



**Australian Government**  

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**Department of Veterans' Affairs**

**Rehabilitation Appliances Program (RAP)**

# **National Guidelines**

**January 2020**

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## Introduction

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### **The RAP National Guidelines**

RAP Guidelines have been prepared to assist delegates, advisers, assessing health providers and suppliers when determining eligibility, assessing for, approving and supplying RAP items

These Guidelines are not legally binding. However, in cases where a delegate, adviser, or assessing health provider intends to depart from them, written reasons for so doing must be provided.

Further information regarding appropriate assessing health providers, eligibility, how to access items and relevant forms can be found in the [RAP National Schedule of Equipment](#).

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### **Contact**

#### **DVA General Enquiries**

Phone: 133 254

#### **DVA Health Provider Enquiries**

Phone: 1800 550 457 - select option 1, then option 2, for RAP

Email: [rapgeneralenquiries@dva.gov.au](mailto:rapgeneralenquiries@dva.gov.au)

CHAPTER 2

**National Guideline**

for

**Adjustable Electrical Beds**

(RAP Schedule No AB01)

**NOTE:** PRIOR APPROVAL IS **NOT REQUIRED** FOR THE SUPPLY OF ADJUSTABLE ELECTRICAL BEDS; HOWEVER, ADDITIONAL CRITERIA MAY APPLY THAT DELEGATES AND ASSESSING HEALTH PROVIDERS SHOULD BE AWARE OF. PRIOR APPROVAL IS REQUIRED FOR COMPANION BEDS.

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**Definition of an adjustable bed**

An adjustable bed is a single, electronically operated, high/low bed with position adjustments to the backrest and leg rest area, and/or adjustable height.

Single beds are the most appropriate as they allow ease of access for attending health providers, particularly nurses. In consequence only single adjustable beds will be provided unless there are exceptional clinical circumstances as assessed by an appropriately qualified health provider that can only be served by a larger adjustable bed.

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**Ancillary equipment**

The health provider must order any ancillary equipment that is required in conjunction with the high/low bed.

Ancillary equipment for adjustable beds includes:

- standard hospital or pressure care mattresses.
- bed pole/bed stick;
- bed sides;
- IV pole;
- drop-down ends for adjustable length;
- lockable castors;
- drainage bag holders;
- foot boards;

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**Companion beds**

A companion bed is a non-mechanical detachable bed for partners, designed to be paired with an adjustable bed. They are detachable to allow ease of access for attending health providers/carers..

A companion bed should only be prescribed in conjunction with a clinically required adjustable bed, as it will be prescribed for attachment to the adjustable bed. An environmental assessment of available space should take into account current or future aids such as walking frames, wheelchairs and hoists as well as access for current or future attending health providers/carers.

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**Australian Standards**

The adjustable beds provided must conform to Australian Standard [AS/NZS ISO 9999:2011](#).

There is currently no Australian Standard for companion beds.

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**Assessment**

An assessment is to be conducted by a suitably qualified health provider to:

- identify the clinical need for an adjustable bed;
- decide, in partnership with the entitled person (and/or their carer or representative) which type of on-contract bed is most appropriate, and provide clinical information (where prior approval is required) to support this decision;
- provide advice and any necessary training for the entitled person and/or carer; and
- consider access issues, e.g.: where the bed will be used, access through doorways, hallways, etc.

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**Additional criteria**

The following additional criteria should be considered before the provision of an adjustable bed to an entitled person:

1. other assistive devices to improve bed mobility have been demonstrably ineffective;
2. the entitled person requires assistance with bed mobility and transfers;
3. the provision of an adjustable bed will allow the entitled person to be cared for in their home; and
4. the entitled person requires a high level of nursing care within their home.

The provision of a companion bed may also be considered, depending on the individual circumstances of the entitled person. The provision of a companion bed requires prior approval from DVA.

CHAPTER 3

**National Guideline**

for

**Assistive Communication Devices**

(RAP Schedule No BA04 and BA14)

**NOTE:** PRIOR APPROVAL FROM THE DEPARTMENT **IS REQUIRED** BEFORE THE SUPPLY OF THESE ITEMS.

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**Definition of an assistive communication device**

An assistive communication device is a device that assists entitled persons who have complex communication needs. Such devices may include speech-generating devices, tablet computers and smart phones with preloaded speech pathology applications, modified personal computers, and communication boards. Assistive communication devices can also incorporate text to speech and symbol/picture communication applications and software, memory aids and word prediction facilities.

Only one tablet or smart phone will be provided unless there is an assessed clinical need to the contrary. Only one assistive communication device will be provided unless there is an assessed clinical need to the contrary.

**NB: Tablet computers and smart phones are provided solely for the purpose of running speech pathology applications. Provision for any other purpose will not be considered. A smart phone will only be supplied where the entitled person has a particular need that cannot be fulfilled by a tablet.**

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**Australian Standards**

There are no Australian Standards for assistive communication devices. If Australian Standards are developed, compliance would be required.



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**Assessment**

A request for an assistive communication device must be accompanied by an assessment and report by a speech pathologist to:

- provide information to support the need for an assistive communication device, including:
  - the extent and nature of the functional speech limitation;
  - the extent and nature of any language or cognitive impairment;
  - the extent and nature of any functional problems with using a device (e.g. inability to use hands, to see a keyboard or to use spelling);
  - situations in which the entitled person will use the device;
  - the disadvantages the entitled person will suffer if a device is not supplied;
  - the benefits expected from the use of the device;
  - a comprehensive feature matching assessment with at least two devices to ensure that all options are explored; and
- suggest a specific device for the entitled person considering all the above information plus:
  - the mobility of the entitled person and how portable the device needs to be;
  - the most cost-effective device currently available;
  - the extent of the entitled person's familiarity with new technologies such as tablet computers and smart phones (where relevant); and
  - the degree of support available from the treating speech pathologist; and
- provide any necessary training in the use of the device.

