



**Australian Government**

**Department of Health and Ageing**

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# **Eligibility Guidelines**

**Dementia and Cognition Supplement**

**Dementia and Severe Behaviours Supplement**

**Veterans' Supplement in Residential Care**

**Veterans' Supplement in Home Care**

**August 2013**

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## 1. Introduction

These Guidelines describe the eligibility requirements that Approved Providers will need to meet to claim the Dementia and Cognition, Dementia and Severe Behaviours, and Veterans' Supplements that apply from 1 August 2013.

Under the *Living Longer Living Better (LLLB)* Aged Care reforms announced in April 2012, the following new supplements will be implemented in the Home Care Packages Program and Residential Care from 1 August 2013:

- the Dementia and Cognition Supplement in home care;
- the Dementia and Severe Behaviours Supplement in residential care; and
- the Veterans' Supplements in home care and residential care for service related mental health conditions.

Approved Providers are able to claim the supplements on top of the basic subsidies for care recipients who meet the relevant eligibility criteria.

The supplements will also be provided on top of the base level subsidy in Transition Care, the Multi-Purpose Services Program, the Innovative Care Program and the Aboriginal and Torres Strait Islander Flexible Aged Care Program.

For the first time, specific funding will be provided for dementia care in all levels of Home Care, as well as for veterans with a mental health condition associated with their service. Home Care Program package recipients may attract either the Dementia and Cognition Supplement or the Veterans' Supplement from 1 August 2013 at a rate of 10 % of the basic subsidy payable for each level of Home Care Program Package.

The Dementia and Severe Behaviours Supplement in residential care provides funding for those residents with severe behavioural and psychological symptoms associated with dementia or other conditions. Funding is provided on top of the basic subsidy delivered through the Aged Care Funding Instrument (ACFI) in recognition that it does not fully capture the cost of care needs of residents exhibiting these severe and complex behaviours.

Approved Providers of residential care may also receive a Veterans' Supplement to facilitate access to residential care for veterans with service related mental health conditions to ensure their service related mental health condition does not act as a barrier to accessing appropriate care.

### 1.1. Development of the Guidelines

The Guidelines were developed in consultation with the Dementia and Veterans' Supplements Working Group made up of clinicians, service providers and consumer advocates. Clinical advice was also sought from experts in psychogeriatric care and old age mental health. Subsequently, a public consultation was held in May 2013 and 45 submissions were received and have been used to assist in the development of these Guidelines.

## 1.2. Further information

The Guidelines are primarily for use by Approved Providers of Home Care Program Packages and residential care to assist them in claiming the supplements, although they have been written with a broader audience in mind.

The Guidelines, contact information and Fact Sheets for Approved Providers are available on the [Living Longer Living Better website](#)<sup>1</sup>.

Information and resources about Dementia care and management of severe behavioural and psychological symptoms can also be found on [www.health.gov.au/dementia](http://www.health.gov.au/dementia)

From 1 July 2013, older people, their families and carers can access the **My Aged Care** website at [www.myagedcare.gov.au](http://www.myagedcare.gov.au) or ring **1800 200 422**, for information about aged care services.

## 1.3. Evaluation of the Supplements

The effectiveness of the supplements in meeting the care needs of eligible care recipients and the impact on Approved Providers will be evaluated after the first year of operation.

The evaluation will assess:

- the effectiveness and appropriateness of the assessment tools used to assess eligibility for the supplements; including how well they are being applied, their ease of use, and the scores used to determine eligibility;
- the effectiveness of the supplements in improving care outcomes in residential care, home care and other relevant aged care programs; and
- any other issues raised in the consultation process.

An advisory group will assist in the evaluation. Information about the group and the progress of the evaluation will be updated regularly on the [Living Longer Living Better website](#).

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<sup>1</sup> [www.LivingLongerLivingBetter.gov.au](http://www.LivingLongerLivingBetter.gov.au)

## 2. The Dementia and Cognition Supplement in Home Care

Specific funding in the form of a supplement will be provided for care recipients with cognitive impairment, including dementia, for *all* levels of the Home Care Packages Program.

The level of the supplement is linked to the level of the Home Care Package that the care recipient is receiving. The supplement will be paid at the rate of ten per cent of the basic subsidy amount payable for each of the 4 Home Care levels. Changes to subsidy and supplement amounts (with indexation) usually take effect from 1 July each year.

This section of the Guidelines should be read in conjunction with the Home Care Packages Program Guidelines which can be accessed on the [Living Longer Living Better website](#). The Home Care Packages Program Guidelines provide more detailed information about the new home care arrangements, including matters that are relevant to the Dementia and Cognition Supplement, such as home care subsidy levels, care planning and review processes, how the supplement should be included in the individualised budget, and the impact of taking leave on the payment of the supplement.

### 2.1 Eligibility criteria

The Approved Provider has responsibility for ensuring an assessment of cognitive impairment is undertaken and documented prior to claiming the Dementia and Cognition Supplement.

