESPONSE BY BRAD BAUER 21/03/2019

With reference to the TPI FEDERATION AUSTRALIA Rehabilitation Appliance Services Review of July 2018 particularly item (d) at the Conclusion of that document. I am unaware whether items a, b, or c have been addressed. If not they need to be reinstated.

I recommend that the VEA Home and Garden Maintenance be reintroduced.

It would appear from this document (RAS Review) that that entitlement was removed sometime after 2012. Many of those issues are addressed in the Fact Sheet HCS01. In this document (Fact Sheet) under the heading "Safety-related Home and Garden Maintenance where pruning, grass cutting or weeding can be done (only, where a hazard exists)". I suggest that it is a personal hazard for an aged Veteran, particularly one with disabilities, to attempt to address some of these activities, particularly mowing. It is Government Policy to try to keep the aging population (Veterans in this case) in their own home for as long as they are able, with assistance. This is one area that can assist in doing just that.

I refer to the **KEY POINTS** of the Productivity Commission Draft Report 2018 the following section:

This will require new governance and funding arrangements.

- A single Ministry for Defence Personnel and Veterans should be established
- A new independent statutory agency – the Veteran Services Commission should be created to administer and oversee the performance of the veteran support system.
- DVA's policy responsibility should be transferred to the Department of Defence with a new Veterans Policy Group.

I suggests that the Department of Veteran Affairs be retained as the only agency dealing with Veterans. It will need to be revamped to deal with the current issues facing Veterans. However that Agency should be totally independent and not tied to the Department of Defence in any way. The reason for this is that the Department of Defence was our employer at the time when we incurred our injuries and subsequent problems arising from that employment. For that reason there would be no suggestion of influence in any decision on the supply of the support, needs and entitlements of Veterans. Consequently the Department of Veteran Affairs will need the funding to implement those decisions.

The current system should be simplified by: continuing to make the system easier for clients to access (a complex system does not need to be complex for users), rationalizing benefits, harmonizing across the Acts (including a single pathway for reviews of decisions, a single test for the liability and common assessment processes), and moving to two compensation and rehabilitation schemes by July 2025.

- Scheme 1 should largely cover an older cohort of Veterans with Operational Service and injuries that occurred before 2004, based on a modified Veterans' Entitlements Act 1986 (VEA).
- Scheme 2 should cover all other Veterans, based on a modified *Military Rehabilitation and Compensation Act 2004* (MRCA), and over time will become the dominant scheme.

I agree that the system should be simplified. In my opinion there should never have been additional and separate Acts, MRCA and SRCA. All that needed to happen was to modify or add to the Veterans Entitlement Act. There should never have been separate Legislation for different Conflicts because the injuries from War Service are the same whatever the Deployment. They are either physical or mental or combinations of both. Therefore treatment, support and entitlements should be the same. The only difference today is that we have improved technology in every sphere of life. Consequently there is no need for complex systems, just improved processes.



The Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen & Women Ltd
(Incorporated in the ACT)

TPI FEDERATION AUSTRALIA

"Disabled in our Service, United in our Cause"

Rehabilitation Appliance Services Review

INTRODUCTION

This paper addresses the needs of Totally & Permanently Incapacitated Ex-Servicemen & Women (TPIs) in the provision of Rehabilitation Appliance Programs (RAP).

In general, the many RAP facilities are well received and utilised by TPIs. Unfortunately, the provision of hearing aids is not within the scope of this review as inadequacies of this provision is of great concern to the TPI Federation.

MyAgedCare

The larger percentage of the TPI cohort of the aged fraternity and as such many are involved with the MyAgedCare system within Department of Health. There are many issues within the MyAgedCare system where the lack of provision to TPIs of the benefits and entitlements that the TPIs had prior to entering the MyAgedCare system, to which they no longer have available to them after entering MyAgedCare.

Of particular note are the supply of incontinence products that are now controlled by the MyAgedCare facility. The TPI Federation has been advised that these products are supplied on a needs basis and therefore should be the same as that supplied before entry into Aged Care.