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**Additional criteria**

The following additional criteria should be considered before recommending an assistive communication device:

- a speech pathologist has certified that the entitled person has complex communication needs;
- the entitled person has sufficient physical and cognitive abilities to operate the device; and
- the entitled person may be supplied with an assistive communication device if they have a clinical requirement for it because they are legally blind.

CHAPTER 4

**National Guideline**

for

**Closed Circuit Television (CCTV)**

(RAP Schedule No. AN11)

**NOTE:** PRIOR APPROVAL FROM THE DEPARTMENT **IS REQUIRED** BEFORE THE SUPPLY OF THIS ITEM.

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**Definition of a CCTV**

A Closed Circuit Television (CCTV) consists of a system connected to a dedicated monitor for the purpose of magnifying text and other images, to assist people with low vision.

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**Australian Standards**

There are no Australian Standards for CCTV. If Australian Standards are developed, compliance would be required.

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**Assessment and report**

An assessment and report by the assessing health provider are required to:

- provide clinical information to support the need for a CCTV;
- explore and record alternative equipment options available to meet the clinical need; and
- provide advice and any necessary training if approved.

A full written report should accompany requests for the provision of CCTVs (see attached).

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**Additional criteria**

The following additional criteria should be met before issuing a CCTV:

- The entitled person should have either:
  - distance vision (corrected) in the range of 6/60 or worse with the better eye, and/or
  - near vision (corrected) in the range of N14, or worse;

**OR**

- distance vision (corrected) in the range of 6/60 or less in the better eye, and/or
  - significant field defects, and/or
  - no measurable near vision.
- The entitled person should also have a sufficient level of physical and cognitive function to operate the equipment.

## Recommendation for a Closed-Circuit Television (CCTV)

### Assessing health provider's details

Date of assessment	/ /20		
Organisation			
Prescriber name			
Prescriber number			
Qualification(s)			
Address 1			
Address 2			
City/Suburb			
State/Territory		Phone	( )
Postcode		Fax	( )
email			

### Entitled person's details

Entitled person's name			
DVA file number			
Address 1			
Address 2			
City/Suburb			
State/Territory			
Postcode		Phone	( )
Repatriation Health Card Type	<input type="checkbox"/> Gold Card <input type="checkbox"/> White Card		

### Entitled person's medical history

Vision-related diagnosis		
Non-vision-related diagnosis		
Visual acuity (corrected)	Distance:	Near:
Field defects		

<b>Entitled person's functional status</b>	
Physical function, including mobility and details of any equipment used	
Upper limb function	
Cognitive function and competence to operate a CCTV	

<b>Entitled person's social situation</b>	
The entitled person lives:	<input type="checkbox"/> alone <input type="checkbox"/> with a partner <input type="checkbox"/> other
Ability of partner/carer to carry out the tasks for which the CCTV is being requested, e.g. reading	

<b>Assessment Results</b>	
Provide details of alternative equipment trialed and the results	
CCTVs trialed and results	

<b>Recommendation</b>	
Full details (make, model and any necessary accessories) of equipment recommended, and the approximate cost. Justify your recommendation.	
Prescriber's signature	
Date	/ /20

CHAPTER 5

**National Guideline**

for

**Vehicle Modifications**

(RAP Schedule No. AP01)

**NOTE:** PRIOR APPROVAL FROM THE DEPARTMENT **IS REQUIRED** BEFORE THE SUPPLY OF THIS ITEM.

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**Definition of vehicle modifications**

A vehicle modification is a modification made to a car/van (hereafter 'vehicle') to allow an entitled person with a disability to access, and drive, or travel in. These include modifications and equipment to assist with transfers, manual wheelchair transport (hoists), seating needs, customised driving controls and other related devices.

Manual vehicles will not generally be converted to automatic.

Modifications are only to be undertaken by appropriately qualified persons.

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**State legislative requirements**

Modifications that require alteration(s) to driving controls may require local licence endorsement. In all instances, these modifications should conform with relevant State/Territory Government requirements.

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**Australian Standards**

Australian Standards include 'Motor Vehicle controls/adaptive systems for people with disabilities/general requirements' AS3954.1/1991, and 'Motor vehicle controls/adaptive systems for people with disabilities/hand controls/product requirements', AS3954.2/1991.

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**Special eligibility requirements**

The entitled person must have an assessed clinical need for vehicle modifications due to a war-caused injury or disease/accepted disability (WCI/AD).

This applies to both Gold and White Card holders.

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**Initial request**

The initial request for car modification/s must come from the assessing health provider(s) specified in the Schedule: certified driving Occupational Therapist, LMO/GP, or Specialist. The request must provide all necessary clinical information.

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**Prior approval**

Prior approval is required before proceeding with each stage of the modification process, that is:

- initial assessment;
- remedial lessons/reassessment; and
- installation of modifications.

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**Vehicle ownership and licences**

The entitled person must verify ownership of the vehicle, and possession of a suitably endorsed licence where required – by them or some other person who will have responsibility for driving the vehicle – before the Commission will proceed with modification.

If the vehicle was purchased with the knowledge of specific disability requirements that have not or cannot be readily met (e.g. inadequate car boot space for wheelchair or inappropriate seat height and depth compromising transfer ability), the Commission will not necessarily fund equipment and modifications.