A care recipient may attract the Dementia and Cognition Supplement if they meet one of the following requirements:

- an assessment has been conducted in accordance with the *Psychogeriatric Assessment Scales (PAS)* by a registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner; resulting in a score of 10 or more; or
- the person is from a culturally or linguistically diverse background and an assessment has been undertaken in accordance with the *Rowland Universal Dementia Assessment Scale (RUDAS)* by a registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner, resulting in a score of 22 or less; or
- the person is an Aboriginal person, or a Torres Strait Islander, living in a rural or remote area; and an assessment has been undertaken in accordance with the *Kimberley Indigenous Cognitive Assessment (KICA-Cog)* by a health practitioner trained in its use resulting in a score of 34 or more<sup>2</sup>. Note that this tool has been specifically designed for older Indigenous Australians in remote communities aged 45 and older.

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<sup>2</sup> A health practitioner as regulated by the AHPRA [www.ahpra.gov.au/](http://www.ahpra.gov.au/)

These tools can be accessed <http://www.dementia-assessment.com.au/> . More information about application of the KICA-COG can also be found on <http://www.wacha.org.au/>

Once a care recipient has become eligible for the Dementia and Cognition Supplement, they will not need to be reassessed.

Where a veteran meets the eligibility criteria for both the Veterans' Supplement and the Dementia and Cognition Supplement in home care, the Approved Provider will only receive the Veterans' Supplement. (see Section 3).

## 2.2 Incorporating clinical information

A diagnosis will not be accepted in lieu of the required assessment for the purposes of claiming the supplement.

However, an accurate diagnosis is important to ensure a comprehensive and integrated care plan is implemented for the care recipient. Approved Providers should make every effort to encourage care recipients to seek a medical diagnosis if one does not already exist. Information about efforts to obtain a diagnosis should be recorded as part of the care plan and could include notes detailing discussions with the care recipient, their family carers and their clinicians.

## 2.3 Transition arrangements for EACHD care recipients from 1 August 2013

From 1 August 2013, as part of the *Living Longer Living Better* aged care reforms, all existing allocations of Community Aged Care Packages (CACPs) and Extended Aged Care at Home (EACH) packages will convert to Home Care Level 2 and 4 packages, respectively. Further details are available in the Home Care Program Package Guidelines on:

[www.LivingLongerLivingBetter.gov.au](http://www.LivingLongerLivingBetter.gov.au)

Extended Aged Care at Home Dementia (EACHD) packages will convert to Home Care Level 4 packages, plus a Dementia and Cognition Supplement will also be paid to the Approved Provider. Existing EACHD care recipients do not need to be reassessed in order to be eligible for the Dementia and Cognition Supplement.

To ensure that existing EACHD care recipients (ie, those receiving an EACHD package on 31 July 2013) continue to receive the same level of funding plus indexation, there will be a Top-up Supplement for existing EACHD care recipients. This will apply from 1 August 2013.

The EACHD Top-up Supplement will be paid automatically to the Approved Provider in respect of the eligible care recipient.

If the care recipient moves to a different home care provider after 1 August 2013, the EACHD Top-up Supplement can continue to be paid to the new provider in respect of the care recipient, as long as the period between ceasing the former package and commencing the new package is not more than twenty-eight days.

If the care recipient takes up a Home Care Level 4 package with a different home care provider *after more than* 28 days, the Dementia and Cognition Supplement will be paid, but the care recipient will no longer attract the EACHD Top-up Supplement.

Care recipients who were approved for an EACHD package on or before 31 July 2013 but have not yet commenced with a home care provider will be eligible for a Home Care Level 4 package plus the Dementia and Cognition Supplement, but will not attract the EACHD Top-up Supplement.

## 2.4 Applying for the supplement

For existing EACHD care recipients, there is no need for the Approved Provider to apply for the Dementia and Cognition Supplement. They will be paid automatically.

For all other care recipients, Approved Providers need to apply for the Dementia and Cognition Supplement in home care in respect of the eligible care recipient using the Department of Human Services (DHS) application form for the supplement. On this form, Approved Providers will certify that they understand the eligibility requirements as described in these Guidelines.

From 1 August 2013, this form can be found at:

<http://www.medicareaustralia.gov.au/provider/aged-care/forms.jsp>

The application for the Dementia and Cognition Supplement must be submitted to DHS within 56 days of determining eligibility. If the application is received more than 56 days after eligibility, the supplement will be paid from the date that is 56 days prior to the date of receipt of the application.

The Dementia and Cognition Supplement is only payable when the Approved Provider is eligible for subsidy for the relevant Home Care Package .

The Dementia and Cognition Supplement will be calculated daily and paid to the Approved Provider on a monthly basis.

For more information about payments, ring DHS on **1800 195 206**.

