



Australian Government

Department of Veterans' Affairs

REHABILITATION APPLIANCES PROGRAM (RAP)

RAP National Schedule of Equipment

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Rehabilitation Appliances Program Overview

What is the Rehabilitation Appliances Program (RAP)?

The Rehabilitation Appliances Program (RAP) supplies aids, equipment and modifications for eligible veterans, war widows/widowers and dependants (clients) to:

- help an assessed clinical health care need;
- minimise the impact of disabilities or dysfunction;
- improve quality of life;
- live safely and with independence;
- facilitate participation in the community; and
- be an adjunct to health treatment or a rehabilitation plan.

Aids, equipment and modifications will be provided from the RAP National Schedule of Equipment (the RAP Schedule) and the RAP National Guidelines. The RAP Schedule and RAP National Guidelines are regularly reviewed to ensure it provides the most suitable items for client needs.

The legislative basis for the provision of RAP is Part 11 of the Treatment Principles made separately under the *Veterans' Entitlements Act 1986 (VEA)*, *Military Rehabilitation and Compensation Act 2004* and *Australian Participants in British Nuclear Test and British Commonwealth Occupational Force (Treatment) Act 2006*. In addition, Part 11 of the Treatment Principles made under the VEA extends RAP to eligible clients under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*.

Who can access RAP

Clients may be eligible for RAP if they have an assessed clinical need and either a:

- [Veteran Gold Card](#)
- [Veteran White Card](#) and the item is for an accepted DVA health condition/s.

Refer to the [RAP Business Rules on additional eligibility for the provision of RAP items](#) for more guidance on eligibility for clients:

- living in residential aged care;
- living in retirement villages/independent living units;
- receiving services from other government services; and
- discharging from hospital.

Who can prescribe RAP aids, equipment or modifications

The RAP Schedule details which assessing health provider/s can assess, prescribe and order each aid, equipment or modification. This can be found under the "Assessing Health Provider" column. Refer to the [Assessing Health Provider List/Codes](#) for the list of acronyms.

An assessing health provider may be a:

- General Practitioner (GP) or Local Medical Officer (LMO);
- Medical Specialist;
- Registered Nurse; and/or
- Allied Health professional.

Allied health professionals

For allied health professionals (except for optical, dental and hearing) to be paid under DVA's schedule of fees, you must have a valid referral from one of the following professions before assessing and prescribing aids, equipment or modifications:

- a GP/LMO;
- medical specialist; or
- a health professional as part of hospital discharge.

If you are not listed to assess and prescribe the item, you will need to refer the client back to their GP or medical specialist. The GP or medical specialist can:

- assess and prescribe the appropriate item; or
- refer the client to the relevant assessing health provider for the item.

Clients living in rural and remote areas

If the relevant allied health professional is not locally available in a rural and remote area, items can be prescribed by:

- a GP/LMO;
- medical specialist; or
- a health professional as part of hospital discharge.

[Contact us](#) if you need help with this.

Before Prescribing

Before prescribing aids, equipment or modifications make sure:

- the RAP Schedule lists you as an assessing health provider for the item ;
- you have assessed the client;
- the assessment identifies that the client has a clinical need for it;
- it is safe and clinically appropriate for the client's use; and
- it is the most cost-effective option to improve independence and function.

The RAP Schedule identifies the types of assessments recommended for each item, including:

- **functional assessment;** the assessment of the client's ability to undertake the normal activities associated with daily living, including self-mobility. Assessments may include quantitative measurements of:
 - muscle strength;
 - joint range of motion;
 - cognition and perception;
 - oedema and sensation; and
 - qualitative activity analysis.
- **home assessment;** the assessment of the client's functional abilities within their primary living environment including:
 - environmental access, and associated risks to safe function within and around their primary living environment;
 - recommendations to reduce risks associated with the client's functional abilities;
 - trial and review of recommended equipment (as below in Product Assessment); and

- education of the client and/or carer.
- **product assessment**; undertaken in conjunction with the client’s functional and/or home assessment needs. This assessment incorporates:
 - determining the best "fit" of equipment to the functional needs of the client;
 - knowledge of the specifications of the recommended equipment (for example, weight capacity, measurements, size and method of operation);
 - physical (anthropometric) assessment of the client to meet equipment specifications; and
 - education of the client and/or carer in the operation, maintenance and safety features of the product.

Recommended assessments should be undertaken before prescribing and ordering.

Prescribing RAP items

If prescribing, please refer to:

- The RAP Schedule – this document – lists all RAP items, if they have DVA-contracted suppliers, if prior approval is required, if supply limits apply, if a RAP National Guideline applies, relevant forms and other information.
- [RAP National Guidelines](#) – provides further assessment and supply criteria for some RAP items. These RAP National Guidelines should be read alongside the RAP Schedule.
- [RAP Forms](#) – order forms and assessment forms to apply for RAP items.
- [Contracted Suppliers](#) – lists the DVA-contracted suppliers, their contact details and websites.

Prior approval for RAP items

The RAP Schedule advises if prior approval is required from us. This can be found under the “Prior Approval Required” column.

Prior approval is required when:

- indicated in the RAP Schedule;
- the item exceeds the financial or quantity limit set in the RAP Schedule;
- the client is a Veteran White Card holder;
- the client is living in residential aged care; and
- there are more items requested than is typically allowed.

How to order RAP items

Contracted items

The RAP Schedule advises if an item is provided by DVA-contracted suppliers. This can be found under the “Contracted Item” column.

There are several choices of contracted suppliers. The assessing health provider must source these contracted items from one of the contracted suppliers and not from someone else.

To prescribe and order contracted items, the assessing health provider completes the relevant [RAP form](#) for the item and sends to one of the [contracted suppliers](#) listed on the form. The contracted supplier will obtain prior approval from us when required. The contracted supplier will also organise delivery, either to the assessing health provider or the client, free of charge.

Non-contracted items

For items that do not have a contracted supplier listed under the “Contracted Item” column, these are non-contracted items.

To prescribe and order non-contracted items, the assessing health provider emails rapgeneralenquiries@dva.gov.au with the following information:

- RAP item number;
- details of the client (i.e. client’s name, DVA file number and health condition being treated);
- clinical justification for the item;
- relevant form, if required; and
- details of the supplier and attach the quote/invoice for supply. For modifications, two quotes are required from two different suppliers.

We will let you know of payment for supply of non-contracted items.

Palliative Care Aids and Appliances

If you are prescribing item/s for a client in palliative care, please mark these requests as ‘URGENT AND PALLIATIVE’ and forward to a contracted supplier.

Requesting items that do not appear on the RAP Schedule

The supply of products not on the RAP Schedule or not available from a contracted supplier can be reviewed by us.

Assessing health providers must send requests to rapgeneralenquiries@dva.gov.au

For us to assess your request you must include:

- the client’s assessed clinical need;
- how the product will meet the assessed clinical need;
- whether the client has trialled the product and the outcomes, if any;
- why none of the RAP items meets the client’s clinical need;
- information about the product and any clinical evidence to support it;
- details of the supplier and the product cost (attach a quote to supply). For modifications, two quotes are required from two different suppliers; and
- any other supporting documentation.

Usage, maintenance, repairs, and returns

Clients or their carers can arrange maintenance, repairs or returns with the supplier of the item. Usually the supplier’s contact details will be located on the item.

If the supplier is unable to do this or the RAP item is no longer needed, [contact us](#) for help.

Neither the client nor their carer should attempt to make repairs to an aid or appliance. An aid and appliance should be used safely and only for the purpose for which it was designed.

Moving home or interstate

Clients may take portable RAP items to their new address. Clients moving into residential aged care will need to speak to the residential aged care home about the portable RAP items they can take with them.

Clients are encouraged to tell the supplier of the portable RAP items of their new address to assist with any maintenance, repairs or returns. Usually the supplier’s contact details will be located on the item.

Any home modifications and fixed items that have been installed at the current address cannot be removed or reinstalled at the new address.

If the client needs aids, equipment or modifications at the new address, please arrange a new RAP assessment so they can remain as independent as possible at the new address.

Contact DVA

To speak to us about RAP you can:

- call our Health Provider Line on **1800 550 457** - select Option 1 for RAP
- email: rapgeneralenquiries@dva.gov.au

RAP Business Rules on additional eligibility for the provision of RAP items

RAP for our clients in residential aged care

RAP items for our clients in residential aged care depend on the level of care they are receiving as identified by the Aged Care Funding Instrument (ACFI) score.

Clients receiving a higher level of care will have their non-customised items supplied by the residential aged care home. This is identified from the client's ACFI score that includes:

- a 'High' in at least one ACFI domain category; or
- a 'Medium' in at least two ACFI domain categories.

We may be able to provide customised personal items depending on the client's eligibility and assessed clinical need.

Clients receiving a lower level of care may access most RAP items. This is identified from the client's ACFI score that does not include a 'High' or two 'Mediums'.

Speak to the residential aged care home in the first instance to check if they are responsible for supplying the item to the client. If the residential aged care home is not responsible, [contact us](#) to check the client's eligibility.

The [Aged Care Eligibility Matrix](#) provides a guide of the RAP items that may be available for our clients who live in residential aged care. [Contact us](#) if you need help with this.

Portable RAP items received before a client moves into residential aged care can be taken with them if the aged care home approves it.

RAP home modifications will not be undertaken in residential aged care homes.

RAP for our clients living in retirement villages or independent living units

RAP home modifications will not be undertaken in retirement villages or independent living units where it was known that modifications are necessary, or will become necessary, for the client to live in this type of accommodation with their pre-existing health conditions, disabilities or injuries.

Retirement villages or independent living units are purpose built accommodation to cater for the needs of ageing persons and operate within state or territory legislation.

Speak to the management of the retirement village or independent living unit in the first instance to check the type of modifications they will fund for the client. Generally the retirement village or independent living unit will make basic/partial modifications to meet a person's clinical need. Any remaining modifications must be funded by the client with approval from the management of the retirement village or independent living unit.

In exceptional circumstances, RAP may consider undertaking a modification only if:

- the client's health status has significantly changed and it was not reasonably foreseen with their pre-existing health conditions, disabilities or injuries;
- the client has been living in the retirement village or independent living unit for more than six months and will remain there for the foreseeable future; and
- the modification is not the responsibility of the retirement village or independent living unit.

Refer to the [RAP National Guidelines](#) for Home Modifications.

RAP for our clients receiving other government services

Some of our clients may be accessing other government services at the same time from:

- National Disability Insurance Scheme (NDIS);
- Commonwealth Home Support Program (CHSP); or
- Home Care Packages.

Aids, equipment and modifications can be provided by RAP or other government services as long as it is not the same or duplicated. For example, a client could receive a walking frame from RAP, and a mobility scooter from NDIS, but not a frame or scooter from both RAP and the NDIS. [Contact us](#) if you need help with this.

RAP for our clients in hospital

RAP items may be prescribed by an assessing health provider if the client requires it:

- for greater than 30 days following discharge from a public hospital; or
- at the time they discharge from a private hospital.

Other Services

Medical Grade Footwear (MGF)

Under DVA's health care arrangements, clients with a significant deformity or abnormality of the foot and/or ankle may be provided with medical grade footwear recommended by their podiatrist or medical specialist. This includes ready-made and custom-made medical grade footwear. This footwear is not provided under RAP but through the [Medical Grade Footwear \(MGF\) program](#).