The TPI Federation recommends to the Review that the Department of Veterans' Affairs monitor the supply of RAP provisions so that it becomes obvious when the supply of products have being reduced. The comparison of supply when at home as opposed to when in Aged Care should be nil. The TPI Federation contends that this would be a more preferred proactive monitoring of the care that the aged Veteran should be receiving.

This should occur for any regular RAP supplies that the Veteran was receiving when at home.

Diabetes Australia

The TPI Federation requests that the RAP Review consider adding the supply of the Diabetes monitors to the list of RAP provisions for the DVA Clients. Should a GP or Specialist request DVA to supply such a monitor (whether the client is a diabetic or not) then that should be the only requirement for the supply of the monitor.

The TPI Federation contends that a proactive monitoring of the DVA client's sugar levels could save health costs in the long term. The TPI Federation is aware that Diabetes Australia does not acknowledge a borderline case of a patient who needs to monitor their sugar levels just to maintain that borderline level. Ultimately, this would save costs to the health budget.

Diabetes Australia also has issues with supplying lancets and the lancets and needle disposal bins at no cost. DVA clients have been charged for these as separate items, followed then by having to request DVA to reimburse them for the cost. The more cost effective manner would be to allow the provision of these items (as they are an essential item for monitoring sugar levels and dispensing insulin) without further inconvenience to DVA or the Veteran.

Treatment Principles

The objectives of the Review are stated as –

"to ensure that DVA's rehabilitation appliance services continue to be appropriate, effective and efficient in meeting the clinically assessed or agreed rehabilitation needs of the veteran community. These services also need to be flexible and responsive in catering for the needs of all DVA clients, regardless of age."

The TPI Federation brings to the attention of the Review panel the average age of the VEA clients is 85.9. with 86% of them being over the age of 75 as indicated in Figure 1 as per the Department's own statistics from the Pension Summary Report March 2018. It is safe to assume that the majority would still be in their own home.

In 2012 the DVA Treatment Principles still included an Home and Garden Maintenance service for the VEA clients. This provision stated –

the Veterans' Entitlements (Treatment Principles – Removal of Prior Approval/New Dental Providers/Coordinated Care Adjustment) Instrument 2012 (No. R27/2012) (F2012L02309)

*Prepared by the Legal Services & Assurance Branch,
Department of Veterans' Affairs, Canberra.*

"Home and Garden Maintenance" means the service, under the Veterans' Home Care Program, of maintaining the home, garden or yard of an entitled person, and includes:

- (a) assistance with minor maintenance and minor repair of the home (e.g changing light bulbs, minor carpentry, minor painting, replacing tap washers, but not the supply of replacement items), garden or yard to keep the home, garden or yard safe and habitable;*
- (b) lawn mowing;*

but does not mean:

- (c) tree felling or tree removing or other major tasks related to a garden or yard;*
- (d) provision of materials.*

The TPI Federation is not aware of when this provision was removed from the VEA Legislation but it is known that the Government did not enable the provision of these services due to cost limitations. With the provision of Home Care Packages by the Government, it is now more important that the elderly stay at home for as long as possible. This ultimately saves the Government money.

Based on this latest initiative with the MyAgedCare system, the TPI Federation requests that the Home and Garden Maintenance program be reintroduced into the Treatment Principles