### 3. The Veterans' Supplement in Home Care

The purpose of the Veterans' Supplement in home care is to ensure that a veteran's service related mental health condition/s does not act as a barrier to either accessing these services, or continuing to receive the appropriate type/s and level of care for their specific needs. The Veterans' Supplement in home care recognises that additional funding may be required to deliver appropriate services through Home Care Packages to veterans with accepted, service related mental health conditions. The supplement, worth ten per cent of the basic subsidy amount of their Home Care Package, will be paid directly to the Approved Provider.

#### 3.1 Eligibility criteria

Eligibility for the Veterans' Supplement in home care is determined by DVA. A veteran who has a mental health condition which DVA has determined is related to their service and who is receiving a Home Care Package will attract the Veterans' Supplement. Where a veteran meets the eligibility criteria for both the Veterans' Supplement and the Dementia and Cognition Supplement in home care, the Approved Provider will only receive the Veterans' Supplement. There is no requirement for ongoing assessment of eligibility. Once an eligible veteran or their legal representative has provided the required consent for information about their eligibility to be given to their Approved Provider, payment will continue while the Home Care Package is payable.

#### 3.2 Automatic Payment for Eligible Veterans

Approved Providers do not need to submit a claim for the Veterans' Supplement in home care. DVA and the Department of Human Services, which is responsible for payment of the supplements, will match information to determine eligibility. Once a veteran or their legal representative has provided the required consent for information about their eligibility to be given to their Approved Provider, payment to their Approved Providers will be automatic, backdated to the date the supplement came into effect, or the date of entry into care, or the date the care recipient became eligible for the supplement, whichever is the latest date.

An Approved Provider will be advised they are receiving the Veterans' Supplement for a recipient of home care on the payment advice from DHS. This advice will not include any information about the nature or severity of the mental health condition due to privacy considerations. It is nevertheless expected, that as part of their obligations under the *Aged Care Act 1997* Approved Providers will determine care recipient care needs through appropriate assessment and care planning.

#### 3.3 Transition arrangements from 1 August 2013

Eligible veterans who are receiving the EACHD package on 31 July 2013 will automatically transfer to a Level 4 Home Care Package plus the Veterans' Supplement. They will also receive a Top-up Supplement to ensure they continue to receive the same level of funding (plus indexation). The arrangements will be the same as those described for non-veterans in Section 2.3.

#### **4. Supplementation in Other Aged Care Programs**

Supplementation will also be available for services delivered under the Transition Care, Multi-Purpose Service, National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs.

The purpose of this supplementation is to provide additional financial assistance to Approved Providers in recognition of the additional costs associated with caring for people:

- with cognitive impairment (including dementia) in home care settings;
- severe behaviours (including dementia) in residential care settings; and
- who are veterans (in both home care and residential care settings) with a mental health condition accepted by DVA as being associated with their service.

In Transition Care, funding will be based on a calculation of the number of people in Transition Care who are estimated by the Department of Health and Ageing to be eligible for the supplements, multiplied by the value of the supplement that a Level 4 Home Care Package attracts. This additional funding will then be distributed evenly across all Transition Care places.

In Multi-Purpose Services and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, supplementation will be based on a calculation of the number of care recipients and residents receiving the equivalent of community care or residential care who are estimated by the Department of Health and Ageing to be eligible for the supplements, multiplied by the value of the supplement. This additional funding will be distributed evenly across all funded places.

Under the Innovative Care Ageing in Place Program, an eligible resident who is assessed as having cognitive impairment, or is a veteran with a mental health condition accepted by DVA as being associated with their service, will attract either the Dementia and Cognition Supplement or the Veterans' Supplement. Eligibility will be assessed using the same criteria as the Home Care Packages. The value of the supplement will be set at the value of the supplement that a Level 2 or Level 4 Home Care Package attracts, depending on whether the care recipient is receiving low care or high care services.

Approved Providers in these programs will also be expected to participate in the evaluation of the supplements during the first year of operation (see section 1.3).

## 5. The Dementia and Severe Behaviours Supplement in Residential Care

This information about the Dementia and Severe Behaviours Supplement should be read in conjunction with the *Residential Care Manual* and the *Aged Care Funding Instrument (ACFI) User Guide*.

The *Residential Care Manual* contains information to assist Approved Providers to meet their responsibilities under the *Aged Care Act 1997* and to assist staff of aged care services understand the rules applying in Australian Government funded residential care.

The manual can be found at [www.resicaremanual.health.gov.au](http://www.resicaremanual.health.gov.au).

In residential care, the ACFI is used to assess the level of a resident's care needs and determine the amount of basic subsidy provided by government. It has 12 questions in 3 domains, including the Behaviour Domain in which residents are assessed on their level of behaviours and psychological symptoms (in particular, cognitive impairment, frequency of wandering, challenging physical and verbal behaviours and depression). Based on the ACFI appraisal a resident is given a score of Nil, Low, Medium or High in each domain and funded accordingly.