The age and condition of the vehicle should be taken into consideration. The purchase of a new or second-hand vehicle with the necessary modification(s) in place may be considered where that is the most cost-effective and clinically appropriate option.

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**Assessment**

Following the initial request, the responsible assessing health provider (a certified driving OT) is required to undertake an assessment and provide a report which sets out:

- relevant clinical information in support of the request
- details of the entitled person's physical, cognitive, and visual-spatial abilities;
- that the vehicle modifications:
  - are the most appropriate;
  - have been determined in partnership with the potential user (and their carer as appropriate);
  - have been assessed against other less expensive options (e.g.: manual lightweight wheelchair with quick release axles to enable car boot storage as an alternative to a car hoist); and
  - have been trialled to determine suitability.
- quotations for the modifications;
- details of any necessary training and advice that has been or will be provided.

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**Additional criteria**

The following additional criteria must be met before approving vehicle modifications:

1. the entitled person is unable to safely drive or travel in an unmodified vehicle; and
2. the entitled person should, where they are the driver, have an appropriate level of physical function to safely operate the modified vehicle.



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**Notification to the entitled person**

Notification to the entitled person must include:

- information about their responsibility to use the modified vehicle safely and in accordance with local and state/territory government requirements;
- the requirement for entitled person or their carer, as appropriate, to report any emergent circumstances that may impact upon the entitled person's ability to safely drive the modified vehicle to the certified driving OT, LMO/GP or specialist;
- advice that the Department is not liable for any accident in which the vehicle may be involved; and
- a recommendation that the entitled person should advise their insurance company of the vehicle modification.

CHAPTER 6

**National Guideline**

for

**Driving Assessments**

(RAP Schedule No. AP24)

**NOTE:** PRIOR APPROVAL FROM THE DEPARTMENT **IS REQUIRED** BEFORE THE SUPPLY OF THIS ITEM.

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**Definition of a driving assessment**

A driving assessment is an assessment of a person's driving skills undertaken by a certified driving occupational therapist, in conjunction with a suitably qualified driving instructor to identify a need for car/van ('vehicle') modification(s).

Driving assessments do not include assessment for fitness to drive or cognitive ability to drive and/or driver rehabilitation/refresher lessons.

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**Remedial driving lessons**

Refer to RAP Schedule number AP20

## **Prior to recommending a driving assessment**

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**Initial request**

The initial request for a driving assessment must be from a LMO/GP or specialist.

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**Prior approval**

Prior approval is required before proceeding with the assessment process. This applies to:

- the initial assessment; and
- remedial lessons/reassessment.

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**Individual circumstances**

Consideration should be given to what particular circumstances prompted the request for the driving assessment.

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**Special eligibility requirements**

The entitled person must have an assessed clinical need for a driving assessment due to a **WCI/AD**.

This applies to both Gold and White Card holders.

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**Assessment**

Assessment and report by a certified driving OT, in conjunction with a suitably qualified driving instructor is required to address the following issues:

- the entitled person's visual, cognitive and visual-spatial abilities; and
- their ability to safely operate the vehicle.

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**Recommendation**

Once the driving assessment has been completed, a recommendation is made to:

- the entitled person, including a list of their responsibilities;
- the assessing health provider; and
- the State/Territory Licensing Authority.

## CHAPTER 7

# **National Guideline**

for

**Electric Mobility Aids (Electric Scooters, Wheelchairs, Power Assist  
Devices and Carer Operated Wheelchair Power Pack)**

(RAP Schedule Nos AP05, AP16, AP25 & AP26)

**NOTE:** PRIOR APPROVAL FROM THE DEPARTMENT **IS REQUIRED** BEFORE THE SUPPLY OF THESE ITEMS.

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**Definition of an electric scooter**

An electric scooter is an electrically powered vehicle with three or more wheels intended for use by persons with impaired mobility.

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**Definition of an electric wheelchair**

An electric wheelchair (EWC) is an electrically powered wheelchair intended for use by persons with impaired mobility, paraplegia or quadriplegia.

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**Definition of a Power-assist device**

A power assist device is an electrically powered device that can be mounted on to a manual wheelchair to provide additional assistance for independent operation.

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**Definition of a carer operated wheelchair power pack**

A carer operated wheelchair power pack is a small electric motorised device that attaches to a manual wheelchair to assist a carer to propel the wheelchair via controls mounted on the push bars.

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**Ancillary equipment**

RAP does not provide vehicle trailers for electric mobility aids.  
RAP does not fund ramps for electric mobility aid access.

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**Australian Standards**

Prescribed electric mobility aids must conform to Australian Standards AS3695 and AS/NZS3696. The Standards covers manual wheelchairs with add-on power assisted devices used for propulsion.

Power assist devices must only be used on manual wheelchairs that conform to Australian Standards and have a manufacturer's endorsement stipulating compatibility of the device with the wheelchair.

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**Which appliance is appropriate?**

If, in the opinion of the assessing health provider, an EWC rather than a scooter will be required within six months of the assessment then an EWC should be provided in the first instance.

Power assist devices should be provided only when a scooter or EWC is not a safer, more appropriate option.

Carer operated wheelchair power packs should only be provided where the carer is not able to propel a manual wheelchair, and the DVA client is unable to independently and safely operate a EWC, scooter or manual wheelchair with power assist device.

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## Initial request

The initial request for an EWC, scooter or power assist device must be from a GP or specialist. Where a request is received from another source, the GP (as the case manager) must be contacted for their opinion as to the suitability of providing the entitled person with a EWC, scooter or power assist device. The request should be made by the GP using the form [Electric Mobility Aid \(Electric Scooter/Wheelchair/Power-Assist Device\) Part 1 Medical Questionnaire D9300](#).