Chart 2: Disability Pensioners by State and by Age - March 2018

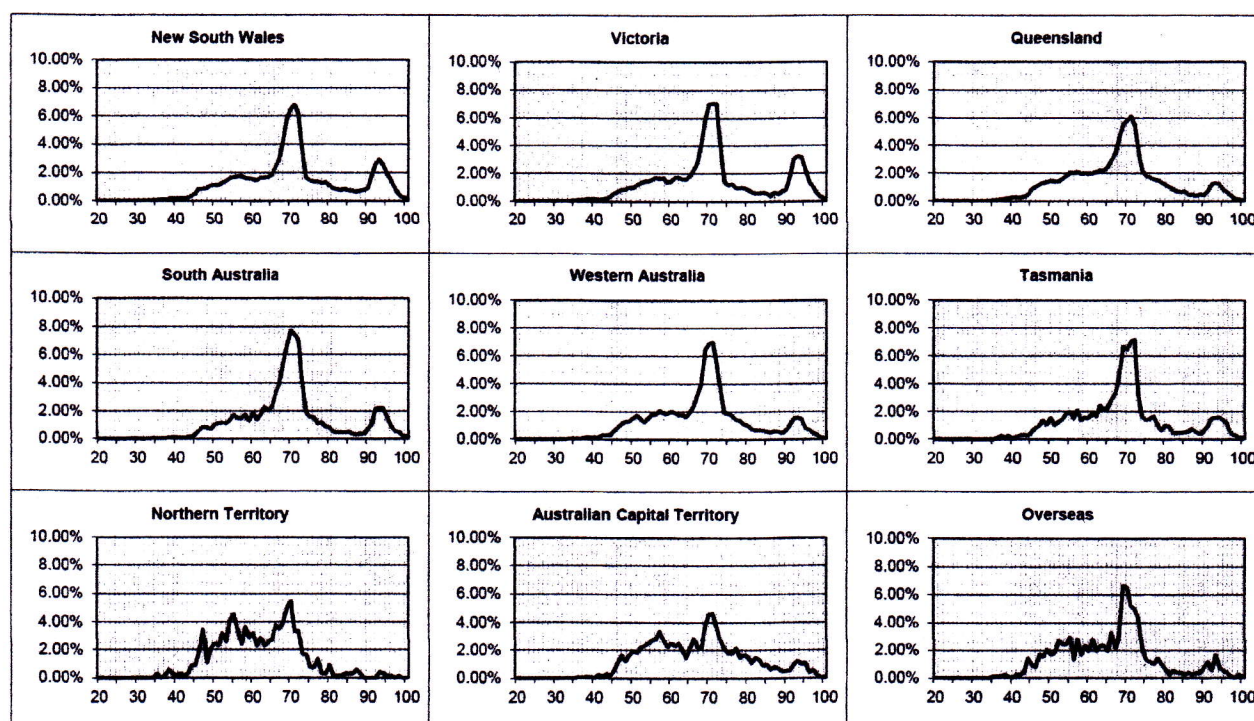


Figure 1

The Home and Maintenance program is available to the younger Veterans covered by MRCA but is denied to the VEA clients. To deny the more elderly Veterans is discriminatory and neglectful.

The TPI Federation asks that the Uniqueness of Military Service should, and must, guarantee full and equal services to all Veterans.

In a recent article of Camaraderie Vol 49 No 2 the *Unique Nature of Military Service* was described as –
'Australia is a signatory of the Universal Declaration of Human Rights (United Nations – 1948), Article 3 states: "Everyone has the right to life, liberty and security of person."

But ADF men and women do not. Their "life, liberty and security of person" is in the hands of the State. That's unique. No other calling, occupation or profession – including police and emergency services – is required to surrender these rights, although some do so voluntarily.'

The same article contends that –

'Support for serving and former ADF men and women must be as unique as their service is unique. It is inappropriate, indeed dangerous, to attempt 'normalising' support to community standards.

Military Service is fundamentally unique. The reciprocal obligation this places on the State is a s inescapable as it is enduring'

These two statements should be the main consideration in promoting the ideals that the Veteran community is trying to instil in the Government and all of the Government's Departments

Conclusion

The TPI Federation requests that consideration be given to the services provided through DVA and other agencies, and that consideration be given to the above proposals –

- a. Incontinence Services delivered through MyAgedCareDelivered through DVA and other agencies.
- b. Diabetic monitoring provisions be granted to borderline Diabetics
- c. Provision of Diabetic peripheral equipment to Veterans without the need for additional red tape requirements.
- d. The reintroduction of the VEA Home and Garden Maintenance program.



Australian Government

Department of Veterans' Affairs

Factsheet HCS01 - Veterans' Home Care

Purpose

This Factsheet provides information about the Veterans' Home Care Program including who is eligible and how to access it.

What is Veterans' Home Care?

Veterans' Home Care (VHC) is a DVA program designed to assist eligible DVA clients who need a small amount of practical help to continue living independently in their own home. Services include Domestic Assistance, Personal Care, Respite Care, and safety-related Home and Garden Maintenance. VHC is not designed to meet complex or high-level care needs. The VHC Program also assists carers in recognition of the vital role they play in the veteran and defence community.