The ACFI User Guide informs Approved Providers on how to complete an ACFI claim and can be found at [www.health.gov.au/acfi](http://www.health.gov.au/acfi).

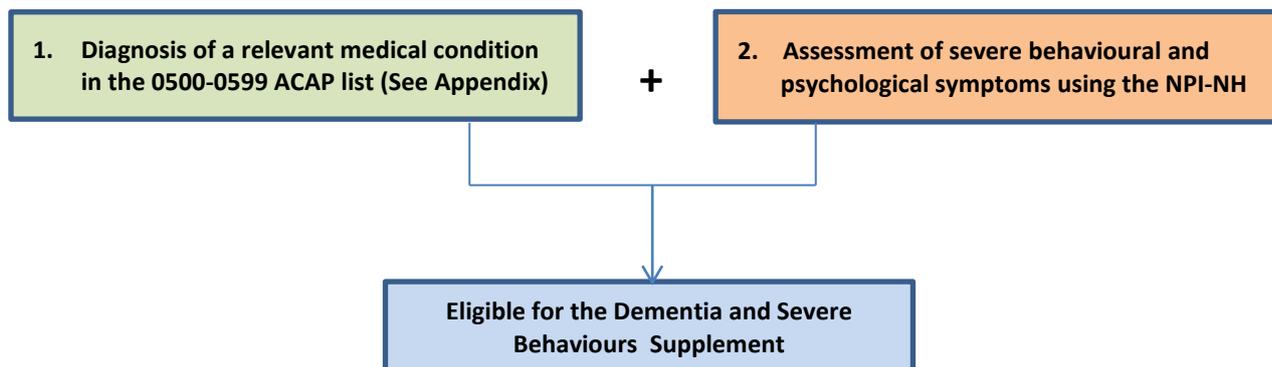
The new Dementia and Severe Behaviours Supplement has been introduced because the ACFI was not designed to capture severe and complex behavioural and psychological symptoms which can be associated with dementia and other conditions. Residents with these conditions, who have severe behavioural and psychological symptoms, make up a small group who, because of their severe behaviours are less likely to be accepted into residential care facilities.

The Dementia and Severe Behaviours Supplement will provide additional funding to support Approved Providers in providing specialised care for these residents with complex care needs.

### 5.1 Eligibility Criteria

The Approved Provider, which has responsibility for undertaking the ACFI assessment, also has responsibility for ensuring a relevant diagnosis and assessment of severe behaviours and psychological symptoms is undertaken and documented to claim the new Dementia and Severe Behaviours Supplement.

There are two mandated eligibility requirements to claim this supplement in residential care: a medical diagnosis and an assessment of the severity of behaviours and psychological symptoms. Residents must satisfy both assessment criteria to attract the supplement.

**Diagram 1: Eligibility requirements for the Dementia and Severe Behaviours Supplement**

### 5.1.1 A Relevant Medical Diagnosis

To attract the Dementia and Severe Behaviours Supplement, a resident must have a medical diagnosis. The diagnosis must be of one of the listed Aged Care Assessment Program (ACAP) mental and behavioural conditions. These are listed in the **Appendix** and include conditions other than dementia.

A medical diagnosis will help ensure the resident has a comprehensive, multi-disciplinary care plan that includes all the diagnostic and assessment information from their health practitioners<sup>3</sup>.

### 5.1.2 Assessment of Severe Behaviours and Psychological Symptoms

In order to determine eligibility for the Dementia and Severe Behaviours Supplement in residential care, the *Neuropsychiatric Inventory – Nursing Homes (NPI-NH)* assessment tool must be used. The Commonwealth of Australia, through the Department of Health and Ageing, has a licensing agreement with the copyright owner, in perpetuity, for the use of this tool for the purposes of assessing eligibility for the Dementia and Severe Behaviours Supplement<sup>4</sup>.

The NPI-NH assessment must be carried out by:

- a registered nurse
- clinical nurse consultant
- nurse practitioner or
- medical practitioner

The NPI-NH assessment must have been completed within the previous 3 months for payments to commence. A copy of the tool and information on its application can be found on the [Living Longer Living Better website](#).

<sup>3</sup> Health practitioners as regulated by the AHPRA [www.ahpra.gov.au/](http://www.ahpra.gov.au/)

<sup>4</sup> The NPI-NH can be found on the [Living Longer Living Better website](#)