AA00 – Alarm System / Communication Appliances / Assistive Listening Devices

Item No	Description of appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AA02	Induction Loop	No	A, At, SP	No	Hearing aid must incorporate a telecoil. This includes a hard-wired system that is installed in a specific area, such as around certain seats in a theatre, meeting room, and personal induction loops. Item should only be supplied when the client has an identified need for the equipment. Product assessment should be conducted to determine the best 'fit' of the equipment to the needs of the client. RAP National Guidelines apply. Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
AA03	Personal Response Systems (PRS) - Non-Monitored	No	OT, RN, Physio	No	Non-monitored PRS are devices which, when activated, make a loud noise and/or flashing light to alert persons nearby or ring in a nearby residence. Health providers should conduct an in-home falls risk assessment, cognitive assessment, in-home assessment of the placement of the device within the home, training in the use of the equipment and follow up on usage.
AA04	TV Listening Device	No, unless exceeds \$752 or 1 per person	A, At	No	A clinical consultation and technical evaluation should be conducted to determine suitability of the equipment for the client and to train the client in its set up and use. The current practice is for hearing clinics to conduct the assessments and forward the request to RAP. RAP National Guidelines apply. Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
AA05	Monitored Personal Response Systems (PRS) including Mobile Personal Emergency Response Systems (MPERS)	No, unless exceeds 1 per person	OT, RN, Physio	Yes Personal Response System	Monitored PRS are devices which involve installation and are monitored by an emergency alarms service. MPERS are LMOS-enabled emergency response pendants that work anywhere inside and outside the home environment where there is a mobile signal. Health providers should conduct an in-home falls risk assessment, cognitive assessment, in-home assessment of the placement of the device within the home, training in the use of the equipment and follow up in usage. Prior Approval is required where a spouse still requires the device after the existing user's death. DVA will allow a period from the date of death in order to determine the spouse's potential eligibility. Assessment Form for the supply of Personal Response System - D9199
AA06	Microphone/FM Listening System	No, unless exceeds \$1860 or 1 per person	A, At	No	The client will require hearing assessment and compatible hearing aid/s prior to supply. A clinical consultation and technical evaluation should be conducted to determine suitability of the equipment for the client and to train the client in its set up and use. A hearing assessment and compatible hearing aids are required prior to supply. Item should only be supplied when the client has an identified need for the equipment, listening goals remain unmet at the conclusion of the rehabilitation program, and a person is capable of managing the device independently or with the support of others. Refer to the RAP National Guidelines apply. Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
	Communication Devices – Assistive (see BA04)				

AA00 – Alarm System / Communication Appliances / Assistive Listening Devices

Item No	Description of appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AA10	Telephone Accessories	No	A, At, OT, SP, S	No	<p>A functional and product assessment should be conducted to determine suitability of the equipment for the client. Before prescribing the equipment, the health provider should identify alternative avenues for sourcing the equipment (For example, Telstra Disability Products and Services; National Relay Service).</p> <p>Request for Assistive Listening Devices and/or Tinnitus Devices form D9376</p> <p>Links to Telstra disability equipment, a captioning service for the Deaf, and the Government's Relay Service are provided below:</p> <p>Telstra Disability Equipment Program</p> <p>Telstra Disability Products and Services</p> <p>Sprint CapTel Captioning Service</p> <p>National Relay Service</p>
AA11	Door Bell with Signal Light (Hearing impaired appliance)	No	A, At, OT, RN, S	Yes Mobility & Functional Support	<p>Health Providers should conduct an assessment of function, vision and cognition to determine the most suitable item for the entitled person. A recent audiogram conducted by A or At should be available.</p> <p>Home Assessment should be undertaken to determine the appropriate placement of signal light and door bell.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AA15	Replacement Parts and/or Repairs for AA items.	No, unless exceeds \$624	S, A, OT, SP, At, RN, Physio	Refer to RAP AA Item Number	<p>If repairs and replacements parts are more than \$624, consider replacing the item.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p>
AA16	Sensor Mat – low frequency	No	OT, RN, Physio	Yes Mobility & Functional Support	<p>This item may be considered to facilitate safety and independence within the home for entitled person who may wander due to dementia or cognitive and memory dysfunction.</p> <p>Health Providers should conduct the following assessments to determine the type of sensor mat most appropriate for the entitled person, such as bed mats, chair mats, floor mats, and train the carers in usage for:</p> <ul style="list-style-type: none"> • in-home falls risk • cognitive • placement of device <p>Order Form – Mobility and Functional Support – D0992</p> <p>See also BF00 Cognitive, Dementia and Memory Assistive Technology.</p>

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AA00 – Alarm System / Communication Appliances / Assistive Listening Devices					
Item No	Description of appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AA17	Smoke Alarm Package for the Hearing Impaired	No	A, S, At, OT, GP/LMO	No Installation through Mobility & Functional Support	<p>The smoke alarm package for the hearing impaired includes a photoelectric smoke alarm, a vibration pad and flashing light. Request for Assistive Listening Devices and/or Tinnitus Devices form D9376</p> <p>To obtain the smoke alarm package, an audiologist is to confirm a profound hearing loss, or a severe hearing loss in the better functioning ear.</p> <p>Hard-wired smoke alarms as part of a package for hearing impaired will only be provided where a standard hard-wired smoke alarm is already installed in the home. The Building Code of Australia (BCA) outlines under what circumstances a smoke alarm should be either hard-wired (240-volts) or battery operated. As a general rule, homes built or undergone significant renovations from 1997 onwards require a hard-wired smoke alarm.</p> <p>Installation of hard wired smoke alarms must address the manufacturer’s instructions and be undertaken by a qualified electrician and hard-wired smoke alarms must have a lithium battery back-up system.</p> <p>Where the Building Code of Australia allows for battery operated smoke alarms to be installed; only a 10 year lithium battery alarm is to be prescribed.</p> <p>The assessing health provider needs to ensure that the prescribed smoke alarm package meets the relevant Australian Standard.</p> <p>Installation:</p> <p>Funding of installation costs for a Smoke Alarm Package for the Hearing Impaired may be considered under AL16.</p> <p>Only standard installation costs of a Smoke Alarm Package for the Hearing Impaired will be funded. If installation is not provided by the supplier of the Smoke Alarm Package for the Hearing Impaired, the assessing health provider must complete a Order Form – RAP Mobility & Functional Support Products - D0992 and send the completed form to one of DVA’s Contracted Mobility & Functional Support Suppliers. The assessing health provider must state on the D0992 Direct Order Form whether the installation is for either a hard-wired (240-volts) or battery operated smoke alarm. Refer to AL16 for installation.</p>
AA18	Wireless Streaming Device (accessory to connect hearing aids with external devices)	No, unless exceeds \$620 or 1 per person	A, At	No	<p>The entitled person will require compatible hearing aids and a hearing assessment prior to supply.</p> <p>A clinical consultation and technical evaluation should be conducted to determine suitability of the equipment for the client and to train the client in its set up and use.</p> <p>RAP National Guidelines apply.</p> <p>Request for Assistive Listening Devices and/or Tinnitus Devices form D9376</p>

AB00 – Beds / Bedding / Pressure Care					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AB01	Bed - Adjustable Electrical	No, unless exceeds 1 per person	OT, RN, Physio	Yes Mobility & Functional Support	Recommended to assist with bed mobility and transfers and to facilitate medical and nursing care within the client's home. Not recommended for the primary management of chronic musculoskeletal pain. Functional, home and product assessments should be conducted. RAP National Guidelines apply. Order Form – Mobility and Functional Support – D0992 Mattresses other than pressure care mattresses (AB14) or those supplied with an electrical adjustable bed provided by DVA (AB01), cannot be supplied under the RAP Schedule. A companion bed may be considered in conjunction with this item, with prior approval.
AB02	Bed Back Rest – Manual	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. The item is provided for one bed. Order Form – Mobility and Functional Support – D0992
AB03	Bed Blocks	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AB04	Bed Board	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional and product assessments should be conducted. This item is to be used to create a firmer transfer surface and not as a therapeutic tool. Order Form – Mobility and Functional Support – D0992
AB06	Bed Cradle	No	OT, Physio, RN, Pod	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AB08	Bed Stick	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional and product assessments should be conducted. All entitled persons should have a comprehensive assessment to identify any risk factors associated with use of a bed stick. Order Form – Mobility and Functional Support – D0992
AB09	Bedside Rail	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AB11	Sheepskin Overlay / Foot, Heel, Elbow Pads (medical use only)	No	OT, Physio, RN, GP/LMO, S, Pod, Ch, Ost	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Only consider using a medical grade sheepskin when a low pressure or pressure support surface is not tolerated. Order Form – Mobility and Functional Support – D0992
AB12	Monkey Bar / Self-Lifting Stand	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992

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AB00 – Beds / Bedding / Pressure Care					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AB13	Table – Over Bed	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional assessment should be undertaken. Order Form – Mobility and Functional Support – D0992
AB14	Pressure Care Mattress	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. A validated pressure care assessment is required. For example, Waterlow scale. Order Form – Mobility and Functional Support – D0992 Mattresses other than pressure care mattresses (AB14) or those supplied with an electrical adjustable bed provided by DVA (AB01), cannot be supplied under the RAP Schedule.
AB16	Replacement Parts and/or Repairs for AB Items	No	OT, Physio, RN GP/LMO, S, Pod, Ch, Ost	Yes Mobility & Functional Support	Consider replacement of lower cost items. DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992
AB17	Heel Elevators for Pressure Care	No	OT, Physio, RN Pod	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. A validated pressure care assessment is required. For example, Waterlow scale. Order Form – Mobility and Functional Support – D0992
AB18	Bed Back Rest - Electrical	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. May be suitable when the entitled person requires only the elevating head-end features of an electric bed. Order Form – Mobility and Functional Support – D0992

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AC00 – Chairs / Seats					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AC01	Chairs - Low/High Back/Ergonomic	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Optional extras are not provided, such as trays. Ergonomic seating may be suitable for a person who prefers to sit at a desk to undertake tasks and social engagement. Order Form – Mobility and Functional Support – D0992
AC03	Stool – Height Adjustable	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. This may be used for meal preparation and other bench activities, such as washing dishes. Order Form – Mobility and Functional Support – D0992
AC04	Chair – Platform / Blocks	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AC06	Chair – Electrically Operated Lift and Recline Chair	No, unless exceeds 1 per person	OT, Physio, S	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. An electric recliner chair is intended for use by entitled persons with clinical conditions causing a permanent inability to transfer or sit erect. There should be evidence that physiotherapy treatment cannot improve the client's dysfunction. Electric recliner chairs <u>cannot</u> be approved: <ul style="list-style-type: none"> • when the clinical needs can be met by current furniture or by modifying current furniture; • for comfort; • primarily for the management of back or musculoskeletal limb pain • primarily for use as a bed; or • primarily for management of lower limb oedema*. *When treating lower limb oedema it is important to be aware of current best practice that informs health providers that elevation of the feet below the level of the heart is ineffective and should be avoided. Best practice includes: calf pumping exercises, regular walks and elevation of lower limbs on a bed. Heating/massaging units are not provided. The assessing health provider must retain information to support the clinical need of an electric recliner chair in the entitled person's records. RAP National Guidelines apply. Order Form – Mobility and Functional Support – D0992
AC07	Footstool – Height Adjustable	No	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Falls risk should be considered before ordering this item. Order Form – Mobility and Functional Support – D0992

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AC00 – Chairs / Seats					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AC08	Chair – Fallout / Water	No, unless exceeds 1 per person	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. This chair has inbuilt pressure care and is suitable for a frail client, such as a client receiving palliative care. Not available for clients residing in a RACF. Order Form – Mobility and Functional Support – D0992
AC09	Chair – Manual Recliner	No, unless exceeds 1 per person	OT, Physio, RN	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. A manual recliner chair is intended for use by entitled persons with clinical conditions causing a permanent inability to transfer or sit erect. There should be evidence that physiotherapy treatment cannot improve the client’s dysfunction. A manual recliner chair cannot be approved: <ul style="list-style-type: none"> • when the clinical needs can be met by current furniture or by modifying current furniture; • for comfort; • primarily for the management of back or musculoskeletal limb pain • primarily for use as a bed; or • primarily for management of lower limb oedema*. *When treating lower limb oedema it is important to be aware of current best practice that informs health providers that elevation of the feet below the level of the heart is ineffective and should be avoided. Best practice includes: calf pumping exercises, regular walks and elevation of lower limbs on a bed. Heating/massaging units are not provided. Order Form – Mobility and Functional Support – D0992
AC10	Replacement Parts and/or Repairs for AC items	No	OT, Physio, RN, S, GP/LMO, Ch, Ost	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

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AD00 - Continence Products					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD01	Bedding protection - Reusable: Draw sheet - Absorbent, waterproof backing	No	OT, RN, CA, S, GP/LMO, Physio	Yes Continence	Functional and product assessments should be conducted. Functional assessment to establish: <ul style="list-style-type: none"> cause of incontinence and instigation of appropriate therapy programs; severity of incontinence and the amount of leakage; the absorbency level required when assessing the continence pads/aid; and the health, safety and comfort needs of the entitled person. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD02	Disposable Liners/Underpads (blue underlay)	No	OT, RN, CA, S, GP/LMO, Physio	Yes Continence	Same assessments as per item AD01 should be undertaken. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD03	Catheter Drainage Bag – overnight (non-sterile/sterile) non-drainable i.e. overnight bags, only used once.	No	RN, CA, S, GP/LMO, Physio	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD04	Urinal (with/without holder) (male and female)	No	OT, RN, CA, S, GP/LMO, Physio	Yes Continence Mobility & Functional Support	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988 Direct Order Form – Mobility and Functional Support – D0992
AD05	Catheters - In-Dwelling (e.g. Foley) – Long term	No	GP/LMO, S, CA, RN, Physio	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD06	Washable Continence Briefs	No	OT, RN, CA, GP/LMO, S, Physio	Yes Continence	These briefs may already have a pad stitched in, or Velcro, or pockets to allow for the addition of a pad (i.e. an AD21 washable pad). Same assessment as per item AD01 should be undertaken. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD07	Continence Pads - Disposable	No	OT, RN, CA, GP/LMO, S, Physio	Yes Continence	Disposable ‘pull-ups’ are considered to be pads. Same assessments as per item AD01 should be undertaken. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD08	Urine Drainage Bottle - 4 Litres (with connecting tubing)	No	RN, CA, S, GP/LMO	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD09	Leg Bag (non sterile/sterile)	No	RN, CA, S, GP/LMO	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988