The GP should return the completed questionnaire to DVA's Departmental Medical Adviser via email (preferred):

RAPGeneralEnquiries@dva.gov.au

OR post to:

Department of Veterans' Affairs

GPO Box 9998, Brisbane QLD 4001

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## Eligibility

Electric mobility aids are provided to veterans who hold a Health Care Card – For all conditions (Gold Card) if they have a clinical need or a Health Card – For Specific Conditions (White Card) if the clinical need relates to their accepted disability. The provision of electric wheelchairs, electric scooters and power assist devices does not extend to war widows/widowers or dependents.

Eligibility for carer operated wheelchair power packs is also open to eligible war widows/widowers and dependants.

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## Assessment

### **If the entitled person is resident in a private home**

The primary purpose is to satisfy functional needs.

An occupational therapist is required to undertake an assessment and report on:

- whether or not the entitled person:
  - has a current driver's licence and whether any conditions apply to it;
  - is still driving their car; or
  - has lost their driver's licence, and if so, the reason for the loss; and
  - has a driving history that includes multiple accidents or incidents; and
  - has a carer or other person capable of driving them to and from destinations;
- the actual distance, if any, the entitled person can walk including details of any mobility appliance(s) used;
- the ability of the entitled person to self-propel a manual wheelchair, including details of distance;
- the actual distance a carer can push the entitled person in a manual wheelchair;
- the terrain that the entitled person would normally be traversing,

whether walking or utilising a mobility appliance (including a manual wheelchair);

- the type of electric mobility aid that is being recommended and that has been decided in partnership with the entitled person (and/or their carer or representative) following a trial;
- in relation to attendant/carer controlled electronic mobility device, the carer's skills and competencies are sufficient to safely operate the device;
- any necessary training and advice that has been or will be provided; and
- the fitting of a suitable safety helmet for the entitled person must be completed during the trial assessment, and a recommendation for a suitable safety helmet should accompany the recommendation for a scooter; and
- whether or not ramps will be required for access and storage. The Department will not fund ramps to access storage facilities for electric scooters.

For electric wheelchairs, electric scooters and power assist devices the following form should be completed as part of the assessment;

[Scooter/Electric Wheelchair Part 2 - Assessment Form](#)

**If the entitled person is resident in a Residential Aged Care Facility (RACF)**

- Entitled persons receiving a lesser level of care in a Commonwealth funded RACF may be eligible for the provision of an electric mobility aid on a case by case basis.
- Entitled persons receiving a greater level of care in a Commonwealth funded RACF are not eligible for the provision of an electric mobility aid except in exceptional circumstances.
- Consent from the RACF management must be obtained before an assessment commences as the provision of such an item may create a safety issue for other residents of the facility.
- Electric mobility aids issued under the RAP schedule prior to permanent entrance into RACF care may be retained subject to approval of the RACF.

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**Additional criteria**

The following additional criteria should be met before issuing an electric mobility aid.

The entitled person should:

- have a severe and permanent mobility impairment as assessed by an appropriately qualified health provider;
- have the capacity to derive significant improvement in their functional independence through the use of an electric mobility aid (EWC, electric scooter or power assist device);
- have sufficient skills and competencies to operate the electric mobility aid (EWC, electric scooter or power assist device) in a manner safe to themselves and others.
- in the case of an EWC or power assist device, be unable to propel a manual wheelchair;
- be able to meet their responsibilities indicated in the section 'Entitled Person's responsibilities'.
- not have reasonable access to viable alternative forms of transport.
- In the case of an attendant/carer controlled electric mobility device, the carer has sufficient skills and competencies to operate the device in a manner safe to the entitled persons, themselves and others.

---

**Notification to the GP**

The GP must be satisfied that the entitled person is competent and safe in the use of the electric mobility aid (EWC, electric scooter or power-assist device).

The GP should be advised of any limitations on the use of the electric mobility aid (EWC, electric scooter or power-assist device) recommended by the OT assessor.

The GP must notify the Department if the entitled person develops medical problems that may cause his/her use of the electric mobility aid (EWC, electric scooter or power-assist device) to endanger the entitled person or others.

The GP will receive a copy of the approval letter sent to the entitled person regarding mandatory reassessments.

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**Notification to the occupational therapist**

The occupational therapist must be satisfied that the entitled person is competent and safe in the use of the electric mobility aid. The OT must also agree to schedule – in conjunction with the entitled person – regular reassessments of their capacity to operate the electric mobility aid (EWC, scooter power assist device).

The occupational therapist will receive a copy of the approval letter sent to the entitled person regarding mandatory reassessments.



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**Notification to, and responsibilities of the entitled person**

The advice to the entitled person must include full details of his/her responsibility to transport, maintain, store and use the electric mobility aid correctly, as outlined below.