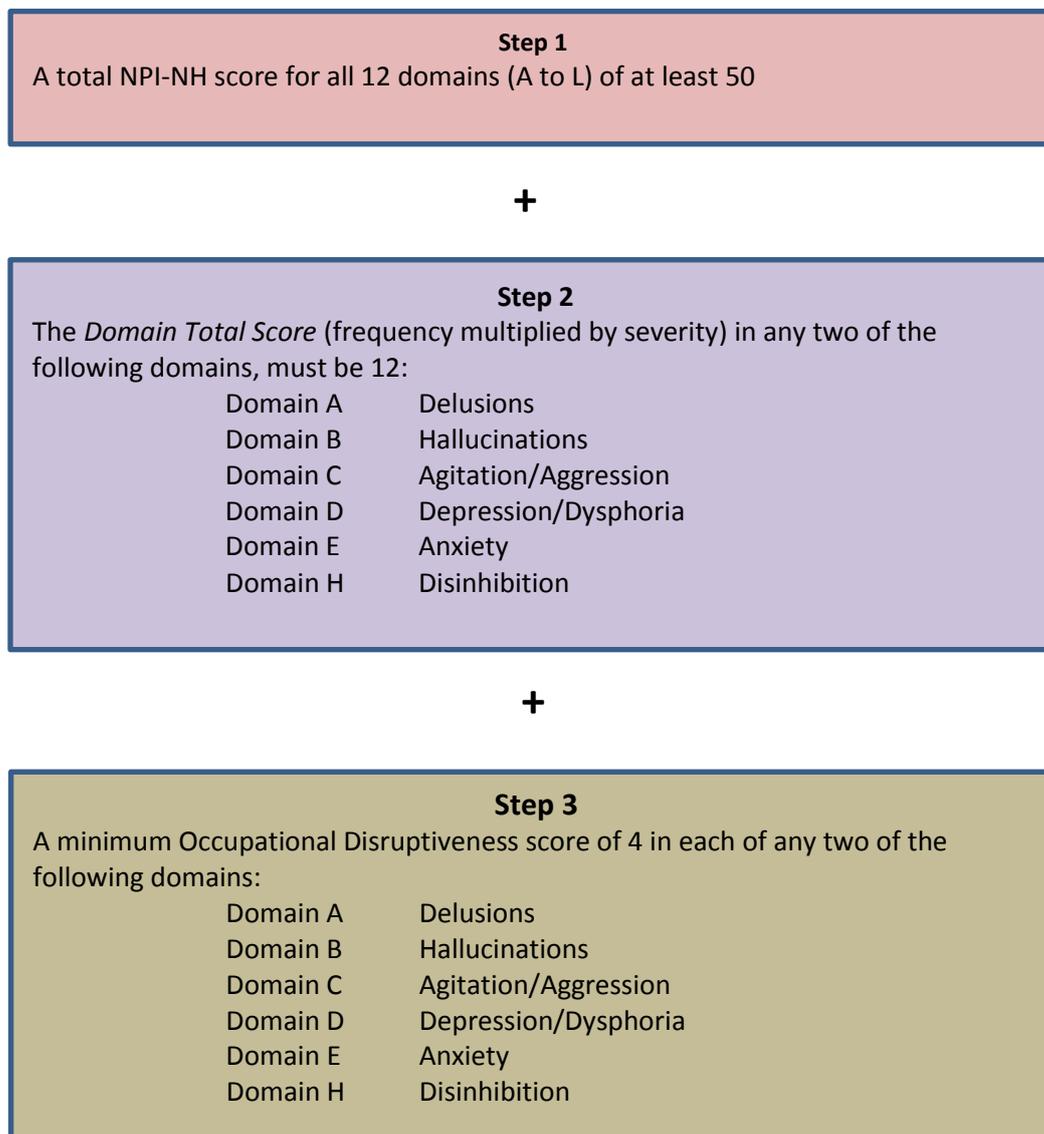
*The Neuropsychiatric Inventory – Nursing Homes (NPI-NH)*

The NPI-NH characterises the neuropsychiatric symptoms and psychopathology of residents in residential care facilities or other care settings where information is gathered from professional carers.

The NPI-NH was derived from the Neuropsychiatric Inventory (NPI), which was originally developed for the assessment of neuropsychiatric symptoms and psychopathology in care recipients living at home where information was obtained from family carers. The NPI-NH includes an occupational disruptiveness scale, to allow an assessment of the impact of behavioural disturbances on professional carers.

*The NPI – NH cut-off score for eligibility*

There are three steps to determine if the NPI - NH score meets the requirements for the Dementia and Severe Behaviours Supplement:

**Diagram 2: Calculating the cut-off score under the NPI-NH**

### 5.1.3 Meeting Resident Care Needs

Under the *Aged Care Act 1997*, Approved Providers of residential care have a responsibility to provide individual attention and ongoing support to residents including those with severe behavioural and psychological symptoms of dementia and other conditions. It is an overall requirement that each resident receives quality care appropriate to his or her needs.

Residential care facilities must be accredited to receive Australian Government subsidies. The Aged Care Standards and Accreditation Agency reviews procedures, observes practices and looks at resident records and other documents such as care plans to examine evidence as to how the facility is performing against the Accreditation Standards. These include expected outcomes requiring appropriate clinical care and specialised nursing care by appropriately qualified nursing staff<sup>5</sup>.