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AD00 - Continence Products					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD10	Penile Clamp	No	S, RN, GP/LMO, CA	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD11	Catheters – Intermittent (e.g. Nelaton)	No	GP/LMO, S, CA, RN	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD12	Catheters - External (e.g. uridome / penile sheath / penile pouch)	No	RN, CA, S, GP/LMO	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD13	Urine Collection Bag Hanger	No	RN, CA, S, GP/LMO	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD14	Waterproof Sheet (rubberised)	No	OT, RN, CA, S, GP/LMO	Yes Continence	Same assessment as per item AD01 should be undertaken. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD15	Continence Consumables	No	RN, CA, GP/LMO, S	Yes Continence	Includes catheter packs, sterile gloves, cleaning agents, tubing and perineal/stoma cleansing products, sterile water and normal saline. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD16	Occlusive Devices (e.g. anal plugs)	No	CA, S, GP/LMO, RN	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD17	Urethral Meatal Dilator	No	S, GP/LMO	Yes Continence	Product assessment should be undertaken. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD18	Faecal Collector – Perianal	No	RN, CA, S, GP/LMO	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD19	Continence Briefs - (mesh/stretch)	No	OT, RN, CA, GP/LMO, S, Physio	Yes Continence	Stretch, mesh, disposable briefs but can be washed/re-washed between 4-30 times before needing to be replaced. Used to hold either disposable pads (AD07) or washable pads (AD21) firmly in place. Same assessments as per item AD01 should be undertaken. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD20	Pessary Ring	No	RN, CA, GP/LMO, S	Yes Continence	Initially by LMO, S, and subsequent request for supplies can be made by RN, CA or the entitled person. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD21	Continence Pads – Re-usable/Washable	No	OT, RN, CA, GP/LMO, S	Yes Continence	Often used in conjunction with AD06 (long lasting continence briefs) or AD19 (continence briefs – short term). Same assessments as per item AD01 should be undertaken. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988

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AD00 - Continence Products					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD22	Catheter Drainage Bag – overnight - (non-sterile/sterile) - Drainable	No	RN, CA, GP/LMO, S	Yes Continence	Entitled person education and follow-up should be undertaken to ensure that the entitled person is aware of the number of usages possible per bag. For non-drainable bag see AD03 . RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD23	Catheter Valves - Long/Short Term	No	RN, CA, GP/LMO, S	Yes Continence	Same assessments as per item AD01 should be undertaken. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD24	Chair Pads - Waterproof	No	OT, RN, CA, Physio	Yes Continence	RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD26	Continence Absorbent Mat (for beside the bed only)	No	RN, CA, GP/LMO, S, OT, Physio	Yes Continence	Functional, home and product assessments should be conducted. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988
AD27	Muscle Stimulator for Continence Issues (includes appropriate electrodes and batteries)	No	Physio, CA, RN	No	Use of the muscle stimulator would be part of an overall management plan which includes a home exercise program and appropriate reviews. Instruction in use, prescription of exercises and continence education would be provided by a continence nurse or physiotherapist. Evaluation of the effectiveness of this type of intervention would be completed prior to recommendation of supply. RAP National Guidelines apply.
AD28	Replacement Parts, Repairs and Accessories	No	OT, RN, CA, S, GP/LMO, Physio	Yes Continence	DVA accepts financial responsibility for items not covered under the warranty period. RAP National Guidelines apply. Direct Order Form - Continence Products - D0988

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AE00 – Cushions / Supports					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AE01	Back Supports	No	Physio, OT, Ch, Ost, RN, S, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Back supports are recommended as part of a management plan for an assessed clinical need. Magnetic/heating/vibrating items are not provided. Order Form – Mobility and Functional Support – D0992
AE02	Bed Wedges and Supports	No	Physio, OT, RN, Pod	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Bed wedges and supports are recommended as part of a management plan of an assessed clinical need. Magnetic/heating/vibrating items are not provided. Order Form – Mobility and Functional Support – D0992
AE03	Therapeutic Neck Supports (see also AR18 Cervical Collars)	No	OT, Physio, Ch, Ost, S, RN, GP/LMO	Yes Mobility & Functional Support	Functional and Product assessments should be conducted. Therapeutic neck supports are recommended as part of a management plan for an assessed clinical need. Magnetic/heating/vibrating items are not provided. DVA does not accept financial responsibility for the provision of standard pillows. Order Form – Mobility and Functional Support – D0992
AE04	Pressure Care Cushion	No	OT, Physio, RN, Pod, GP/LMO, Ch, Ost, S	Yes Mobility & Functional Support	Functional and product assessments should be conducted. A validated pressure care assessment should be undertaken. For example, Waterlow scale. Magnetic/heating/vibrating items are not provided. Order Form – Mobility and Functional Support – D0992
AE06	Replacement Parts and/or Repairs for AE items	No	OT, Physio, Ch, Ost, RN, S, GP/LMO	Yes Mobility & Functional Support	Consider replacement if the cost of replacement is less than \$244. DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992

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AF00 – Diabetes Products					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AF01	Blood Glucose Monitor	No	DC, GP/LMO, S, DE, RN	No	Functional and product assessments should be conducted.
AF02	Finger Pricking Device	No	DC, GP/LMO, S, DE, RN	No	Functional and product assessments should be conducted.
AF03	Insulin Syringes and Needles	No	DC, GP/LMO, S, DE, RN	No	A range of products enabling better self-management of diabetes is available, free of charge or at minimal cost, to those registered on the National Diabetes Services Scheme (NDSS), an initiative of the Australian Government. This includes Insulin Needles and Syringes (AF03), Pen Injection Needles (AF06) and Diabetes Consumables (AF07). These items are available from NDSS Access Points , most typically a local pharmacy. DVA will continue to pay all co-payments for NDSS products supplied to eligible persons. Supplied through NDSS access points.
AF04	Lancets	No	DC, GP/LMO, S, DE, RN	No	Functional and product assessments should be conducted.
AF05	Pen Injection Device (insulin)	No	DC, GP/LMO, S, DE, RN	No	Functional and product assessments should be conducted.
AF06	Pen Injection Needles	No	DC, GP/LMO, S, DE, RN	No	A range of products enabling better self-management of diabetes is available, free of charge or at minimal cost, to those registered on the National Diabetes Services Scheme (NDSS), an initiative of the Australian Government. This includes Insulin Needles and Syringes (AF03), Pen Injection Needles (AF06) and Diabetes Consumables (AF07). These items are available from NDSS Access Points , most typically a local pharmacy. DVA will continue to pay all co-payments for NDSS products supplied to eligible persons. Supplied through NDSS access points.
AF07	Diabetes Consumables	No	DC, GP/LMO, S, DE, RN	No	A range of products enabling better self-management of diabetes is available, free of charge or at minimal cost, to those registered on the National Diabetes Services Scheme (NDSS), an initiative of the Australian Government. This includes Insulin Needles and Syringes (AF03), Pen Injection Needles (AF06) and Diabetes Consumables (AF07). These items are available from NDSS Access Points , most typically a local pharmacy. DVA will continue to pay all co-payments for NDSS products supplied to eligible persons. Supplied through NDSS access points.
AF09	Blood Glucose Monitor (non-contracted)	Yes	DC, GP/LMO, S, DE, RN	No	Functional and product assessments should be conducted. This item refers to specialised glucometers.
AF10	Para-Diabetic Products (control solutions, check paddles, end caps, sharps collectors and diabetic aids)	No	DC, GP/LMO, S, DE, RN	No	Functional and product assessments should be conducted.
AF11	Diabetes Education & Support Service	No	DC, GP/LMO, S, DE, RN, D	No	

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AH00 – Eating / Kitchen / Household Adaptive Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AH01	Crockery and Cutlery – Adaptive	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	Functional and product assessments should be conducted. AH06 should be considered in the first instance. Order Form – Mobility and Functional Support – D0992
AH04	Book Holder/Electronic Book Holder	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AH06	Handle – Utensil	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	Functional Product assessments should be conducted. This item should be considered prior to AH01 . Order Form – Mobility and Functional Support – D0992
AH07	Jar Opener	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AH08	Key Turner	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AH09	Non-Slip Table Mat	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AH11	Reaching Appliances	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AH12	Scissors - Spring Loaded Adaptive	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AH13	Tap Turner (see also AL04 – lever taps)	No	OT, RN, Physio	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AH14	Traymobile – Height Adjustable	No	OT, RN, Physio	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Assessment of in-home mobility and environment in which the aid is to be used should be undertaken to determine safe and appropriate use. Order Form – Mobility and Functional Support – D0992
AH15	Vegetable Board – Modified	No	OT, RN, Physio	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992

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AH00 – Eating / Kitchen / Household Adaptive Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AH17	Eating/Kitchen/Household Adaptive Appliances – Miscellaneous Items	No	OT, RN, Physio, GP/LMO, S, SP	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Items specifically designed for individuals with disability — for example, tea-pot tipper, dysphagia cup. Order Form – Mobility and Functional Support – D0992
AH18	Replacement Parts and/or Repairs for AH items.	No	OT, RN, Physio, GP/LMO, S	Yes Mobility & Functional Support	If costs of repairs are over \$218 consider replacement. DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992

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AJ00 – Footwear					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
	Foot Orthoses/Insoles (See AR04)				
AJ06	Temporary Footwear (includes cast boots and post-operative shoes)	No	Pod, O, S, Physio, P, RN, GP/LMO	Yes Mobility & Functional Support	Temporary footwear such as wound boots and post-operative shoes are provided for transitional use during an episode of care when use of the client's regular footwear is not possible. Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AJ07	Footwear for Prosthetic Limb	No, unless exceeds three pairs at any one time	AC, P, S, Physio, Pod	No	Shoes are funded if they are required as an essential part of a Limb Prosthesis. These can be off the shelf or when necessary through the MGF program . Limit of two pairs of funded shoes at any one time. Replacement when shoes are no longer serviceable. Note limit extended to three pairs if the entitled person lives more than 100kms from the nearest footwear supplier.
AJ08	Footwear Repairs	No	O, Pod, S, Physio	No	For DVA issued temporary footwear only. DVA accepts financial responsibility for items not covered under the warranty period.