The entitled person shall:

- sign a formal written agreement with the Department to undergo regular reassessments by an OT of their capacity to operate the electric mobility aid (EWC, scooter or power-assist device).
- agree to the withdrawal of the electric mobility aid (EWC, scooter or power-assist device) if the reassessment finds that the entitled person demonstrates an incapacity to safely operate the item;
- undergo further assessments from relevant health personnel to ascertain their competence if an accident should occur;
- keep the electric mobility aid in safe working order;
- not undertake or attempt to undertake any repairs to the electric mobility aid;
- house the electric mobility aid in a fully enclosed, waterproof and lockable area;
- be the sole user of the electric mobility aid (EWC, electric scooter or power-assist device) ;
- not lend, sell, modify, damage, destroy or otherwise dispose of the electric mobility aid;
- use the electric mobility aid in accordance with any relevant State and Territory laws including road and traffic regulations;
- consider wearing a suitable and fitted safety helmet when operating a scooter;
- report any changes in their medical condition that may affect their capacity to safely operate the electric mobility aid to their GP or OT;
- use the electric mobility aid safely, and solely for the purpose for which it was designed;
- use a power-assist device only with manual wheelchairs that conform to Australian Standards, and have a manufacturer's endorsement stipulating compatibility.

The Department does not fund relevant insurances for electric mobility aids. The Department strongly recommends that the entitled person arranges relevant insurances to protect their own personal safety, the safety of others, the value of the electric mobility aid and any out of pocket expenses that may be associated with legal liability whilst operating the electric mobility aid.

The entitled person is strongly encouraged to organise relevant insurances which may include:

- third party insurance;
- comprehensive insurance; and
- personal injury insurance.

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## Limitations of use

In certain circumstances, the GP or occupational therapist may recommend that the use of an electric mobility aid, (EWC, electric scooter or power-assist device) be limited. Limitations may include:

- the entitled person requiring supervision when using the electric mobility aid (EWC, scooter or power-assist device) outside of their residential property, residential aged care facility or retirement village.
- the electric mobility aid (EWC, electric scooter or power-assist device) being used solely during daylight hours;
- the electric mobility aid (EWC, electric scooter or power-assist device) being used outside peak hour traffic.
- The entitled person and their carer should be informed that alcohol, some prescribed medication and drugs may impact on their capacity to operate an electric mobility aid.

CHAPTER 8

**National Guideline**

for

**Home Modifications – Complex**

(RAP Schedule No AL10 & AL15)

**NOTE:** PRIOR APPROVAL FROM THE DEPARTMENT **IS REQUIRED** BEFORE THE SUPPLY OF THIS ITEM.

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### **Objective**

Home modifications are intended to enable the entitled person to remain in their home with enhanced independence and safety; and

- reduced dependency upon a carer; and
- reduced likelihood of admission to care.

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### **Definition of home modification**

Home modifications are defined as partial changes to an existing dwelling that enable the entitled person to achieve the objectives above.

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### **Australian Standards**

Where appropriate, all modifications should meet state government and local government building standards. Modifications must meet either of the following standards:

- AS4299-1995 Adaptable Housing; or
- AS1428-2001 Design for Access and Mobility.

All electrical work in wet areas should comply with AS/NZS 3018:2001. If other Australian Standards are developed, compliance is required.

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### **Prior financial approval**

Subject to the Treatment Principles, the Department will be financially responsible only for those modifications for which it has provided prior financial approval. Refer to RAP Schedule Items AL15.

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### **Further eligibility**

Entitled persons may not be eligible for major home modifications if they have received an insurance settlement which should encompass their home modification needs, or when a claim is pending. In the latter instance, however, the Department generally claims against the settlement.

Entitled persons resident in an institution (including a retirement village) will not normally be eligible for major home modifications. For further details see “retirement villages” below under “types of residence”.

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### **Assessment**

A request for major home modifications must be accompanied by an **assessment** and **report** by an Occupational Therapist.

The assessment and report should consider the:

- additional criteria;
- Australian Standards;
- builder’s qualifications;
- residential status (*see next section*);
- entitled person’s consent;
- potential for change of residence; and

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**Additional criteria**

- relevant state building codes.
- The entitled person's inability to use certain necessary facilities within their home is permanent.
- Non-structural modifications and RAP aids and appliances are inadequate to the purpose.
- Assistance from carers and community services are inadequate to the purpose.
- The residence to be modified should be the entitled person's primary residence.
- In the judgement of the delegate, the entitled person is likely to remain living in the residence for the foreseeable future.
- The residence should be structurally sound and able to be modified safely.
- The property needs to be of sufficient structural soundness as to accommodate the modifications.
- Having regard to the entitled person's illnesses, injuries and disabilities, the need for the modifications could not have been reasonably foreseeable at the time of purchase.
- Relocation to a more suitable residence is not viable.
- In respect of a fixed ramp, the entitled person should be unable to safely negotiate steps.

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**Registered tradespersons**

Input from State-registered and licensed builders must be obtained during the preparation of the quotation, particularly for complex modifications.

Only licensed or registered builders can undertake major home modifications.

**Types of residence**

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**Introduction**

Consideration must be given to the type of residence prior to approving home modifications.

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**State-owned housing**

The Department does not provide home modifications to Government-owned homes. The responsible State/Territory housing agency will modify residences or organise alternative accommodation, in accordance with their own procedures.

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**Private rental accommodation**

Delegates will consider the length of time the entitled person has lived in the residence. If less than five years, and / or the entitled person has moved house on a regular basis, consideration should be given to either minor modifications or moving to a more suitable residence.

The owner of the rental accommodation will be provided with the specifications and drawings of the scope of work to be done. The owner should indicate in writing:

- agreement to the work proceeding;
- agreement to the specifications of the modifications;
- not to seek financial assistance for the restoration of the property to its former state when modifications are no longer required; and
- that the entitled person will be able to remain in the residence for at least five years.

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**Owner-occupied residence**

Where accommodation is owner-occupied, the owner should agree in writing to the following:

- that the work may proceed;
- that the specifications of the modifications will meet the needs of the entitled person; and
- that the owner will not seek financial assistance for the restoration of the property to its former state when the modifications are no longer required.