In developing care plans for residents with severe psychological symptoms, Approved Providers should consider:

- a formal agreement with all of the residents' health professionals (eg GP, geriatrician, old age psychiatrist);
- engaging a designated behaviour program coordinator responsible for identifying staff training needs, ensuring access to appropriate materials and resources, and coordinating access to specialist clinicians with expertise in managing severe behaviours, (including services provided by the Dementia Behaviour Management Advisory Service)<sup>6</sup>;
- conducting an environmental audit using a valid tool and addressing issues identified through the audit; and
- regularly reviewing the program (including the use of restraint and medications, care outcomes, issues around seclusion) and conducting a fortnightly review of each resident's care plan.

Further information about effective care planning and management of severe behavioural and psychological symptoms can be found on the [Living Longer Living Better website](#).

## 5.2 Annual Review of eligibility

The Dementia and Severe Behaviours Supplement provides additional funding for the care of individuals with severe behaviours and psychological symptoms. For people with certain dementia diagnoses, there may be a level of cognitive decline where the severity of these symptoms reduces over time, for example when residents become significantly less mobile. With other conditions, such as psychosis, increasing frailty may lead to a reduction in the severity and frequency of the behaviours that initially qualified the individual for the supplement.

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<sup>5</sup> <http://www.accreditation.org.au> for further details about the Aged Care Standards

<sup>6</sup> <http://dbmas.org.au/>

Approved Providers will be required to review a resident's eligibility for the Dementia and Severe Behaviours Supplement every 12 months from the date of eligibility, to ensure it is not paid for residents who no longer have severe symptoms because of the progression of their disease.

However it is important to determine the underlying cause of any changes in a resident's behaviour. A review may also provide evidence that there is reduction in severity of symptoms because of the implementation of effective care plans rather than disease progression. In these cases, eligibility for the supplement will continue.

The criteria used to determine ongoing eligibility for the supplement will be developed in consultation with care providers and clinicians before the first 12 month review is required in 2014.

The Residential Aged Care Principles in the *Aged Care Act 1997* are being updated to include these eligibility criteria once they have been determined.

### **5.3 An ACFI Reappraisal as a result of the Supplement**

The Dementia and Severe Behaviours Supplement is separate from the ACFI, which is used to determine the level of government subsidy for residents.

However, it is anticipated the Approved Provider may "reappraise" all of the resident's care needs when claiming the supplement. In certain circumstances, a resident may also have increasingly severe behaviours and psychological symptoms that attract the supplement, but at that point in time, the resident might not yet be classified with a High score in the ACFI Behaviour Domain. To address this potential inconsistency, the Approved Provider is able to undertake a voluntary ACFI reappraisal when the resident becomes eligible for the Dementia and Severe Behaviours Supplement.

### **5.4 Applying for the Supplement**

Approved Providers will be required to apply for the Dementia and Severe Behaviours Supplement in residential care in respect of an eligible resident using the Department of Human Services (DHS) application form which can be found from 1 August at <http://www.medicareaustralia.gov.au/provider/aged-care/forms.jsp>

The timeframes and record keeping requirements surrounding eligibility for the supplement are outlined in the Principles made under the *Aged Care Act 1997*.

The supplement is only payable for days in care (other than respite care) that attract the daily subsidy and residents in care will be eligible for the supplement from the date that all eligibility requirements are satisfied or 1 August 2013, whichever is latest.

An NPI-NH Assessment must not be undertaken within the first 7 days of care and an application to attract the supplement cannot be submitted to the Department of Human Services within the first 28 days of care.

These arrangements are consistent with the ACFI administration rules and allow new residents an appropriate amount of time to settle into their new environment and their care-givers time to assess the resident's behavioural symptoms.

Approved Providers will have their payments back dated to the date of eligibility or a maximum of 56 days from receipt of a valid application form by DHS, whichever is the shorter period.

### Diagram 3: Assessment timeframe for new residents



Funding will automatically follow an existing resident receiving the Dementia and Severe Behaviours supplement who transfer to another residential care facility. The new Approved Provider will however, need to obtain written copies of the resident's diagnosis and NPI-NH assessment for their records. Both Approved Providers would need to comply with *the Privacy Act 1988* and section 62-1 of the *Aged Care Act 1997* when exchanging this information. Where copies of records cannot be obtained, an Approved Provider may elect to notify DHS and undertake a new eligibility assessment in line with the arrangements in place for new residents. The following case studies provide practical examples to assist Approved Providers understand the application and assessment process.

#### Case Study 1: Existing resident for more than 28 days.

Mr Smith has been living at the Eventyr residential care facility for a number of years and has a letter from his GP dated 1 May 2012 stating he has Dementia in Pick's disease. Mr Smith has recently started to claim that other residents are stealing from him causing him to experience regular bouts of aggression and agitation. Eventyr's Director of Nursing believes that Mr Smith would be a candidate for the Dementia and Severe Behaviours Supplement and instructs Susan, one of Eventyr's registered nurses, to undertake an NPI-NH assessment.