AK00 – Tinnitus Devices					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AK02	Tinnitus Devices	Yes, limit of 1 per person	S, A	No	Functional and product assessments should be conducted. A clinical and technical consultation should be conducted to determine suitability of the equipment for the client. To be issued on a trial basis, and its benefit is to be evaluated by the Health Provider at a subsequent consultation. All hearing aids must be accessed through the Hearing Services Program (HSP). Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
AK03	Replacement Parts and/or Repairs for AK Items.	No	S, A	No	DVA accepts financial responsibility for items not covered under the warranty period. Request for Assistive Listening Devices and/or Tinnitus Devices form D9376

AL00 – Home Modifications					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL04	Lever Taps	No	OT	Yes Mobility & Functional Support	<p>Assessment of upper limb function should be undertaken along with trial of simpler products within the home environment e.g. tap turners.</p> <p>Maintenance of tap washers should be considered before prescribing lever taps. Entitled persons are responsible for regular home maintenance. If entitled persons require assistance with maintenance of tap washers, Veterans Home Care may be able to assist with safety related home maintenance issues.</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Installations should only be carried out on one residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription.</p> <p>RAP National Guidelines apply.</p> <p>Order Form – Mobility and Functional Support – D0992</p> <p>Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.</p>

AL00 – Home Modifications					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL05	Stair Lifts	Yes, limit of 1 per person	OT	No	<p>Stair lift installations are considered complex major modifications and can only be installed to one primary residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. If the entitled person is residing in a shared housing complex, such as unit/townhouse, please contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP to discuss.</p> <p>RAP National Guidelines apply. Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Functional Assessment should include:</p> <ul style="list-style-type: none"> • Assessment of mobility, balance, falls risk and strength. Assessment by a Physiotherapist is recommended; • Activities of daily living and community access issues; • Investigation of other access options; and • Cognition, upper limb function and ability to safely operate the lift. <p>Home Assessment should include:</p> <ul style="list-style-type: none"> • Detailed diagrams and measurements of access and surrounding areas of residence for the proposed installation (AS1428.1 2009). <p>Product Assessment should include:</p> <ul style="list-style-type: none"> • Assessment of appropriate access for installation; and • Assessment of most appropriate device and method of operation as it relates to functional need. <p>Please ensure requests are complete and address all criteria contained in the National Guidelines prior to forwarding to DVA for consideration.</p>

AL00 – Home Modifications

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL06	Non-slip Surfacing (including non-slip strips)	No	OT, Physio, RN	Yes Mobility & Functional Support	<p>Functional, home and product assessments should be conducted.</p> <p>Non-slip surfacing may be requested for wet areas, such as showers, bathrooms, external stairs and ramps.</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Installations should only be carried out on one residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription.</p> <p>RAP National Guidelines apply.</p> <p>Order Form – Mobility and Functional Support – D0992</p> <p>Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.</p>
AL07	Vertical Platform Lifts	Yes, limit of 1 per person	OT	No	<p><u>Eligibility:</u> Vertical Platform Lifts will only be supplied in respect of a war caused injury or disease/accepted disability (refer to <i>Treatment Principle 11.3.1</i>).</p> <p>Lift installations are considered complex major modifications and can only be installed to one primary residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. If the entitled person is residing in a shared housing complex, such as unit/townhouse, please contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP to discuss.</p> <p>RAP National Guidelines apply.</p> <p>Home/Access Modifications Assessment Form (Major Modifications) - D1327</p> <p>Authority to Install/Modify Form - D1323</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Same assessments as per item AL05 should be undertaken.</p>

AL00 – Home Modifications					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL09	Rails (internal and external)	No, unless request is for more than one access point of the home	OT	Yes Mobility & Functional Support	<p>Includes internal and external grab rails and hand rails to access points of residence. Does not include rails for pools or spas. Rails on verandas and balustrades should be referred to DVA as they may have building code ramifications. Functional and Home Assessment should include:</p> <ul style="list-style-type: none"> • Assessment of functional mobility and consideration of other options, such as appropriate gait aid or more specific therapy program; • Functional mobility within the home and the need for rail support as well as the type of rail required; and • Assessment of location for rails and associated measurements and diagrams for installation. <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Installations should only be carried out on one residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription.</p> <p>RAP National Guidelines apply. Order Form – Mobility and Functional Support – D0992</p> <p>Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.</p>

AL00 – Home Modifications

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL10	Ramps – Fixed and Demountable	Yes	OT	No	<p>Ramp installations for access are considered complex major modifications and can only be installed to one primary residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. If the entitled person is residing in a shared housing complex, such as unit/townhouse, please contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP to discuss.</p> <p>RAP National Guidelines Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Functional Assessment should include:</p> <ul style="list-style-type: none"> • Assessment of mobility, balance, falls risk, and strength, collaboration with a physiotherapist is recommended; • Activities of daily living — for example, issues with access to garden, shed or workshop • Community access issues • Investigation of other access options; and • Ability to safely negotiate ramp gradient with mobility aid. <p>Home Assessment should include:</p> <ul style="list-style-type: none"> • Functional assessment of access and simpler alternatives • Product assessment of ramp options for access • Detailed diagrams and measurements of access and surrounding areas of residence for the proposed installation (AS1428.1 2009). <p>Product Assessment should include:</p> <ul style="list-style-type: none"> • Assessment of appropriate access for installation • Assessment of most appropriate ramp (timber, modular etc.) and configuration in terms of functional need. <p>Please ensure requests include quotes from two registered builders, are complete and address all criteria contained in the National Guidelines prior to forwarding to DVA for consideration.</p> <p>RAP does not undertake general home maintenance or repairs such as levelling concrete paths and DVA is not responsible for maintaining funded home modifications, such as re-oiling ramps.</p>
AL11	Ramps – Portable (includes folding or retractable aluminium/fibreglass)	No	OT	Yes Mobility & Functional Support	<p>Provided where wedge ramps (AL21) are not suitable to access points of residence. Same assessments as per item AL10 should be undertaken.</p>

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AL00 – Home Modifications					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
					<p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Installations should only be carried out on one residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription.</p> <p>RAP National Guidelines apply.</p> <p>Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.</p>
AL14	Step Modifications	No, unless more than one step	OT	Yes Mobility & Functional Support	<p>Step modifications are limited to widening/increasing depth of the step tread to accommodate walking aid, where other simpler access and mobility options are not suitable. It may also include halving height of existing high step up to a doorway.</p> <p>Step modifications do not include maintenance of unsafe stairs or standardising uneven steps that do not meet relevant building code.</p> <p>New steps are not installed in cases where no steps currently exist.</p> <p>Functional and Home Assessment should include:</p> <ul style="list-style-type: none"> • Assessment of mobility and stair climbing; and • Assessment of simpler options for access, such as wedge ramps, hand or grab rails, alternative access. <p>Modifications to more than one step require quotes from two registered builders and should be referred to DVA with clinical justification.</p> <p>RAP National Guidelines apply.</p> <p>Home/Access Modifications Assessment Form – D1327</p> <p>Authority to Install/Modify Form – D1323</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Installations should only be carried out on one residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription.</p> <p>Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.</p>

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AL00 – Home Modifications					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL15	Home Modifications – Complex	Yes	OT	No	<p>Home Modifications are considered complex major modifications and can only be carried out to one primary residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription. If the entitled person is residing in a shared housing complex, such as unit/townhouse, please contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP to discuss.</p> <p>Purchase of the residence should have occurred prior to any knowledge of the disability and where the entitled person would not have been able to reasonably judge that access was likely to become an issue.</p> <p>Functional Assessment should include:</p> <ul style="list-style-type: none"> • Objective assessment of activities of daily living • Therapy program to be implemented if appropriate • Investigation and trialling of simpler equipment options. <p>Home Assessment should include:</p> <ul style="list-style-type: none"> • Functional assessment of access and simpler alternatives • Product assessment of simpler options within the home for access • Detailed diagrams and measurements of the area to be modified with proposed installation/modification (AS1428.1 2009) • Preconstruction and post construction visits with builders to procure quotes. <p>Product Assessment should include:</p> <ul style="list-style-type: none"> • Assessment of most appropriate and simplest equipment that meet functional needs. <p>RAP National Guidelines apply Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Please ensure requests include quotes from two registered builders, are complete and address all criteria contained in the National Guidelines prior to forwarding to DVA for consideration.</p> <p>RAP does not undertake general home maintenance or repairs such as levelling concrete paths and DVA is not responsible for maintaining funded home modifications, such as re-oiling ramps, regrouting shower tiles.</p>

AL00 – Home Modifications					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL16	Home Modifications – Minor – Labour Component	No	OT *A, At, GP/LMO	Yes Mobility & Functional Support	<p>Labour time to install minor home modifications, for example, but not limited to AA17, AL04, AL06, AL21, AL23, BE01, BE10, BE12, etc.</p> <p>*Note: Assessing Health Providers A, At, and GP/LMO may only prescribe AL16 for the installation of AA17 – Smoke Alarm Package for the Hearing Impaired. A Direct Order Form – RAP Mobility & Functional Support Products - D0992 must be completed and sent to a Mobility and Functional Support (MFS) contracted supplier. The form must specify whether installation is for a hard-wired or battery operated smoke alarm. Hard-wired smoke alarm installation will only be funded where the Building Code of Australia requires a 240 volt alarm to be installed. Refer AA17.</p>
AL21	Home Modifications – Minor	No	OT	Yes Mobility & Functional Support	<p>Minor Modifications are partial changes to an already existing dwelling that enables the entitled person to achieve an appropriate level of independence and safety. Minor Modifications may include: rod for shower curtain, wooden wedges, step ramp, shower base platform, toilet door reversal or installation of lift-off hinges, threshold wedge, relocation of door handles/locks, relocation of existing hanging rods in wardrobe.</p> <p>RAP does not undertake general home maintenance or repairs such as levelling concrete paths and DVA is not responsible for maintaining funded home modifications, such as re-oiling ramps, regrouting shower tiles.</p> <p>Functional, home and product assessments should include:</p> <ul style="list-style-type: none"> • Assessment of functional need; • trial/implementation of simpler equipment, alternative techniques and where appropriate, recommend referral to other Health Provider services; and • measurements and relevant drawings/diagrams for proposed minor modifications. <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Installations should only be carried out on one residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription.</p> <p>RAP National Guidelines apply.</p> <p>Order Form – Mobility and Functional Support – D0992</p> <p>Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.</p>
AL22	Replacement Parts and/or Repairs for AL Items	No	OT	Refer to RAP AL Item Number	

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AL00 – Home Modifications

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL23	Stove Isolation Switch	No, unless requires override switch/key system	OT	Yes Mobility & Functional Support	<p>This item can only be provided to enhance the entitled person’s safety and independence at home where a high level of safety risk has been assessed. This risk may be due to dementia or cognitive and memory dysfunctions. In-home functional assessment and a cognitive evaluation is recommended.</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Installations should only be carried out on one residence. Confirmation is required that the entitled person intends to remain in the dwelling to be modified. Assessing Health Provider should be aware of maintenance issues before prescription.</p> <p>RAP National Guidelines apply.</p> <p>Order Form – Mobility and Functional Support – D0992</p> <p>Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information. See also BF00 Cognitive, Dementia and Memory Assistive Technology.</p>

AM00 – Lifting Devices					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AM01	Hoist/Personal Lifting Device (includes sling)	No	OT, Physio, RN	Yes Mobility & Functional Support	<p>Includes full body hoists or standing hoists.</p> <p>Functional assessment should be undertaken to determine:</p> <ul style="list-style-type: none"> • Mobility and transfers, such as bed to chair, chair to commode • Alternative simpler methods or equipment that enables safe transfers. <p>A home trial of the hoist is to be completed where practical.</p> <p>Education and training on the safe hoist and sling operation is essential and should be undertaken in the presence of the Health Provider.</p> <p>Product assessment includes recommendation of the most appropriate type of hoist, standing vs full body, in relation to assessed functional need, individual weight and measurements.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AM02	Additional Sling for Hoist	No	OT, Physio, RN	Yes Mobility & Functional Support	<p>This item is provided when the functional assessment indicates an additional specialised sling is required, such as bathing/toileting sling.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AM03	Replacement Parts and/or Repairs for AM Items	No	OT, Physio, RN	Refer to RAP AM Item Number	<p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AM04	Ceiling Hoist	Yes	Physio, OT, RN	No	<p>Functional assessment should be undertaken to determine:</p> <ul style="list-style-type: none"> • Mobility and transfers, such as bed to chair, chair to commode • Alternative simpler methods or equipment that enables safe transfers. <p>Education and training on the safe hoist and sling operation is essential and should be undertaken in the presence of the Health Provider.</p> <p>Product assessment includes recommendation of the most appropriate hoist and sling in relation to assessed functional need, individual weight and measurements.</p> <p>RAP National Guidelines apply</p> <p>Home/Access Modifications Assessment Form – D1327</p> <p>Authority to Install/Modify Form – D1323</p>

AN00 – Low Vision Appliances (Non-Optical)					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AN01	Clock (braille alarm clock/ talking clock)	No	LVC, Op, OT	Yes Low Vision	Product assessment should be conducted. See also BF00 Cognitive, Dementia and Memory Assistive Technology. Order Form – RAP Low Vision Products – D9257
	Guide Dog	Yes	LVC, S	Yes Low Vision	See BH02
AN03	Library Service Fee for Talking Books	No	LVC, Op, OT	Yes Low Vision	Vision Australia and VisAbility also provide a library service free of charge to people who meet the clinical criteria. Vision Australia. Blindness and low vision services VisAbility Order Form – RAP Low Vision Products – D9257
AN05	Orientation and Mobility Training (for visually impaired)	No	LVC, Op	Yes Low Vision	Includes mobility training for walking canes and electronic mobility aid. Order Form – RAP Low Vision Products – D9257
AN08	Electronic Mobility Aid	No	LVC, Op	Yes Low Vision	Product assessment should be conducted. Order Form – RAP Low Vision Products – D9257
AN09	Talking Book Device (Daisy Player)	No	LVC, OT, Op	Yes Low Vision	Order Form – RAP Low Vision Products – D9257
AN11	Television – Closed Circuit	Yes, limit of 1 per person	LVC, Op	Yes Low Vision	Functional and product assessments should be conducted. Education and training in usage for the entitled person should be undertaken prior to provision. . Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information. RAP National Guidelines apply. Order Form – RAP Low Vision Products – D9257
AN13	Reading software and reading devices	No	LVC, Op	Yes Low Vision	Product assessment should be conducted. Order Form – RAP Low Vision Products – D9257
AN15	Watch – Wrist (low vision)	No	LVC, Op, OT	Yes Low Vision	Product assessment should be conducted. Order Form – RAP Low Vision Products – D9257
AN17	Low Vision Appliances – Miscellaneous Items	No	LVC, OT, Op	Yes Low Vision	Product assessment should be conducted. Includes coin holders, large print teledex, needle threader, tactile marks for appliances, liquid level indicator, signature guide, white cane, ID cane, writing frame and vision impairment badge. Lamps are not provided. Order Form – RAP Low Vision Products – D9257
AN18	Replacement Part and/or Repairs	No, unless exceeds \$432	LVC, OT, Op	Yes Low Vision	DVA accepts financial responsibility for items not covered under the warranty period. Order Form – RAP Low Vision Products – D9257