Limited, short term Social Assistance may also be provided as part of the Coordinated Veterans' Care (CVC) Program. Please refer to Factsheet [HSV101 Coordinated Veterans' Care Program](#) for more information.

Am I eligible to receive VHC services?

Eligible DVA clients who have a Gold Card or White Card are eligible for an assessment for VHC services.

Eligible DVA clients who have eligibility under the *Veterans' Entitlements Act 1986* (VEA) and partners or dependants who have eligibility under the *Military Rehabilitation and Compensation Act 2004* (MRCA) are eligible to be assessed for all VHC Services.

However, the following DVA clients are only eligible to receive some VHC services:

- British Commonwealth and Allied (BCAL) veterans with a White Card are eligible for VHC respite care only.
- Members who have service-related disabilities accepted under the MRCA and/or the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) and are eligible to receive:
 - some Household Services (refer to Factsheet [MRC42 Household Services](#)) but may not receive Domestic Assistance and/or safety-related Home and/or Garden Maintenance; and/or
 - Attendant Care (refer to Factsheet [MRC41 Attendant Care](#)) but may not receive Personal Care.

For more information please call your VHC Assessment Agency on 1300 550 450[^] to discuss your eligibility, as it may vary from what is outlined in this Factsheet.

How do I apply?

You can ring your VHC Assessment Agency on 1300 550 450. Other persons can also refer you to the VHC Assessment Agency with your consent, such as family members, carers, friends, General Practitioners or Local Medical Officers and hospital discharge planners.

Following the referral, you must undertake an assessment by a VHC assessor. Most assessments are done over the phone. The VHC assessor will discuss your circumstances with you to identify the range of services you may need.

Following the assessment, the services you need will be detailed in a Care Plan and sent to you and a VHC Service Provider. The VHC Service Provider will call you to discuss a suitable time to provide their service(s).

What services may I receive through the VHC program?

Personal Care

Personal Care includes assistance with daily self-care tasks that a person is unable to do for themselves. Services may include assistance with:

- showering, bathing, toileting;
- dressing, grooming;
- eating;
- application of non-medicated skin care creams and lotions;
- putting on compression stockings, protective bandaging, splints and callipers.
- getting in and out of bed; and
- moving about the house.

Respite Care

Respite Care relieves a carer who provides ongoing care to another person who is severely incapacitated or frail. These services enable the carer to have a break from the caring role. Respite care may be provided to someone who is:

- a carer of an entitled person;
- an entitled person who is a carer; or
- a self carer (for residential respite only).

Respite services include:

- In-home Respite Care;
- Residential Respite Care; or
- Emergency Short-Term Home Relief (ESTHR).

For more information, please refer to Factsheet [HSV06 Respite Care and Carer Support](#).

Domestic Assistance

Domestic Assistance provides support with basic household tasks in line with an assessed need. Services may include:

- internal house cleaning like dishwashing, vacuuming and mopping, bed making and linen changing, clothes washing and/or ironing;
- some assistance with meal preparation (but not total preparation of meals);
- bill paying and unaccompanied shopping; and
- collection and/or cutting of firewood in rural and remote areas.
- chopping/splitting, moving and/or stacking of firewood located on your property in a rural and remote area.

Safety-related Home and Garden Maintenance

Safety-related Home and Garden Maintenance services are designed to keep the home safe by minimising hazards. Services include minor tasks that could be done by a handyman such as:

- 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;
- minor home maintenance (e.g. cupboard door adjustment);
- **pruning, grass cutting or weeding (only where a safety hazard exists);**
- clearing of debris following natural disasters;
- chopping/splitting, moving and/or stacking of firewood located on your property in a rural and remote area and;
- one-off garden clean ups in specific circumstances where a safety hazards exists (eg. Fire reduction, mobility limitations).

Safety-related Home and Garden Maintenance services do not include major repairs or services requiring a qualified tradesperson, including for example, gutter replacement, major landscaping or garden tasks such as tree lopping or tree felling/removal.