In line with the assessment tool, Susan interviews Mr Smith's regular care-giver on 2 August 2013 and assesses a Total Domain Score of 12 (4 for frequency and 3 for severity) in both the Agitation/Aggression and Delusion behaviour domains as well as a total score of 52 across all domains. The nurse also observes that his accusations of theft and resultant behaviour is upsetting to staff and other residents who have to spend a substantial amount of time investigating his claims and managing his behaviour, resulting in a disruptiveness score of 4 in the Agitation/Aggression domain and 5 in the Delusion domain.

These results confirm that Mr Smith is eligible to attract the Dementia and Severe Behaviours Supplement. Eventyr submits the relevant form to DHS requesting that he attract the payment from the date they have both a valid diagnosis and NPI-NH assessment (2 August 2013).

DHS receives the application within 56 days from 2 August 2013 and makes the necessary adjustments to Eventyr's next monthly payment run to ensure they attract the supplement from 2 August.

If Eventyr had submitted the application more than 56 days after 2 August 2013 (ie, after 26 September 2013), funding would only be back paid 56 days from the date of receipt of the application.

As he now attracts the Dementia and Severe Behaviour Supplement, Eventyr may also choose to submit a voluntary ACFI reappraisal for Mr Smith to ensure that his ACFI classification reflects his latest care needs.

A review of Eventyr's records indicates that Mr Smith's ACFI was last reviewed on 1 November the previous year when he was upgraded to a Medium in the Activities of Daily Living, Behaviours, and Complex Health Care domains (ie MMM). Under the ACFI reappraisal rules Eventyr would normally have to wait until November this year (ie 12 months after his last appraisal) to upgrade Mr Smith's ACFI classification.

However, as Mr Smith's now attracts the Dementia and Severe Behaviours Supplement, Eventyr can submit a new ACFI reappraisal that better reflects his current care needs.

### **Case Study 2: New Resident.**

On 1 August 2013, Mr Chan entered Eventyr residential care facility. He has come from hospital where his psychogeriatrician has confirmed a long-standing diagnosis of schizophrenia. After entry, care staff experience considerable disruption because of the severity of his symptoms. They wait seven days to allow him to settle into his new environment and then undertake an NPI-NH assessment alongside the usual ACFI appraisal. The NPI-NH assessment was completed on 20 August 2013 and resulted in an eligible score to attract the supplement.

Eventyr then submits the relevant paperwork for the Dementia and Severe Behaviours Supplement at the same time as Mr Chan's first ACFI Appraisal to DHS on 29 August 2013 and his supplement payments are back dated to the date of entry on 1 August 2013.

### **Case Study 3: Transfer of a Dementia and Severe Behaviours Supplement recipient.**

Mr Smith's daughter, Kate, and her young family are forced to relocate from her home to the city to commence a new job. Mr Smith and his family decide to transfer to a new residential care facility, Banyan Gardens, to ensure he remains close to his family.

The relevant arrangements are made and Mr Smith moves to Banyan Gardens on 15 January. In line with standard practice, Eventyr would notify DHS that Mr Smith left their care in their January claim for payment. Similarly, Banyan Gardens would include Mr Smith in their claim for payment for January. Mr Smith would continue to attract the Dementia and Severe Behaviours Supplement in his new home. However, Banyan Gardens would also need to obtain a copy of Mr Smith's diagnosis and NPI-NH assessment for their records from Eventyr. Eventyr obtains the consent of Mr Smith's Daughter, who is his legal guardian to provide these records to Banyan Gardens.

If Banyan Gardens was not able to obtain the relevant records from Eventyr they may choose to reassess Mr Smith's eligibility for the Dementia and Severe Behaviour Supplement in line with the arrangements for all new residents.

## 6. The Veterans' Supplement in Residential Care

The Veterans' Supplement in residential care has been introduced to facilitate access to residential care for veterans with service related mental health conditions. The supplement aims to minimise difficulties veterans may experience in accessing residential care services and ensures that a veteran's service related mental health condition does not act as a barrier to accessing appropriate care.

In recognition of the special needs of these veterans, Approved Providers could support activities including, but not limited to, enhancing staff awareness of the special needs and culture of the ex-service community, provision of opportunities for cultural expressions in observance of commemorative and other veteran community occasions and facilitating linkages with ex-service organisations and the ex-service community more broadly.

### 6.1 Eligibility criteria

All veterans in residential care who have an accepted mental health condition which DVA has determined as related to their service will automatically be eligible to attract the Veterans' Supplement in Residential Care.

Where a veteran in residential care meets the criteria for both the Veterans' Supplement and the Dementia and Severe Behaviours Supplement, they may attract both supplements. While determination of eligibility for the Veterans' Supplement will occur automatically, eligibility for the Dementia and Severe Behaviours Supplement is subject to the process and criteria outlined in Section 5 of these Guidelines.