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AN00 – Low Vision Appliances (Non-Optical)					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AN19	TV Connected Video Magnifier	Yes	LVC, Op	No	Functional and product assessments should be conducted. This item is used like a mouse for the computer. It allows images to be displayed on television or computer screen up to 24x magnification and can be used in a variety of formats, such as newspapers, prescription bottles.
AN20	Portable Battery Operated Video Magnifier	No, unless exceeds \$1323	LVC, S, Op	Yes Low Vision	Functional and product assessments should be conducted. This item is an electronic version of a standard handheld magnifier. It would assist with reading food labels and prices etc. while shopping. Order Form – RAP Low Vision Products – D9257

AP00 – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP01	Vehicle Modifications (for example, driving controls/alterations)	Yes, limit of 1 per person	OT, S, GP/LMO	No	<p>A vehicle modification can be made to a car/van to allow an entitled person with a disability to access, drive, or travel in.</p> <p>Simpler car modifications should be considered in the first instance.</p> <p><u>Eligibility:</u> DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>)</p> <p>The entitled person must verify ownership of vehicle and possession of suitably endorsed licence to drive modified vehicle (if required) before DVA will proceed with modification.</p> <p>The functional and product assessments should include:</p> <ul style="list-style-type: none"> • Detailed physical, visual, cognitive and visual-spatial assessments to demonstrate the entitled person's functional ability to safely operate a modified vehicle; • Recommended car modifications need to be trialled and quotations for the modifications obtained; and • Any necessary training that may be required should also be detailed. <p>RAP National Guidelines apply.</p>
AP02	Batteries for Electric Scooters	No	OT	Yes Mobility & Functional Support	<p>Entitled person to contact supplier to arrange replacement of batteries for DVA issued electric mobility aid.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AP03	Crutches	No	Physio, OT, Ch, Ost, GP/LMO, S	Yes Mobility & Functional Support	<p>Functional and product assessments should be conducted.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AP04	Safety Helmet - Scooters	No	GP/LMO, RN, OT, Physio, S	Yes Mobility & Functional Support	

AP00 – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP05	Electric Scooter	Yes, limit of 1 per person	OT, S, GP/LMO	Yes Mobility & Functional Support	<p>Simpler options should be firstly considered, such as public transport, taxis.</p> <p>This item is provided to <u>veterans</u> who hold a DVA Health Care Card– For All Conditions or Totally and Permanently Incapacitated (Gold Card) or a DVA Health Card – For Specific Conditions (White Card). The provision of this item does not extend to war widows/widowers or dependants.</p> <ul style="list-style-type: none"> Detailed physical, visual, cognitive and visual-spatial assessments are undertaken to demonstrate the client is able to safely operate an electric scooter. Prior to an OT assessment, a GP/LMO must send the D9300 form - Electric Mobility Aid Part 1 Medical Information to RAPgeneralenquiries@DVA.gov.au Following approval from DVA, the OT will conduct an assessment and complete part one of the D1325 form - Electric Mobility Aid Part 2 Assessment. This is to be submitted to DVA. If approved, the OT is notified and proceeds to organise a trial of equipment. Part two of the D1325 form is then completed by the assessing OT. (Note D9379 Electric Mobility Aid Part 3 Trial Form is being developed to separate the D1325 into two forms. Please check the RAP Forms webpage for the most up to date forms). <p>A periodic re-assessment of the veteran’s capacity to safely operate the electric scooter is essential. Scooter Batteries see AP02. RAP National Guidelines apply.</p>
AP06	Quadstick/Quadrapod	No	Physio, OT, S, GP/LMO	Yes Mobility & Functional Support	<p>Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992</p>
AP07	Knee Walker/Scooter	No	Physio	Yes Mobility & Functional Support	<p>Prescribed following referral by an orthopaedic surgeon when the surgeons protocol requires non-weight bearing of foot or ankle post-surgical care.</p> <p>Functional and safety assessment including education should be undertaken by the hospital physiotherapist for indoor and outdoor use. Order Form – Mobility and Functional Support – D0992</p>
AP09	Transfer Equipment	No	OT, Physio, RN	Yes Mobility & Functional Support	<p>Functional, home and product assessments should be conducted. Includes boards, slide sheets, and portable swivel pad/turntables. Order Form – Mobility and Functional Support – D0992</p>
AP12	Walking Frame (includes wheeled walking frame)	No	Physio, OT, Ch, Ost, S, GP/LMO	Yes Mobility & Functional Support	<p>Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992</p>

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AP00 – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP13	Walking Stick	No	Physio, OT, Ch, Ost, S, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AP14	Wheelchair Accessories	No	Physio, OT, Ch, Ost, S, GP/LMO	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AP15	Walking Stick Holder / Strap / Accessories	No	Physio, OT, Ch, Ost, S, RN, GP/LMO	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AP16	Electric Wheelchair	Yes, limit of 1 per person	OT, S, GP/LMO	Yes Mobility & Functional Support	<p>Simpler options should be firstly considered, such as public transport, taxis.</p> <p>This item is provided to <u>veterans</u> who hold a DVA Health Care Card– For All Conditions or Totally and Permanently Incapacitated (Gold Card) or a DVA Health Card – For Specific Conditions (White Card). The provision of this item does not extend to war widows/widowers or dependants.</p> <ul style="list-style-type: none"> Detailed physical, visual, cognitive and visual-spatial assessments are undertaken to demonstrate the client is able to safely operate an electric wheelchair. Prior to an OT assessment, a GP/LMO must send the D9300 form – Electric Mobility Aid Part 1 Medical Informaton to RAPgeneralenquiries@DVA.gov.au Following approval from DVA, the OT will conduct an assessment and complete part one of the D1325 form – Electric Mobility Aid Part 2 Assessment. This is to be submitted to DVA. If approved, the OT is notified and proceeds to organise a trial of equipment. Part two of the D1325 form is then completed by the assessing OT. (Note D9379 Electric Mobility Aid Part 3 Trial Form is being developed to separate the D1325 into two forms. Please check the RAP Forms webpage for the most up to date forms). <p>A periodic re-assessment of the veteran’s capacity to safely operate the electric wheelchair is essential. RAP National Guidelines apply.</p>
AP17	Manual Wheelchair – (standard)	No	OT, Physio	Yes Mobility & Functional Support	Detailed functional assessments should be undertaken to determine need for, and the entitled person’s ability to operate manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided. Order Form – Mobility and Functional Support – D0992

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AP00 – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP19	Manual Wheelchair – (customised)	Yes, limit of 1 per person	OT, Physio	Yes Mobility & Functional Support	Standard manual wheelchair should be considered in the first instance, if appropriate. Detailed functional assessments should be undertaken to determine need for, and the entitled person's ability to independently operate customised manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided. Order Form – Mobility and Functional Support – D0992
AP20	Training for use of Vehicle Modifications	Yes, limit of 1 per person	OT, S, GP/LMO	No	Eligibility: DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>). DVA will only cover the cost of lessons to learn to use the car modifications, not to give basic driving lessons on how to drive a car, or to re-learn driving skills. Maximum of six lessons. Specialist post-graduate training in driving assessment is required to assess for and recommend this item.
AP21	Replacement Parts and/or Repairs for AP Items	No	Physio, OT, S, Ch, Ost, GP/LMO, RN	Refer to RAP AP Item Number	DVA accepts financial responsibility for items not covered under the warranty period.
AP22	Walking Frame Accessories	No	Physio, OT, S, Ch, Ost, GP/LMO, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AP23	Car Hoist (external and internal)	Yes, limit of 1 for manual wheelchair only	S, OT	No	Eligibility: DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>). Functional assessment should be undertaken to determine: <ul style="list-style-type: none"> • Functional mobility and transfers; • Alternative simpler equipment and other methods in the first instance, such as use of wheelchair carrier, quick release wheelchair axles, wheelchair accessible taxi; and • Suitable physical and cognitive skills (as assessed) to safely operate the device. The entitled person is required to own the vehicle. RAP National Guidelines apply.

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AP00 – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP24	Driving Assessment	Yes, limit of 1 service per person	S, GP/LMO, OT	No	<p>Eligibility: DVA only provides this item to veterans who have a medically assessed need due to a war-caused injury or disease/accepted disability (refer to <i>Treatment Principles 11.3.1</i>).</p> <p>Driving Assessment under this RAP Schedule code is defined as an assessment of an entitled person's driving skills to identify a need for car modification (AP01). It does not include assessment for fitness to drive, driver rehabilitation or refresher lessons.</p> <p>A driving assessment and report is to be undertaken by an Occupational Therapist with the relevant post-graduate qualifications in driving assessment, in conjunction with a suitably qualified driving instructor. The following areas are to be reported on:</p> <ul style="list-style-type: none"> • The entitled person's visual, cognitive and visual-spatial abilities; • Level of impairment; and • Ability to operate the vehicle safely. <p>RAP National Guidelines apply.</p>
AP25	Power Assist Device for Manual Wheelchair	Yes limit of 1 per person	OT, S, GP/LMO	Yes Mobility & Functional Support	<p>A Power Assist Device for a Manual Wheelchair may, for example, enable a client to negotiate undulating terrains independently.</p> <p>Simpler options should be firstly considered, such as public transport, taxis.</p> <p>This item is provided to <u>veterans</u> who hold a DVA Health Care Card– For All Conditions or Totally and Permanently Incapacitated (Gold Card) or a DVA Health Card – For Specific Conditions (White Card). The provision of this item does not extend to war widows/widowers or dependants.</p> <ul style="list-style-type: none"> • Detailed physical, visual, cognitive and visual-spatial assessments are undertaken to demonstrate the client is able to safely operate a Power Assist Device. Prior to an OT assessment, a GP/LMO must send the D9300 form – Electric Mobility Aid Part 1 Medical Information to RAPgeneralenquiries@DVA.gov.au • Following approval from DVA, the OT will conduct an assessment and complete part one of the D1325 form – Electric Mobility Aid Part 2 Assessment. This is to be submitted to DVA. If approved, the OT is notified and proceeds to organise a trial of equipment. • Part two of the D1325 form is then completed by the assessing OT. (Note D9379 Electric Mobility Aid Part 3 Trial Form is being developed to separate the D1325 into two forms. Please check the RAP Forms webpage for the most up to date forms). <p>A periodic re-assessment of the veteran's capacity to safely operate the power assist device is essential.</p> <p>The Power Assist Device should only be used with a manual wheelchair with a manufacturer's endorsement of compatibility.</p> <p>Batteries see AP02.</p> <p>RAP National Guidelines apply.</p>

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AP00 – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP26	Wheelchair Power Pack – Carer operated	Yes, limit of 1 per person	OT, S, GP/LMO	Yes Mobility & Functional Support	<p>This carer operated wheelchair power pack will only be considered where the carer is unable to propel a manual wheelchair. For veterans, who are eligible to access an electric wheelchair or scooter, this device will only be considered where the veteran is unable to safely operate an electric wheelchair or scooter.</p> <p>A trial of the recommended device within the community is to be undertaken by the Health Provider to determine suitability and safe use. Final Departmental approval is dependent on the trial outcome.</p> <p>RAP National Guidelines apply.</p>