Garden tasks such as lawn mowing and pruning can only be undertaken if an environmental health or safety hazard exists. Routine, cosmetic or ornamental gardening services such as weeding, maintaining flower beds, regular lawn mowing, or pruning of roses **are not** available under this service.

Are there limits to each service I can receive through the VHC program?

Personal Care

Dependent on your assessed needs, you may have up to one-and-a-half hours per week from the VHC Program. If you have long term higher level personal care needs, the VHC Assessment Agency may refer you to DVA's Community Nursing Program. For more information please refer to Factsheet [HSV16 Community Nursing Services](#).

Respite Care

In any one financial year, DVA will fund for up to 196 hours of In-Home Respite Care or 28 days of Residential Respite Care, or a combination of both. For Australian former Prisoners of War and Victoria Cross recipients, DVA will pay for 63 days of Residential Respite Care. In addition, there are up to 216 hours of ESTHR available. The VHC Assessment Agency can confirm the number of hours available and they can be contacted on 1300 550 450.

If you require more information, please refer to Factsheet [HSV06 Respite Care and Carer Support](#).

Domestic Assistance

There are no strict limits for Domestic Assistance as it depends on your assessed needs, taking into account the VHC Program is not designed to meet complex or high-level care needs. The service is provided on a weekly or fortnightly basis, dependent on your assessed needs.

Safety-related Home and Garden Maintenance

You may have up to 15 hours in a 12 month period. The service is based on your assessed needs, so you will not automatically be entitled to 15 hours.

How much do these services cost?

Co-payments apply and are a contribution towards the cost of providing the services.

Costs per service

Service	Cost Per Hour	Capped Amount
Domestic Assistance	\$5 per hour	Maximum \$5 per week
Personal Care	\$5 per hour	Maximum \$10 per week
Social Assistance	\$5 per hour	Maximum \$5 per week
Safety-related Home and Garden Maintenance	\$5 per hour	Maximum \$75 in a 12 month period
Respite Care	No co-payment	N/A

If you are having difficulties paying the co-payment, please contact DVA on 1800 555 254, or refer to Factsheet [HCS05 Waiver of Copayments for Veterans' Home Care Services](#).

If you are receiving safety-related Home and Garden Maintenance services, you may have to cover the cost of supplies like batteries (for smoke detectors) or light globes. Other costs, such as rubbish dumping fees to remove garden rubbish, may also be charged. You must agree to these additional payments with the VHC Service Provider before they start work.

What do I do if I am unhappy with my VHC service?

You should contact your VHC Service Provider on the contact number they provide on your Care Plan as soon as possible if you have any concerns about the services you are receiving. Clients also receive a VHC services client and responsibilities sheet, which includes additional details. It is also available on DVA's website at www.dva.gov.au/sites/default/files/files/providers/vhc_sccr.doc

Will VHC services continue following the death of a veteran?

If a veteran dies, and at the time of death the veteran was receiving Domestic Assistance and/or safety-related Home and Garden Maintenance, an eligible person who lived with the veteran immediately before the veteran's death, may continue to receive these services for a period of up to 12 weeks following the death.

People who may be eligible for continuation of services are:

- a spouse of the deceased veteran; or
- a child of the veteran; or
- an adult child of the veteran with a serious disability; or
- an adult child of the veteran who was a full-time carer of the veteran immediately prior to the veteran's death.

If a claim for war widow/widower pension is lodged during this 12 week period, the above services may be continued past the initial 12 weeks until DVA notifies the VHC Assessment Agency of the claim determination date. If war widow/widower status is granted, the war widow/widower is assessed for services in their own right. However, if a claim is not lodged within the 12 week period, the services will not continue.

In relation to VHC services continuing following the death of a war widow/widower or dependant please contact your VHC Assessment Agency on 1300 550 450^.

Other Government services

The Department of Health's Home Care Packages Program or the Commonwealth Home Support Programme (CHSP) or the Home and Community Care (HACC) Program (Western Australia) may provide additional assistance not available under the VHC Program.

These programs are not funded by DVA and could have additional costs associated with this care.