Strata title may be approved after consideration of relevant circumstances, such as whether the modifications will intrude onto common or shared space.

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**Retirement villages**

Delegates could approve modifications if the resident could not reasonably have foreseen – in light of their existing medical conditions – that such modifications would either be necessary on entering a particular residence, or become necessary in order for them to remain living in that residence.

This discretion enables the delegates – where there is some element of doubt – to take individual circumstances into account and make a considered decision.

However, it should be kept in mind that retirement villages are purpose built institutions designed to cater for the needs of older persons. It is therefore reasonable for the Department to take the approach that home modifications for such institutions will not be normally considered unless there are exceptional individual circumstances.

- Agreement in writing by the retirement village operator is necessary.

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## Lifestyle villages

Often known as ‘resort style’ living and are principally targeted at active over 50s with less emphasis on provision of aged care services such as personal response system (PRS) and emergency medical treatment.

In the event that such an institution markets itself as *not* providing *any* form of aged care service – PRS, personal care/nursing assistance, mobility and functional support equipment etc. – then consideration *may* be given to the installation of home modifications. The delegate should also confirm that the facility is not a ‘retirement village’ for the purposes of the VEA.

Where accommodation is owner-occupied, the owner should agree in writing to the following:

- that the work may proceed;
- that the specifications of the modifications will meet the needs of the entitled person; and
- that the owner will not seek financial assistance for the restoration of the property to its former state when the modifications are no longer required.

Or if applicable

Agreement in writing by the retirement village operator is necessary

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## **Parks**

Residence may comprise:

- privately owned, prefabricated, relocatable homes located on leased land within a park complex, similar to a caravan park but without short-stay (less than three months) arrangements; or
- leased, prefabricated, relocatable homes located on leased land within a park complex, similar to a caravan park but without short-stay (less than three months) arrangements.

If the park is not restricted to retired persons and offers no aged care service then it may fall outside the scope of the relevant State/Territory retirement villages' legislation. In that case, it is appropriate to treat the dwelling as an ordinary house. Such dwellings may be eligible for home modifications if the residence was purchased before knowledge of any foreseeable problems that might arise from a disability (related to the need for a modification) or the degenerative nature of the disability could not reasonably have been foreseen.

Rental park dwellings have limited eligibility and are privately owned rental assets located on leased ground. If DVA were routinely to pay for home modifications in such dwellings, it would be value adding to a privately owned rental asset which may well be occupied in the future by a person with no RAP eligibility, but who would nonetheless have the benefit and enjoyment of the modification(s). Therefore, home modifications would only be considered for long-term residents who are assessed as likely to remain in the rental park dwelling for five years.

Where accommodation is owner-occupied, the owner should agree in writing to the following:

- that the work may proceed;
- that the specifications of the modifications will meet the needs of the entitled person; and
- that the owner will not seek financial assistance for the restoration of the property to its former state when the modifications are no longer required.

Or if applicable

- Agreement in writing by the park operator is necessary.

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## **Liability for the standard of workmanship**

The Department does not accept liability for the standard of the workmanship. There are a number of dispute resolution mechanisms available through trade associations should there be disagreement about the standard of workmanship.

## **Extent of modifications**

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### **Introduction**

The Department generally only pays for basic modifications. For example, entire floors will not be retiled if matching tiles are unavailable. The closest match to existing tiles is usually considered adequate.



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**Utilities**

The Department does not generally finance the connection of basic utilities (water, sewerage, electricity and gas) where they were not connected previously. If an existing utility should be changed or moved to enable an alteration to be functional, then the Department will accept responsibility (as examples: the removal of a bathtub and the installation of a hobless shower recess, the grading of a floor, the installation of new hand shower fittings).

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**Relocation of toilets as part of bathroom modifications**

Toilets may be moved within the same room, but the Department will not normally pay for them to be relocated from outside or from opposite ends of the house. This would constitute the connection of a utility and is outside the scope of consideration. In situations such as these, the provision of suitable aids or equipment, such as a porta-potty or commode, should be considered. In **exceptional** circumstances, toilet relocation may be provided at the discretion of the Executive Director, Client Programs.

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**Home maintenance**

The Department does not pay for the repair of existing structures as this is classified as the homeowner's responsibility.

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**Access modifications**

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Where an entitled person's physical ability has altered from independent walking with or without equipment to reliance on a wheelchair or walking aid, an access path may be widened and may be extended..

## After the work has been completed

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### Inspection of modifications

The assessing occupational therapist should inspect the work upon completion to determine that the modifications meet the specifications. This should occur **before** payment is made for the work.

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### Entitled person's responsibilities

Except for the items affected by the modifications, the entitled person is responsible for normal household items (e.g. mirrors, soap holders, towel rails, fans, lights, heaters and hot water services, security doors and windows). The Department will not pay for the cost of non-essential items, such as a spa bath or an additional toilet. This should be clearly stated in the specification.

If an entitled person chooses to change the decor at the same time as the essential modifications are carried out, these changes should be quoted separately to the entitled person before the work begins and will **not** be funded under RAP.

## Additional information

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### Defence Service Home Loans

Defence Service Home (DSH) loans may be available to eligible entitled persons to pay for the cost of any additional work which is carried out at the same time as the authorised home modifications.

Entitled persons should check their eligibility and/or entitlement before agreeing to pay for the cost of any additional work. Further information is available from the DSH National Processing Centre, freecall 1800 722 000.

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### Home Support Loans

Home Support Loans (HSLs) are a possible source of funds for entitled persons to pay for the cost of any additional work.