AR00 – Orthoses – Splints / Supports / Braces / Slings					
Item No	Description of Appliance	Prior Approval required	Assessing Health Provider	Contracted Item	Comments
AR01	Ankle Supports/Braces	No, unless exceeds \$187 per item or 3 per year	Physio, Pod, S, Ch, Ost, O, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR02	Knee Supports/Braces	No, unless exceeds \$376 per item or 3 per year	Physio, S, Pod, Ch, Ost, O, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. The most simple brace that meets the client’s functional demands and mobility level should be prescribed This item would be provided as part of an overall rehabilitation management plan. For knee braces over \$1240 an orthopaedic surgeon should nominate a specific brace. Order Form – Mobility and Functional Support – D0992
AR03	Upper limb supports/braces	No, unless exceeds \$376 per item or 6 items per year	Physio, S, OT, O, Ch, Ost, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR04	Foot orthotics and orthoses	No, unless exceeds \$438 per pair or 1 pair of orthoses per year	Pod, Physio, S, O, Ch, Ost, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Includes any type of corrective or palliative device for the foot. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR08	Lumbar Braces (including abdominal binders)	No, unless exceeds \$310 per item or 2 per year	Physio, S, Ch, Ost, O, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR09	Scrotal Support	No	S, GP/LMO, Physio	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AR14	Surgical Corsets (including belt / truss)	No	S, GP/LMO, RN, Physio, Ch, Ost	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992

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AR00 – Orthoses – Splints / Supports / Braces / Slings					
Item No	Description of Appliance	Prior Approval required	Assessing Health Provider	Contracted Item	Comments
AR18	Cervical Collars	No, unless exceeds \$310 per item or 2 per year	Physio, S, Ch, Ost, GP/LMO, O	Yes Mobility & Functional Support	Functional and product assessments should be conducted. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR19	Ankle Foot Orthoses (AFO)	No, unless exceeds \$250 per item or 2 per year	Physio, Pod, S, Ch, Ost, OT, O, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. The simplest AFO to meet the client's functional level and mobility demands should be prescribed. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR22	Compression Garments	No, unless exceeds \$598 per pair or 3 pairs per 6 months	S, RN, Physio, OT, GP/LMO, Pod	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Compression garments are provided as a mode of treatment for conditions such as lymphoedema or venous insufficiency. Generic athletic training and recovery compression garments are not funded. Health Providers should have specialist post graduate training in oedema/ lymphoedema management in order to access, measure, fit and review these garments. In the case of lymphoedema treatment programs where therapy is more intensive, Health Providers are required to obtain prior approval from the relevant RAP personnel or clinical adviser. Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information. Order Form – Mobility and Functional Support – D0992
AR23	Lymphoedema Pump	Yes, limit of 1 per person	S, RN, Physio, OT	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AR26	Compression Garment Consumables (including glue/adhesive/spray)	No	S, RN, Physio, OT, GP/LMO, Pod	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992 See also AU13 Sock/Hosiery Appliance and Pressure Garment aid.
AR27	Replacement Parts and/or Repairs for AR Items	No	GP/LMO, OT, S, Physio, Ch, Ost, O, Pod	Yes Mobility & Functional Support	DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992
AR28	Hip Protectors	No, unless exceeds 6 garments per year, plus shields	RN, Physio, S, OT, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments should be conducted. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992

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AR00 – Orthoses – Splints / Supports / Braces / Slings					
Item No	Description of Appliance	Prior Approval required	Assessing Health Provider	Contracted Item	Comments
AR29	Limb Protectors	No, unless exceeds 6 items per year	RN, Physio, S, OT, GP/LMO, Pod	Yes Mobility & Functional Support	Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AR30	Gripping Aid	No	OT, Physio, S	Yes Mobility & Functional Support	Functional and product assessments should be conducted. This splint may improve hand function when a neurological deficit or an injury makes gripping difficult. For example the gripping aid may enable use of equipment for a rehabilitation strengthening program, holding a racquet, handlebars or gardening tools or cutting with a knife. Order Form – Mobility and Functional Support – D0992
AR31	Functional Electrical Stimulation (FES) Lower Limb Neuroprosthesis	Yes, limit of 1 per person every 8 years	ReC, S, O, Physio	No	Not implanted, this external device is generally used for those with neurological deficits, such as for hemiparesis following stroke. A trial is necessary to determine suitability, effectiveness and compliance. There should be evidence that the client is attending a rehabilitation clinic or hospital and is receiving care from a multi-disciplinary team.
AR32	Hand Rehabilitation System and Neuroprosthesis	Yes, limit of 1 per person every 8 years	ReC, S, P, Physio, OT	No	Not implanted, this external device is generally used for those with neurological deficits, such as for hemiparesis following stroke. A trial is necessary to determine suitability, effectiveness and compliance. Prescription for trial should originate from the multidisciplinary rehabilitation team managing the client.

AS00 – Other Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AS01	Blood Pressure Monitor (Sphygmomanometer)	No	S, GP/LMO	Yes Mobility & Functional Support Low Vision	Product assessment should be conducted. Only provided where there is a clinical requirement for home monitoring of blood pressure. Order Form – Mobility and Functional Support – D0992 Order Form – RAP Low Vision Products – D9257
AS11	Vacuum Enhancement Device (appliance for impotence)	No	S, Physio	No	Product assessment should be conducted. Only provided when alternative methods for overcoming impotence are not suitable.
AS12	Wig – Synthetic	No	S, GP/LMO, RN	No	Product assessment should be conducted. Issued for hair loss due to a medical condition.
AS13	Wig – Human Hair	Yes, limit of 2 per person	RN, S, GP/LMO	No	Product assessment should be conducted. Supplied to an entitled person who is becoming bald as a result of war caused injury or disease, or as a result of malignant neoplasia, or as a result of treatment of these conditions. A synthetic wig should be considered, unless there is a clinical requirement for natural hair. DVA will not accept financial responsibility for cleaning and setting the wig.
AS14	Enteral Feeding Pump	No	S, D, GP/LMO	Yes Mobility & Functional Support	Product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AS15	Enteral Feeding Pump Consumables	No	GP/LMO, RN, S, D	Yes Mobility & Functional Support	Product assessment should be conducted. Includes feeding bags, naso-gastric tubes, peg feed tubes. Order Form – Mobility and Functional Support – D0992
AS16	Bracelet/Pendant – (medical info for emergency)	No	GP/LMO, S, RN	Yes Mobility & Functional Support	To be issued in stainless steel only. Order Form – Mobility and Functional Support – D0992 See also BF00 Cognitive, Dementia and Memory Assistive Technology.
AS17	Replacement Parts and/or Repairs for AS Items	No	GP/LMO, RN, OT, S	Refer to RAP AS Item Number	If over \$217 consider replacement of the item. DVA accepts financial responsibility for items not covered under the warranty period.
AS18	Wound Treatment Negative Pressure Equipment – Ambulatory (small)	Yes	S, RN, Pod	No	Product assessment should be conducted. The assessing RN should be a Clinical Nurse Consultant in Wound Management. The assessing podiatrist should be working in a high risk foot service or have accreditation or membership as an advanced practising podiatrist in the high risk foot. The Assessing Health Provider should review treatment in 8 weeks and depending on the Health Provider's recommendation, a further 8 weeks of treatment may be approved. Limit treatment to 16 weeks in total for each wound in a 12 month period.

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AS00 – Other Appliances

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AS19	Wound Treatment Negative Pressure Equipment – Mains Power (large)	Yes	S, RN	No	Product assessment should be conducted. The assessing RN must be a Clinical Nurse Consultant (CNC) in wound management. The Specialist and/or CNC must review treatment in 8 weeks and depending on the prescriber's recommendation, a further 8 weeks of treatment may be approved. Limit treatment to 16 weeks in total for each wound in a 12 month period.
AS22	One-off RAP items	Yes	Relevant Health Provider list on page vii	No	Functional, home and product assessments as required. Requests to DVA for the supply of aids and appliances that do not appear on the Schedule must be referred in writing to RAPgeneralenquiries@dva.gov.au . Requests should be based on a clinical need, and evidence provided that this need is not able to be met by the items already available on the RAP Schedule. This item code is strictly for RAP items that are provided in exceptional circumstances where no equivalent items appear on the Schedule.

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AT00 – Palliative Care Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
	Oxygen (See AY00 – Respiratory Home Therapy Appliances)				
AT09	Subcutaneous Infusion Device	Yes, if purchased	GP/LMO, S, RN	No	Product assessment should be conducted. If these are supplied on loan from community palliative care clinics, no prior approval is required.
AT10	Indwelling Pleural/Abdominal Drainage Kit	No	GP/LMO, S, RN	Yes Continence	Product assessment should be conducted. The assessing RN should be a Clinical Nurse Consultant or nurse practitioner in palliative care. Direct Order Form - Continence Products - D0988
AT12	Drip Stand	No	GP/LMO, S, RN	Yes Mobility & Functional Support	Product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AT13	Palliative Care Consumables	No	GP/LMO, S, RN	Yes Mobility & Functional Support	Product assessment should be conducted. Includes cassettes and extension sets, remote reservoir adaptors. Order Form – Mobility and Functional Support – D0992
AT14	Replacement Parts and/or Repairs for AT Items	No	GP/LMO, S, RN	Refer to RAP AT Item Number	DVA accepts financial responsibility for items not covered under the warranty period.
AT15	Infusion Pump Volumetric	Yes, limit of 1 per person	GP/LMO, S, RN	No	Product assessment should be conducted. Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP and ask to be put through to the relevant DVA State location Medical Adviser to discuss the entitled person’s need for this item. Refer to VAPAC for Baxter Pumps.
AT16	Intravenous (IV) Set	No	GP/LMO, S, RN	Yes Mobility & Functional Support	Product assessment should be conducted. Includes needles and syringes, butterfly needles, IV giving sets. Order Form – Mobility and Functional Support – D0992

AU00 – Personal Hygiene / Grooming / Dressing Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AU01	Bottom Wiper	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU02	Button Hook	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU03	Denture Brush with Suction Cup	No	OT, GP/LMO, RN, S, LDO, Physio	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU04	Dressing Stick	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU05	Disposable Bed Bath/Shampoo Kit	No	OT, GP/LMO, RN, S, Physio	Yes Contenance	Functional and product assessment should be conducted. Order Form - Contenance Products - D0988
AU08	Long Handled Comb/Brush	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU10	Long Handled Toe Wiper	No	OT, Pod, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU11	Nail Brush with Suction Cap	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU13	Donning /doffing aids (i.e. for socks, stockings and compression garments)	No	OT, Pod, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992

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AU00 – Personal Hygiene / Grooming / Dressing Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AU14	Elasticised Shoe Laces	No	OT, Pod, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU15	Long Handled Shoe Horn	No	OT, RN, Physio, GP/LMO, S, Pod	Yes Mobility & Functional Support	Functional and product assessment should be conducted. Order Form – Mobility and Functional Support – D0992
AU16	Dignity Clothing	No, Unless exceeds 6 items per year	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional and product assessments to be conducted. Includes clothing protectors. Order Form – Mobility and Functional Support – D0992

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AV00 – Physiotherapy Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AV01	Bicycle – Stationary Exercise (includes recumbent stationary bikes)	No, unless exceeds 3 month hire period	Physio, S, Ch, Ost, EP	Yes Mobility & Functional Support	<p>An exercise bike is not intended for general fitness. An exercise bike may be considered for weight loss upon request by a Bariatric Specialist who is supervising a weight loss program for medical reasons.</p> <p>The hire of exercise bikes may be considered for a 3 month episode of care, such as post knee surgery rehabilitation. For the initial 3 month hire period, send a direct order form to the contracted supplier. To ensure safe use of the stationary exercise bike, the GP/LMO should provide a document that states it is medically safe for the entitled person to undertake this exercise program. Retain this document in the client's records.</p> <p>At the end of 3 months, the health provider is required to complete, and submit to DVA, the "Request for Exercise Bike" form to indicate there is a clinical necessity for further hire periods.</p> <p>Request for Exercise Bike Form D9160</p>
AV02	Pedals Exercise	No, unless exceeds 1 per person	Physio, S, Ch, Ost, EP	Yes Mobility & Functional Support	<p>The use of the pedals is expected to form part of an individually prescribed and monitored exercise program. The Health Provider is responsible for the assessment of the safe use of this item. Factors such as risk of skin tears and tripping must be considered.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AV10	Exercise equipment (small items)	No	Physio, S, OT, Ch, Ost, EP	Yes Mobility & Functional Support	<p>Exercise equipment is provided to enable the timely transition of the clients care to a monitored exercise program they can perform in their own environment in line with best practice.</p> <p>The Health Provider is responsible for the assessment of the safe use of these items.</p> <p>DVA does not fund fit balls, balance boards/discs or exercise equipment with moving parts (with the exception of AV01 and AV02).</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AV16	Replacement Parts and/or Repairs for AV Items	No	Physio, S, Ch, Ost, EP	Yes Mobility & Functional Support	<p>If over \$271, consider replacing the item.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