For more information on these programs, please telephone the My Aged Care national contact centre on 1800 200 422* or visit the My Aged Care website at www.myagedcare.gov.au

More Information

DVA General Enquiries

Phone: 1800 555 254 *

Email: GeneralEnquiries@dva.gov.au

DVA Website: www.dva.gov.au

Factsheet Website: www.dva.gov.au/factsheets

* Calls from mobile phones and pay phones may incur additional charges.

^ Call from a landline telephone as calls from mobile phones cannot be connected directly to a VHC Assessment Agency.

Related Factsheets

- [HSV06 - Respite Care and Carer Support](#)
- [HCS10 - Coordinated Veterans' Care - Social Assistance](#)
- [HSV101 - Coordinated Veterans' Care](#)
- [HSV16 - Veteran - Community Nursing Services](#)
- [HSV60 - Repatriation Health Card – For All Conditions \(Gold\)](#)
- [HSV61 - Repatriation Health Card – For Specific Conditions \(White\)](#)
- [HCS05 - Waiver of Co-payment](#)
- [MRC42 - Household Services](#)
- [MRC41 - Attendant Care](#)

Disclaimer

The information contained in this Factsheet is general in nature and does not take into account individual circumstances. You should not make important decisions, such as those that affect your financial or lifestyle position on the basis of information contained in this Factsheet. Where you are required to lodge a written claim for a benefit, you must take full responsibility for your decisions prior to the written claim being determined. You should seek confirmation in writing of any oral advice you receive from DVA.

Last updated 14 December 2018

Key points

- The veterans' compensation and rehabilitation system is not fit-for-purpose — it requires fundamental reform. It is out-of-date and is not working in the interests of veterans and their families or the Australian community.
- The system fails to focus on the lifetime wellbeing of veterans. It is complex (legislatively and administratively), difficult to navigate, inequitable, and it is poorly administered (and has been for decades), which places unwarranted stress on claimants. Some supports are not wellness focused, some are not well targeted and others are archaic, dating back to the 1920s.
- In 2017-18, the Department of Veterans' Affairs (DVA) spent \$13.2 billion supporting about 166 000 veterans and 117 000 dependants (about \$47 000 per client). And while the veteran support system is more generous overall than workers' compensation schemes for civilians, money alone does not mean it is an effective scheme.
- The system needs to focus on the wellbeing of veterans over their lifetime. This means more attention to prevention, rehabilitation and transition support, which in turn will produce better outcomes for veterans, their families and the Australian community.
- To achieve this focus, the system needs to be redesigned based on the best practice features of workers' compensation and contemporary social insurance schemes.
- This will require new governance and funding arrangements.
 - A single Ministry for Defence Personnel and Veterans should be established.
 - A new independent statutory agency — the Veteran Services Commission — should be created to administer and oversee the performance of the veteran support system.
 - DVA's policy responsibility should be transferred to the Department of Defence within a new Veterans Policy Group.
 - An annual premium to fund the expected costs of future claims should be levied on Defence.
- Responsibility for preparing serving veterans for, and assisting them with, their transition to civilian life should be centralised in a new Joint Transition Command within Defence.
- DVA's recent Veteran Centric Reform transformation program is showing early signs of success. It should continue to be rolled out to mid 2021 as planned, but adjusted where necessary to accommodate the proposed reforms.
- The current system should be simplified by: continuing to make the system easier for clients to access (a complex system does not need to be complex for users), rationalising benefits, harmonising across the Acts (including a single pathway for reviews of decisions, a single test for liability and common assessment processes), and moving to two compensation and rehabilitation schemes by July 2025.
 - Scheme 1 should largely cover an older cohort of veterans with operational service and injuries that occurred before 2004, based on a modified *Veterans' Entitlements Act 1986* (VEA). Scheme 2 should cover all other veterans, based on a modified *Military Rehabilitation and Compensation Act 2004* (MRCA), and over time will become the dominant scheme.
- The way treatments and supports are commissioned and provided to veterans and their families also needs to change. There needs to be more proactive engagement with clients and providers and better oversight of outcomes.
- The recent decision to expand non-liability coverage to mental health care was a positive one, however, the Veteran Mental Health Strategy needs to be updated urgently with specific attention to suicide prevention and access to supports for veterans.