Entitled persons advised of this option should check their eligibility and/or entitlement before agreeing to pay for the cost of any additional work. Further information is available from the DSH National Processing Centre, freecall 1800 722 000.

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### Pension lump-sum advances

A possible additional source of funds for additional home modifications is a pension lump-sum advance. Recipients of DVA pensions and income support supplement may be eligible for one such advance per year from the Department.

CHAPTER 9

**National Guideline**

for

**Recliner Chairs**

(RAP Schedule Nos AC06 )

**NOTE:** PRIOR APPROVAL IS **NOT REQUIRED** FOR THE SUPPLY OF THIS ITEM. HOWEVER ADDITIONAL CRITERIA APPLY THAT DELEGATES AND ASSESSING HEALTH PROVIDERS MUST BE AWARE OF.

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**Definition of a recliner chair**

An electric recliner chair is an electrically operated chair intended for use by persons with a permanent inability to transfer or sit erect.

**NB: Heating/massaging units are not provided.**

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**Ancillary equipment**

Recliner chairs come with a footrest and back support, which may require customisation. Accessories may be supplied e.g. neck supports.

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**Australian Standards**

There are no Australian Standards for recliner chairs. If Australian Standards are developed, compliance would be required.

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**Initial request**

The initial request for a recliner chair must come from an appropriately qualified assessing health provider. The request should provide all the necessary clinical information.

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**Issues to consider**

Prior to recommending a recliner chair, a number of issues should be considered:

- eligibility;
- assessment; and
- additional criteria.

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**Assessment**

An assessment and report by the assessing health provider is required to:

- retain clinical information to support the request;
- conduct a home assessment to assess suitability of existing furniture (i.e. can another chair be modified to suit the client's needs);
- determine if other Schedule RAP items have been considered to address the client's needs;
- decide, in partnership with the potential user (and/or their carer) which type of recliner chair is the most appropriate;
- trial the chair, if necessary, to determine the suitability and the entitled person's ability to operate the recliner chair safely; and
- arrange any necessary training and provide advice.

Assessment should also include:

- the entitled person's ability to safely transfer in and out of the chair;
- their ability to sit in an erect position;
- their ability to operate the chair safely;
- trial(s) of simpler equipment for example other types of high back chairs, chair raises.

The entitled person's home should be assessed to:

- determine whether there are alternative chairs in the home capable of performing the same function; and
- identify safety hazards.

The assessing health provider must retain information in the entitled person's records to support the clinical need for an electric recliner chair.

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**Additional criteria**

The following criteria should be met before prescribing an electric recliner chair:

- Due to a clinical condition, the entitled person is unable to safely and independently transfer to and from an appropriate height chair; and
- Due to a clinical condition, the entitled person is unable to sit erect in an appropriate chair.

Before prescribing, the entitled person must have undergone a physiotherapy assessment to determine if function can be improved and, if so, a trial of treatment should be undertaken. Copies of the assessment and trial results must be maintained with the clinical notes and made available if requested.

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**Reasons for not issuing equipment**

Electric recliner chairs cannot be approved:

- when the clinical needs can be met by current furniture or by modifying current furniture;
- for comfort only;
- primarily for use as a bed; or
- primarily for management of lower limb oedema\*.

\*Assessing health providers should be mindful that 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 the elevation of lower limbs on a bed.

CHAPTER 10

**National Guideline**

for

**Stairlifts**

(RAP Schedule No. AL05 and AL07)

**NOTE:** PRIOR APPROVAL FROM THE DEPARTMENT **IS REQUIRED** BEFORE THE SUPPLY OF THIS ITEM.

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**Definition of a stairlift**

A stairlift is any type of electrical, hydraulic or battery-operated stair mobility equipment that assists an individual while sitting or standing to access different levels in their home (internally and externally).

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**Use of a stairlift**

A stairlift may be provided for an individual's use in their own home subject to the criteria within this Guideline.

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**Types of stairlifts and accessories**

There are six different types of stairlifts listed in RAP Schedule AL05 and AL07. They are:

1. Stairchair
2. Wheelchair Platform Lifts (for step rail)
3. Inclinator
4. Waterlift
5. Stairclimber
6. Vertical Platform Lift

**1. Stairchair (AL05)**

A stairchair may be defined as a seat attached to the banister, which when activated, will go up and down a staircase.

Stairchairs are most commonly used in private dwellings. When the person requiring a stairchair uses a mobility aid such as a walking frame or wheelchair, it is essential to have this aid at each level for independent mobility. Ability to transfer on/off the stairchair (presently and in the future) needs to be considered. The controls are usually located on the arms of the chair, and also at either end of the staircase. Different models are available for indoor and outdoor use. Some stairchairs have swivel seats for easier transferring.

**2. Wheelchair Platform Lifts (AL05)**

A Wheelchair Platform Lift is a platform device, when activated, transports a wheelchair up and down a staircase.

Wheelchair Platform Lifts are more commonly installed in public areas as a wider stairway is required, although they may also be installed in a private home. The platform folds against the wall when the lift is not in use, providing clear access to the stairwell.

Attendant and carer controls can be provided on all lifts, and are especially necessary in a public area. The platform lift will have access and exit ramps to be used at landings. These can be operated electrically or mechanically. Different models are available for indoor and outdoor use.

**3. Inclinator (AL05)**

Inclinators are designed to transport people up steep slopes. The inclinator can operate over angles up to 45 degrees (or gradient of ½). The inclinator is operated by control buttons. It can be stopped or reversed as desired and the carriage can be called from one level to another.

