IMPORTANT

Australian Government
Department of Veterans' Affairs

Application for Exceptional Case Status

Completing this form

This form is used to apply for Exceptional Case (EC) status of a client whose care needs fall outside of the Schedule of Fees. This form must be completed by a Registered Nurse (RN).

Where possible please complete and return this application form electronically.

If you are completing this form manually, please use BLACK pen to complete all information.

The Department of Veterans' Affairs (DVA) cannot assess an incomplete or illegible form.

Contacting the Community Nursing team

If you require assistance completing this form, please email DVA at exceptional.cases@dva.gov.au

Submitting this form

Form submission is via DVA's secure email.

Please email exceptional.cases@dva.gov.au to set up secure email facilities.

Please refer to the below link for information about secure email:
http://www.dva.gov.au/site-help/sensitive-emails

Note

Prior approval must be sought from DVA through the EC process and EC approval given before the commencement of care outside the Schedule of Fees. Where urgent circumstances apply in regard to the commencement of care, the CN provider can contact DVA via secure email exceptional.cases@dva.gov.au to outline these special circumstances. DVA is not liable to pay for any services that have been delivered before prior approval has been given.

A current nursing care plan signed by the RN and the client or authorised representative must be attached to the EC application. The nursing care plan must detail the specific interventions including frequency and whether the care is provided by a RN, Enrolled Nurse (EN) or Personal Care Worker (PCW). Detail any medication interventions including if it is being administered by a RN or assisted by a PCW. A current Medication Authority or Medication Chart signed by the treating doctor must be attached as part of this application for administration of medications.

Some applications will require additional information. It is the responsibility of the CN provider to supply all relevant information and documentation as detailed in the EC application form. Dementia, Mental Health, Palliative Care and Wound Care have specific attachments that need to be completed and included with this application where applicable. If the client is noted to be palliative, then a referral or details from a specialist palliative care team must be included noting their involvement and/or oversight of the clients care.

Any aids and appliances must be detailed in the nursing care plan. For ordering information see the Rehabilitation and Appliance Program (RAP), Equipment Schedule on the DVA website https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule

If all relevant information is not included, a delay in processing the application will occur, or a new submission may be required.

Please refer to Attachment A – Exceptional Case process in the Notes for Community Nursing Providers at https://www.dva.gov.au/providers/health-programs-and-services-our-clients/community-nursing-services-and-providers-0 for further information.

Privacy Notice

The person completing this form is responsible for ensuring that the client is aware that:

- their information will be forwarded to DVA for determining benefits under the *Veterans' Entitlements Act 1986* and/or the *Military Rehabilitation and Compensation Act 2004*
- information, in certain circumstances, may be used for review or audit purposes or be disclosed to the person's General Practitioner (GP), specialist or other health professional, and
- information will be treated in a confidential manner.

Read more about how DVA manages personal information at https://www.dva.gov.au/about-us/overview/legal-resources/privacy

PART A Community Nursing Provider Information

1. Provider details

Provider name

Provider number

Provider site

Contact number [ ]

Contact email

2. GP/Specialist details

Doctor's name

Doctor's contact number [ ]

Provider number

3. Referrer details

Referrer's name

Referrer's contact number [ ]

Referrer type

Referral date

PART B Client Information

4. Client information

DVA file number

Surname

Given name(s)

Date of birth

Address

POSTCODE

Specify type of accommodation

- ☐ Private residence
- ☐ Independent Living Unit (ILU)

5. Medical condition(s)

6. My Aged Care

Has the client been assessed by the Aged Care Assessment Team/Service (ACAT/ACAS)?

No ☐ ▶ Please provide reason

Yes ☐ ▶ Specify approval types

- ☐ Residential Care
- ☐ Respite
- ☐ Commonwealth Home Support Programme (CHSP)
- ☐ Home Care Package (HCP)
  - Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐
  - HCP awaiting availability ☐ HCP commenced ☐

Please provide name of service provider (if known) and describe services approved or being provided

7. Other

Is the client currently receiving any other health/support services?

No ☐

Yes ☐ ▶ Specify the services

- ☐ Veterans' Home Care (VHC)
- ☐ Coordinated Veterans' Care (CVC)
- ☐ Allied Health – please specify
- ☐ Other – please specify

8. Carer

Does the client have a carer?

No ☐

Yes ☐ ▶ Specify the type

- ☐ Live-in carer
- ☐ Visiting carer – how many times do they visit per week?

What, if any, tasks/functions does the carer assist with?

Is the client a carer?

No ☐

Yes ☐ ▶ Who does the client care for?

PART C Nursing Interventions and Visit Information

9. Reason for EC application

Briefly explain how the care needs of the client aren't covered by the DVA Community Nursing Schedule of Fees

10. Relevant claim periods

Claim period start date ☐ EC start date ☐

Note: EC applications may be approved for up to 12 months. A new application may be required following expiration of EC approval.

If EC care is not required for 12 months, please specify number of claim periods ☐

11. Current care period

Will the requested EC care commence part way through a 28 day claim period?

No ☐ ▶ ***Go to question 12***

Yes ☐ ▶ Complete the information below

If the requested EC care will commence part way through a 28 day claim period, provide the **current care details** below.

Type of care (See options below)*	Visit times	Care details	Visits per week	Minutes per visit

* Type of care

Personal care (PC)
Clinical care (CC)
Overnight PC – Active
Overnight PC – Inactive
Overnight CC – Active
Overnight CC – Inactive

12. EC care requested

Type of care *	Visit times	Care details	Visits per week	Minutes per visit

* See Type of care options on previous page

PART D Additional Comments

13. Additional comments if needed

PART E Supporting Documentation, Attachments and Declaration

14. Essential attachments

The following attachments must be provided for the application to be processed.

Attached

- ☐ Signed detailed nursing care plan (**must be signed by RN and the client or authorised representative**)
- ☐ GP Health Summary and Referral
- ☐ Specialist Referral (if applicable)
- ☐ Hospital Discharge letter (if applicable)

15. If required, please ensure you have completed any relevant attachments before signing the declaration

Please complete and attach the following where applicable

Attached

- ☐ Attachment 1 – Dementia
- ☐ Attachment 2 – Mental Health
- ☐ Attachment 3 – Palliative Care
- ☐ Attachment 4 – Wound Care (with requested photos)
- ☐ Current Medication Authority or Medication Chart signed by the treating doctor

16. Other relevant documentation

Please list and include any other relevant documentation to support your application, including clinical assessment tools.

17. Declaration

I declare that the information I have supplied on this form and on any other attachments is true and correct.

I am aware that there are penalties for making false statements. *(Refer to Notes for Community Nursing Providers - Inappropriate claiming.)*

Declaration must be signed by the RN completing this form.

Full name

Title

Signature
(electronic signature accepted)

Please note, no further changes can be made once form has been electronically signed.

Date

NOTE: If any changes occur to the information provided above, it is your responsibility to notify DVA within seven (7) business days by completing the relevant form.

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