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AW00 – Protheses					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AW01	Ears - Artificial	No	GP/LMO, S	No	Product assessment should be conducted.
AW02	Breast Prosthesis - Non-Implanted	No	GP/LMO, S, RN	No	Product assessment should be conducted. This item refers to the breast prosthesis and the purpose designed bras.
AW03	Eye Prosthesis	No	GP/LMO, S	No	Product assessment should be conducted.
AW04	Nose Prosthesis	No	GP/LMO, S	No	Product assessment should be conducted.
AW06	Prosthetic Accessories	No	S, GP/LMO, Physio, P, OT, AC, RN	No	Product assessment should be conducted. Includes bra for breast prosthesis (mastectomy bra), stump socks, silicon liners, silicon knee sleeves.
	Voice Protheses (See BA12)				
AW07	Everyday Prosthesis	Yes	AC, S, P, Physio	No	The provision of an everyday prosthesis follows assessment by the multidisciplinary prosthetic team and requires support from the Amputee Clinic team or Specialist. The request should include specific functional goals with evidence of the clinical appropriateness, prosthetic evaluation and review. Details of the assessment may include but not be limited to the following: stump integrity, residual limb, general muscle strength and endurance, balance, cardio-vascular fitness, the presence of comorbidities and/or psychosocial factors that may influence compliance and functional goals. In addition, there should be evidence of use of relevant standardised outcome measures, such as Six Minute Walk Test, Activities-Specific Balance Confidence Scale, Amputee Mobility Predictor – K level, C-Leg Evaluation Protocol, Timed Get Up and Go Test. Replacement of a prosthesis and componentry also requires support from the Amputee Clinic team or Specialist.
AW08	Secondary Prosthesis (Also see AW13)	Yes * A second prosthesis may be provided sports or recreation if the first is for an occupational purpose.	AC, S, P, Physio	No	Includes shower leg, water arm/leg, sports leg, occupational limb, cosmetic limb. In addition to comments in AW07, the request should include evidence of clinical appropriateness and specific need. When the request is for a sport specific prostheses, such as running blade there must be evidence that the entitled person has the functional capacity and physical attributes necessary to participate in the sport as well as the resilience and commitment to pursue the sport and training. Replacement of a prosthesis and componentry requires support from the Amputee Clinic team or Specialist
	Footwear to accompany an artificial leg (See Footwear AJ00)				
AW10	Replacement Parts and/or Repairs for AW Items	No, unless exceeds \$624	GP/LMO, Physio, P, OT, AC, S	No	DVA accepts financial responsibility for items not covered under the warranty period.

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AW00 – Protheses					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AW13	Prosthetic Recreational Sports Aid	Yes	S, AC, P, Physio	No	Limb prosthetic attachments to enable participation in recreation/sports, such as swimming freestyle aid, basketball hand. Detailed assessment is necessary. There should also be evidence that the entitled person has the necessary physical attributes, functional capacity and commitment to perform the activity/sport on a regular basis.
AW14	Adaptive Recreational Sports Aid for Amputees	Yes	Physio, OT, S, AC, P	No	Detailed assessment is necessary. These appliances, which are not prosthetic extensions, facilitate participation in recreation and sports with/without use of the client's prosthesis. Examples include sports specific wheelchair, adapted 3 track ski system, soccer gait aids, clamp on fishing pole. Sports wheelchairs may also be considered for clients who are unable to participate in their sport without the use of a wheelchair due to a neurological or musculoskeletal condition. There should also be evidence that entitled person has the necessary physical attributes, functional capacity and commitment to perform the activity/sport on a regular basis, such as membership of sporting club, details of coaching program.

AY00 – Respiratory Home Therapy Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AY01	PAP (Positive Airway Pressure)	No, unless it exceeds 1 per person	RC, S	Yes CPAP	Functional, home and product assessments should be conducted. Specialist advice plus assessment by Assessing Health Provider should be undertaken Application for PAP Therapy Equipment Form D9140 RAP National Guidelines apply
AY02	Oxygen – Domiciliary and Portable	No	RC, S	Yes Oxygen	Functional, home and product assessments should be conducted. Includes oxygen concentrators, replacement cylinders. Specialist advice plus assessment by Assessing Health Provider should be undertaken Thoracic Society Guidelines apply. Home Medical Oxygen Therapy Application Form D0804 Thoracic Society of Australia
AY03	Humidifier / Vaporiser	No	GP/LMO, S, RN, Physio, RC	Yes CPAP Oxygen	Functional, home and product assessments should be conducted. This item should form part of the PAP system and should not be provided in isolation, with the exception of people with laryngectomy. Specialist advice plus assessment by Assessing Health Provider should be undertaken Application for PAP Therapy Equipment Form D9140 Home Medical Oxygen Therapy Application Form D0804 RAP National Guidelines apply
AY05	Nebuliser	No	GP/LMO, S, RN, Physio, RC	Yes Oxygen	Product assessment should be conducted. Home Medical Oxygen Therapy Application Form D0804
AY07	Peak Flow Meter	No	RC, GP/LMO, RN, Physio, S	Yes Oxygen	Mask only provided where necessary to co-ordinate use of peak flow meter. Home Medical Oxygen Therapy Application Form D0804
AY08	Sleep Apnoea Positional Therapy Device	No	RC, GP/LMO, RN, Physio, S	Yes CPAP	Body position devices that discourage supine sleep. Simplest item to meet functional need should be provided in the first instance. Specialist advice plus assessment by Assessing Health Provider should be undertaken Application for PAP Therapy Equipment Form D9140
AY12	Respiratory Suction Apparatus	No	RC, RN, S, Physio, GP/LMO, SP	Yes Oxygen	Specialist advice plus assessment by Assessing Health Provider should be undertaken Home Medical Oxygen Therapy Application Form D0804
AY14	Bi-PAP or V-PAP	No, unless exceeds 1 per person	RC, S	Yes CPAP	Specialist advice plus assessment by Assessing Health Provider should be undertaken Application for PAP Therapy Equipment Form D9140 RAP National Guidelines apply
AY15	Volumatic Spacer	No	RC, GP/LMO, RN, Physio, S	Yes Oxygen	Specialist advice plus assessment by Assessing Health Provider should be undertaken Home Medical Oxygen Therapy Application Form D0804

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AY00 – Respiratory Home Therapy Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AY16	Oxygen Consumables and Accessories	No	RC, GP/LMO, Physio, RN, S	Yes Oxygen	Specialist advice plus assessment by Assessing Health Provider should be undertaken Home Medical Oxygen Therapy Application Form D0804
AY17	Replacement Parts and/or Repairs for AY Items.	No	RC, GP/LMO, RN, Physio, S	Yes CPAP Oxygen	DVA accepts financial responsibility for items not covered under the warranty period. Application for PAP Therapy Equipment Form D9140 Home Medical Oxygen Therapy Application Form D0804 RAP National Guidelines apply
AY18	Flutter Valve (Lung Mucous Clearance Device)	No	S, Physio, RC, GP/LMO	Yes Oxygen	Specialist advice plus assessment by Assessing Health Provider should be undertaken Home Medical Oxygen Therapy Application Form D0804
AY19	PAP Consumables and Accessories	No	RC, GP/LMO, Physio, RN, S	Yes CPAP	Includes masks, filters, tubing. Specialist advice plus assessment by Assessing Health Provider should be undertaken Application for PAP Therapy Equipment Form D9140 RAP National Guidelines apply
AY20	Inspiratory Muscle Respiratory Trainer	No	GP/LMO, Physio, S, RC, SP	Yes Oxygen	This product is prescribed for entitled persons with asthma, bronchitis, Chronic Obstructive Pulmonary Disease. DVA will not pay for this item as part of fitness training. Specialist advice plus assessment by Assessing Health Provider should be undertaken Home Medical Oxygen Therapy Application Form D0804

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AZ00 – Showering / Bathing Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AZ01	Bath Board / Bench/ Seat	No	OT, RN, S	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Simplest item to meet functional need should be provided in the first instance. Trialling equipment within the home may be indicated to assist in determining the most appropriate device for the entitled person's circumstances. Order Form – Mobility and Functional Support – D0992
AZ02	Shower – Hand Held	No	OT, RN, S	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AZ03	Shower Seat – Fold Down	Yes	OT, RN, S	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Simplest item to meet functional need to be provided in the first instance, such as shower chair/stool, transfer bench. Fold down shower seats are considered more complex equipment due to the associated installation work required. These are only provided where the bathroom design does not safely accommodate the use of standard seated showering aids. Shower recess walls must be inspected by qualified tradesperson and deemed to be structurally sound to support the fold down shower seat. Order Form – Mobility and Functional Support – D0992
AZ04	Shower Stool/Chair	No	OT, RN, Physio, GP/LMO	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AZ05	Replacement Parts and Repairs for AZ Items	No	OT, RN, S, Physio	Yes Mobility & Functional Support	DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992
AZ06	Waterproof Protectors for Limbs	No	OT, RN, S, Pod, GP/LMO	Yes Mobility & Functional Support	Product assessment should be conducted. Waterproof protector for cast or dressings. Order Form – Mobility and Functional Support – D0992
AZ07	Bath Lift (battery operated)	Yes	OT, RN, S, GP/LMO	Yes Mobility & Functional Support	Functional, home and product assessments should be conducted. Primary use of bath lift is to facilitate soaking for medical management of complex skin conditions. Referral by a medical specialist should outline the necessary medical regime. For general washing the simplest item to meet functional need is to be provided in the first instance, such as shower chair/stool, transfer bench. Order Form – Mobility and Functional Support – D0992

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BA00 – Speech Pathology Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BA01	Electrolarynx (also known as artificial larynx)	No	SP, S	No	Functional and product assessments to be conducted. This device needs to be trialled first.
BA02	Electrolarynx Consumables – Rechargeable Batteries	No	SP, S, RN, GP/LMO	No	Following the initial request by the health provider, the entitled person can make subsequent requests for the batteries.
BA03	Communication Board (including manufacturing costs)	No	SP, S	No	Functional and product assessments to be conducted. Includes design, labour and manufacturing costs. For example, lamination of board, provision of folder, board-clip.
BA04	Communication Devices – Assistive	Yes	SP, S A*	No	Functional and product assessments to be conducted. *Audiologist may assess for a speech processor. This item also includes base model tablets and iPads with a protective cover to be used specifically for the purpose of running assistive speech or speech pathology applications. Provision for any other purpose will not be considered. Education and training in usage for the entitled person should be undertaken prior to provision. Repairs and maintenance to the communication device following the cessation of any warranty period set by the supplier should be arranged through DVA. For personal computers, laptops, tablets and iPads any additional software requirements such as antivirus programs, operating systems, word processing programs, and internet accessing fees are the responsibility of the entitled person. All speech pathology application and software requests should be placed under item BA14 . This item also includes personal computers and laptops, which are electronic communication systems combining hardware and software. This item is only to be issued to DVA clients with a severe communication impairment or complex communication needs. RAP National Guidelines apply. Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information. Communication Device Form D1382
BA05	Mirror – Electronic	No	SP, S	No	Functional and product assessments to be conducted. Issued only for the purpose of assisting clients in adjusting/fitting their voice prostheses.
BA06	Speaking Valves	No	SP, S	No	
BA07	Laryngectomy Consumables	No	SP, S, RN, GP/LMO	No	Functional and product assessments to be conducted. For example, shower shields, cloth stoma covers, foam stoma protectors, tube holders, neck ties, double sided adhesive tape, surgical lubricant, stents for dilating puncture, catheters, gel caps, cleaning brushes for indwelling voice prostheses. Following the initial request by the health provider, the client can make subsequent requests for consumables.
BA08	Laryngectomy Tubes	No	SP, S, RN, GP/LMO	No	Functional and product assessments to be conducted.

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BA00 – Speech Pathology Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BA09	Mouth Irrigator	No	SP, S, RN, GP/LMO	No	Functional and product assessments to be conducted. For post-operative head/neck surgery only.
BA10	Tracheostoma Consumables	No	SP, S, RN, GP/LMO	No	Functional and product assessments to be conducted. For example, Tracheostomy collars, tube holders, adhesive tape, tracheostoma valve housing, adhesive discs, valve diaphragms. Following the initial request by the health provider, the client can make subsequent requests for consumables.
BA11	Tracheostoma Valve	No	SP, S, GP/LMO	No	Functional and product assessments to be conducted. Maximum of 3 months' supply at a time.
BA12	Voice Prosthesis	No	SP, S	No	Functional and product assessments to be conducted.
BA13	Replacement Parts, Repairs and Servicing	No, unless exceeds \$375	SP, S, RN, GP/LMO	No	
BA14	Speech Pathology Software/Applications for Communication Devices - Assistive	Yes	SP, S	No	Functional and product assessments to be conducted. RAP National Guidelines apply. Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information. Communication Device Form D1382
BA15	Jaw Motion Rehabilitation System	No	SP, S	Yes Mobility & Functional Support	Functional and product assessments to be conducted. This device is used to prevent and treat trismus (lock jaw) due to head and neck radiotherapy. Order Form – Mobility and Functional Support – D0992
BA16	Non-nutritional Thickened Fluid Products	No	SP, GP/LMO	Yes Contenance	This item is for non-nutritional thickened fluid products only. Maximum of 3 months' supply at a time. Order Form - Request for Non-nutritional thickened fluid products - D9166 For nutritional items including nutritional thickened fluids, this should be requested through the Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC) on 1800 552 580.
	Humidifier / Vaporiser (see AY03)				
	Respiratory Suction Apparatus (see AY12)				

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BB00 – Stoma Appliances

DVA is responsible for the costs of membership of a Stoma Association and the postage of stoma supplies.
Please contact the Stoma Association in your State for further information.