Care recipients identified as eligible for the Veterans' Supplement in residential care, retain eligibility while they are in care. There is no requirement for ongoing assessment of eligibility. Once an eligible veteran, or their legal representative, has provided the required consent for information about their eligibility to be given to their Approved Provider, payment will be ongoing as long as an eligible veteran is in care.

### 6.2 Automatic Payment for Eligible Veterans

Approved Providers do not need to submit a claim for the Veterans' Supplement in Residential Care. DVA and DHS, which is responsible for payment of the supplements, will match information to determine eligibility. Once an eligible veteran or their legal representative have provided the required consent, for information about their eligibility to be given to their Approved Provider, payment will be automatically backdated to the date the supplement came into effect (1 August 2013), or the date of entry into care, or the date the care recipient became eligible for the supplement, whichever is the latest date.

Approved Providers will be advised they are receiving the Veterans' Supplement for a resident on the payment advice from the DHS. This advice will not include any information about the veteran's service related mental health condition. As part of their obligations under the *Aged Care Act 1997*, Approved Providers are expected to utilise appropriate assessment and care planning processes to determine a care recipient's individual care needs.

Aged Care Assessment Program codes- List of Mental and Behavioural Disorders<sup>7</sup>

<p><b>Dementia in Alzheimer's disease (0500)</b></p> <ul style="list-style-type: none"> <li>• Dementia in Alzheimer's disease with early onset (&lt;65 yrs)</li> <li>• Dementia in Alzheimer's disease with late onset (&gt;65 yrs)</li> <li>• Dementia in Alzheimer's disease, atypical or mixed type</li> <li>• Dementia in Alzheimer's disease, unspecified</li> </ul> <p><b>Vascular Dementia (0510)</b></p> <ul style="list-style-type: none"> <li>• Vascular Dementia of acute onset</li> <li>• Multi-infarct Dementia</li> <li>• Subcortical vascular Dementia</li> <li>• Mixed cortical &amp; subcortical vascular Dementia</li> <li>• Other vascular Dementia</li> <li>• Vascular Dementia—unspecified</li> </ul> <p><b>Dementia in other diseases classified elsewhere (0520)</b></p> <ul style="list-style-type: none"> <li>• Dementia in Pick's disease</li> <li>• Dementia in Creutzfeldt-Jakob disease</li> <li>• Dementia in Huntington's disease</li> <li>• Dementia in Parkinson's disease</li> <li>• Dementia in human immunodeficiency virus (HIV) disease</li> <li>• Dementia in other specified diseases classified elsewhere</li> </ul> <p><b>Other Dementia (0530)</b></p> <ul style="list-style-type: none"> <li>• Alcoholic Dementia</li> <li>• Unspecified Dementia (includes presenile &amp; senile Dementia)</li> </ul> <p><b>Delirium (0540)</b></p> <ul style="list-style-type: none"> <li>• Delirium not superimposed on Dementia</li> <li>• Delirium superimposed on Dementia</li> <li>• Other delirium</li> <li>• Delirium—unspecified</li> </ul>	<p><b>Psychoses &amp; depression/mood affective disorders (0550)</b></p> <ul style="list-style-type: none"> <li>• Schizophrenia</li> <li>• Depression/Mood affective disorders</li> <li>• Other psychoses (includes paranoid states)</li> </ul> <p><b>Neurotic, stress-related &amp; somatoform disorders (0560)</b></p> <ul style="list-style-type: none"> <li>• Phobic &amp; anxiety disorders (includes agoraphobia, panic disorder)</li> <li>• Nervous tension/stress</li> <li>• Obsessive-compulsive disorder</li> <li>• Other neurotic, stress-related &amp; somatoform disorders</li> </ul> <p><b>Intellectual &amp; developmental disorders (0570)</b></p> <ul style="list-style-type: none"> <li>• Mental retardation/intellectual disability</li> <li>• Other developmental disorders (includes autism, Rett's syndrome, Asperger's syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific developmental disorder of motor function (e.g. dyspraxia).</li> </ul> <p><b>Other mental &amp; behavioural disorders (0580-0599)</b></p> <ul style="list-style-type: none"> <li>• Mental and behavioural disorders due to alcohol &amp; other psychoactive substance use (includes alcoholism, Korsakov's psychosis (alcoholic)</li> <li>• Adult personality &amp; behavioural disorders</li> <li>• Speech impediment (i.e. stuttering/stammering)</li> <li>• Other mental &amp; behavioural disorders n.o.s or n.e.c (includes harmful use of non-dependent substances e.g. laxatives analgesics, antidepressants, eating disorders e.g. anorexia nervosa, bulimia nervosa, mental disorders not otherwise specified)</li> </ul>
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<sup>7</sup> Code list is based on the ICD-10-AM classification. <http://www.aihw.gov.au/publication-detail/?id=6442467400> Appendix H