BD00 – TENS Equipment

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BD03	TENS Machine	No, unless exceeds \$375	Physio, PC, Ch, Ost, S, GP/LMO	Yes Mobility & Functional Support	Functional and product assessments to be conducted. The provision of a TENS Machine is to be part of multi-modal treatment. It is recommended the safety, effectiveness and appropriateness of the TENS Machine is monitored by an appropriate health provider on a regular basis. Order Form – Mobility and Functional Support – D0992
BD04	TENS Machine Accessories	No	Physio, PC, Ch, Ost, RN, S, GP/LMO	Yes Mobility & Functional Support	Includes recharger, batteries. Order Form – Mobility and Functional Support – D0992

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BE00 – Toileting Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BE01	Bidet (includes electronic model)	Yes Limit one per residence	OT	Yes Mobility & Functional Support	<p>Trial of simpler aids and alternatives for personal hygiene must be demonstrated in the first instance. Functional, home and product assessments should be conducted.</p> <p>It is necessary to consider relevant state regulations related to installation of this item to ensure compliance with Australian Standards.</p> <p>Installation of 80mm seat raiser/spacer must be considered in the first instance. However, for some locations, an RPZ valve is required for compliance with Australian Standards.</p> <p>The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BE02	Commode Chair (bedside)	No	OT, RN, Physio	Yes Mobility & Functional Support	<p>Functional, home and product assessments should be conducted.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BE03	Commode Pan / Bed Pan / Slipper Pan	No	OT, RN, GP/LMO, Physio	Yes Mobility & Functional Support	<p>Functional, home and product assessments should be conducted.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BE04	Mobile Shower Commode Chair	No	OT, RN, Physio	Yes Mobility & Functional Support	<p>Functional, home and product assessments should be conducted.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BE06	Over Toilet Frame / Toilet Surround	No	OT, RN, CA, S, Physio, GP/LMO	Yes Mobility & Functional Support	<p>Functional, home and product assessments should be conducted.</p> <p>A second toilet aid may be provided in cases where the entitled person resides in a split level residence and requires access to toileting facilities on both levels. Entitled person must have clinical or functional need that clearly indicates provision of aid on both levels of residence, such as significant mobility impairment, chronic clinical condition where urgency and/or frequency exists.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BE07	Porta Potty (includes frame and solution for continued use)	No	OT, S, CA, RN, GP/LMO	Yes Mobility & Functional Support	<p>Functional, home and product assessments should be conducted.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BE10	Toilet Seat – Raised	No	OT, RN, Physio, S	Yes Mobility & Functional Support	<p>Functional, home and product assessments should be conducted.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

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BE00 – Toileting Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
	Urinal (See AD04 Urinal)				
BE11	Replacement Parts and/or Repairs for BE items	No	OT, RN, Physio, CA, S, GP/LMO	Yes Mobility & Functional Support	DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992
BE12	RPZ Valves for Bidet (BE01)	Yes	OT	Yes Mobility & Functional Support	It is necessary to consider relevant state and council regulations related to installation of this item to ensure compliance with Australian Standards. This includes initial RPZ registration, annual inspections and reports. The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person. Order Form – Mobility and Functional Support – D0992
BE13	RPZ Registrations and Inspections for Bidet (BE01)	No	OT	Yes Mobility & Functional Support	It is necessary for the supplier to consider relevant state and council regulations related to annual inspections and initial and annual registrations of this item to ensure compliance with Australian Standards. The property owner must sign the Authority to Install/Modify Form D1323 for the modification to be undertaken. By signing the form, the property owner agrees to not seek compensation for restoration of the property to its former state or for ongoing maintenance costs such as annual inspections/registration costs when the modification is no longer required by the entitled person.

BF00 – Cognitive, Dementia and Memory Assistive Technology

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF01	Orientation Clock / Calendar	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	<p>Functional, product and home assessments to be conducted.</p> <p>For example, calendar clock, day clock.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF02	Orientation Signs	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	<p>Functional, product and home assessments to be conducted.</p> <p>For example, stop signs.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF03	Coloured Toilet Seat	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	<p>Functional, product and home assessments to be conducted.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

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BF00 – Cognitive, Dementia and Memory Assistive Technology					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF05	Locator Devices (Item Finder)	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	<p>Functional and product assessments to be conducted.</p> <p>For example, Wireless Item Finder.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF06	Medication Timers/Alerts	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	<p>Functional and product assessments to be conducted.</p> <p>For example, Pill Box Reminder with alarm settings and storage compartments.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF07	Memory Jogger	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	<p>Functional and product assessments to be conducted.</p> <p>For example, Verbal Reminder Alarm with message setting.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

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BF00 – Cognitive, Dementia and Memory Assistive Technology

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF08	Sound and Movement Monitors	No	OT, GP/LMO, RN, S, Physio	Yes Personal Response System	<p>Functional, product and home assessments to be conducted.</p> <p>Includes door and room monitors.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p>
BF09	Exit Reminder	No	OT, GP/LMO, RN, S, Physio	Yes Personal Response System	<p>Functional, product and home assessments to be conducted.</p> <p>For example, Wander Reminder System, personalised messages and infrared motion detection.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p>
BF10	Safely Home Bracelet	No	GP/LMO, RN, S	No	<p>Functional and product assessments to be conducted.</p> <p>To be issued in stainless steel only.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>The safely home bracelet is for people with dementia who tend to wander from their home. This type of bracelet is available in some States. Further information, contact the National Dementia Helpline 1800 100 500.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p>

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BF00 – Cognitive, Dementia and Memory Assistive Technology					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF11	Home Safety	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	<p>Functional, product and home assessments to be conducted.</p> <p>Includes flood prevention bath plugs and sink plug stopper, tap cap, power point safety cover, stove guard and sink overflow detector.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF12	Telecare (Tracking) Devices	No	OT, GP/LMO, S, RN	Yes Personal Response System	<p>Functional, product and home assessments to be conducted.</p> <p>These aids use satellite technology to locate a person who may have become disoriented and unable to navigate their way home or has wandered from their own familiar environment. Tracking devices can improve a person’s independence and support the carer, however the assessing health provider needs to evaluate risks associated with wandering and the need for personal freedom and the right to privacy.</p> <p>Tracking devices are less likely to be applicable for entitled clients in the later stages of dementia.</p> <p>Other simpler approaches should be trialled initially. Walking has substantial benefits however there are valid ethical issues to consider before prescribing a LMOS tracking device when a person is unable to give informed consent. Clinical records should reflect collaboration between entitled client, carer, treating medical doctor and specialists, allied health providers and any other relevant person.</p> <p>A record of consent by the entitled client or Enduring Power of Attorney (Medical Treatment) is necessary.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP/LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP/LMO or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p>
BF13	Replacement Parts and/or Repairs for BF items	No	GP/LMO, RN, S, OT, Physio	Yes Mobility & Functional Support	<p>Consider replacement of the item for lower cost items.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

BG00 – Falls Prevention					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BG01	Non-slip Mat – Indoor and Outdoor (rubber backed mats)	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional, product and home assessments to be conducted. Order Form – Mobility and Functional Support – D0992
BG02	Lighting – Sensor Light	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional, product and home assessments to be conducted. Including portable sensor light and external sensor. Needs to be installed (refer BG16). Installation of sensor lights will only occur where there is existing electrical wiring/circuits that can be used for this purpose. DVA will not install new electrical wiring/circuits. Order Form – Mobility and Functional Support – D0992
BG03	Lighting – Other	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional, product and home assessments to be conducted. For example, 3-in-1 night light and touch lamp. Order Form – Mobility and Functional Support – D0992
BG04	Retractable Garden Hose	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	Functional, product and home assessments to be conducted. Needs to be installed (refer to BG16). Order Form – Mobility and Functional Support – D0992
BG05	Portable Clothes Drying Rack	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	For both indoor and outdoor use. Functional, product and home assessments to be conducted. Order Form – Mobility and Functional Support – D0992 Note: DVA does not alter the height or location of existing external clotheslines.
BG16	Falls Prevention - Labour Component	No	OT, GP/LMO, RN, S, Physio	Yes Mobility & Functional Support	
	Grab / Hand Rails (See AL09)				
	Non-Slip Surfacing (including non-slip strips) (See AL06)				
	Step Modification (See AL14)				
	Home Modifications – Minor (See AL21)				Includes toilet door reversal or installation of lift-off hinges, threshold wedge, relocation of door handles/locks, relocation of existing hanging rods in wardrobe.

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BH00 – Assistance Dogs					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BH01	Psychiatric Assistance Dog	Yes, limit of 1 per person	Psych, Psychiat, MH OT, MH SW	Yes	<p>Supplied as an adjunct to PTSD treatment. Functional and Home assessments are conducted as part of the application process.</p> <p>Provision of a psychiatric assistance dog is based on the veteran having an accepted health condition of post-traumatic stress disorder or having been appropriately diagnosed with post-traumatic stress disorder by a psychiatrist. The veteran must be undergoing treatment by a psychiatrist or a psychologist for post-traumatic stress disorder and must have been undergoing such treatment for at least three months. (refer to <i>Treatment Principles 11.3.5.1</i>).</p> <p>Includes dog, training, freight and accommodation during training.</p> <p>DVA will refer applications to contracted supplier of psychiatric assistance dogs for assessment and interview.</p> <p>Request for Assistance Dog Form D9356 RAP National Guidelines apply</p>
BH02	Guide Dog	Yes, limit of 1 per person	LVC, S	Yes Low Vision	<p>Functional and Home assessments should be conducted.</p> <p>Provision of a Guide Dog is based on assessed clinical need due to a war-caused injury/accepted disability (refer to <i>Treatment Principles 11.3.1</i>).</p> <p>Includes dog, training, freight and accommodation during training.</p> <p>DVA will refer applications to State Branch of Guide Dogs for the Blind Association, for assessment and interview.</p> <p>Request for Assistance Dog Form D9356 RAP National Guidelines apply</p>
BH03	Mobility Assistance Dog	Yes, limit of 1 per person	S, OT	No	<p>Functional and Home assessments should be conducted.</p> <p>Provision of a mobility assistance dog is based on assessed clinical need due to a war-caused injury/accepted disability (refer to <i>Treatment Principles 11.3.1</i>).</p> <p>Includes dog, training, freight and accommodation during training.</p> <p>Request for Assistance Dog Form D9356 RAP National Guidelines apply</p>
BH04	Hearing Assistance Dog	Yes, limit of 1 per person	A, At, OT, S	No	<p>Supplied for profound or severe hearing loss. Functional and Home assessments should be conducted.</p> <p>Provision of a hearing assistance dog is based on assessed clinical need due to a war-caused injury/accepted disability (refer to <i>Treatment Principles 11.3.1</i>).</p> <p>Includes dog, training, freight and accommodation during training.</p> <p>Request for Assistance Dog Form D9356 RAP National Guidelines apply</p>
BH05	Upkeep Costs for Assistance Dogs	No, up to \$573 per quarter	Psych, Psychiat, MH OT, MH SW, LVC, S, OT, A, At	No	<p>DVA will accept financial responsibility for reasonable upkeep costs and maintenance of an assistance dog supplied by DVA. Applications for reimbursement should be submitted on an Application for Reimbursement of Medical Expenses Privately Incurred form D1181 and must be supported by paid itemised accounts or receipts.</p> <p>RAP National Guidelines apply</p>

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DD00 – Delivery and Testing

Item No	Description Of Appliance	
DD01	Continance	
DD02	Diabetes	
DD03	Personal Response System	
DD04	Oxygen	
DD05	Positive Airway Pressure	
DD06	Mobility Functional Support	
DD07	Low Vision Appliances	
DD10	Other	
DD16	Installation of Equipment	
DD17	Test and Tag	

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