#### 4. Waterlifts (AL05)

A waterlift is a hydraulic elevator that can be installed internally or externally. There are state restrictions pertaining to the installation of waterlifts, for example the NSW building code does not allow such devices.

#### 5. Stairclimbers (AL05)

Stairclimbers are individual pieces of equipment that assist a person up and down the steps, but are not installed fixtures.

#### 6. Vertical Platform Lifts (AL07)

Vertical Platforms Lifts are installed adjacent to vertical walls, and travel up and down. The platform finishes flat against the floor, and the user embarks and disembarks onto an even surface.

There are several different types of vertical platform lifts available, and can be internal or external.

There is an Australian Standard AS1735 which covers lifts, and Part 14 of this Standard specifies requirements for machine-driven low-rise platforms which raise people to a vertical point of 600mm. Part 15 of AS1735 applies to vertical platforms which raise people to heights exceeding 600mm. These latter lifting devices are subject to approval by Workcover Authority, and are required for inspection, both after installation and prior to human use.

**NB: Vertical Platform Lifts will only be supplied in respect of a war caused injury or disease/accepted disability.**

**This applies to both Gold and White Card holders.**

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### Australian Standards

Stairchairs, Wheelchair Platform Lifts and Inclinators are covered by AS1735.12.

Vertical Platform Lifts are covered by AS1735, in particular Parts 14 & 15.

Waterlifts are covered by AS1735, in particular Parts 3 & 17: "Electrohydraulic lifts" and "Waterdrive lifts".

Stairclimbers are not covered by an Australian Standard. If Australian Standards are developed, compliance will be required.

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### Governing body

Each State and Territory has an agency that oversees the installation and subsequent periodic inspections of stairlifts. An annual fee may be payable for registration. The Department will meet this expense.



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**Accommodation with shared access**

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The Department does not supply stairlifts to entitled persons who require the stairlift to be installed on a public access route.

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**Assessment**

An assessment and report by an occupational therapist is required to:

- provide clinical, functional and cognitive information to the Department to support the need for a stairlift; *and*
- decide, in partnership with a supplier and the entitled person (and/or their carer/representative), which type of stairlift is most suitable; *and*
- provide advice and any necessary training for the entitled person/carer; *and*
- advise the entitled person/carer that the Department may not fund the repairs or make good the area when the stairlift is removed.

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**Criteria**

The following criteria must be met before approval will be given for the issue of a stairlift:

- A ramp or similar construction is not a suitable option
- The entitled person should:
  - be permanently incapable of negotiating stairs without risk of injury to themselves or others;
  - be unable to relocate to more suitable accommodation because existing social supports cannot be replicated at the new location;
  - own their own home which should be an individual residence that does not share access with other buildings;
  - not have been reasonably able to judge that access was likely to become an issue; and
  - be unable to relocate to other accessible areas of the house.

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**Notification to the Health Provider**

The notification to the Health Provider should include details regarding their responsibility to undertake regular reviews of the entitled person's condition in order that he/she continues to meet the criteria.

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**Notification to the entitled person**

The notification to the entitled person should include:

- details of the entitled person's responsibilities as listed in the section "Entitled Person's Responsibilities"; and
- advice that the stairlift remains the property of the Department, and that the Department has the right to withdraw it if:
  - the entitled person ceases to meet the criteria, or
  - the entitled person no longer requires the stairlift; and
- advice that the entitled person or their estate may be responsible for "making good" following the removal of the stairlift; and
- advice that the entitled person is responsible for using the stairlift in a safe manner, according to the regulations outlined by the OT, the supplier and/or the governing body; and
- advice that preventative maintenance is the responsibility of the supplier.

CHAPTER 11

**National Guideline**

for

**Assistive Listening Devices**

(RAP Schedule Items AA04, AA06 and AA18)

**NOTE: PRIOR APPROVAL IS REQUIRED FOR ASSISTIVE LISTENING DEVICES WHEN THE INVOICE COSTS EXCEEDS THE ACCEPTABLE MAXIMUM COST AS SPECIFIED IN THE RAP NATIONAL SCHEDULE OF EQUIPMENT, OR IF MORE THAN ONE ITEM IS REQUESTED.**

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**Definition of an assistive listening device**

An assistive listening device is a device that helps improve a person's ability to hear in specific listening situations. Common situations include listening to television, hearing speech in noise, and listening over distance. Assistive listening devices may include television headphones with volume control, FM systems and wireless streaming devices. **NB: Hearing aids are supplied through the Australian Government Hearing Services Program (HSP) and are not assistive listening devices, but may be used together with hearing aids.**

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**Australian Standards**

There are no Australian Standards for assistive listening devices as listed on the RAP National Schedule of Equipment (the Schedule).

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**Assessment**

An assessment must be conducted by a suitably qualified health provider as listed on the Schedule to:

- identify the clinical need for an assistive listening device; and
- decide, in partnership with the entitled person (and/or their carer or representative) which type of assistive listening device is most appropriate, and provide clinical information to support this decision.

**Assessments must be performed by a practitioner who is eligible to practice under the HSP.**

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**Additional requirements**

The following additional criteria must be considered before RAP Schedule AA04, AA06, AA18 items will be approved for entitled persons:

- A clinical consultation and technical evaluation must be conducted to determine suitability of the equipment for the client and to train the client in its set up and use. Item should only be supplied when the client has an identified need for the equipment. For AA06 and AA18 items, a hearing assessment and compatible hearing aid/s are required prior to supply.
- The request must relate to listening goals that are unmet at the conclusion of an entitled person's hearing rehabilitation program
- The entitled person is motivated to use devices in addition to hearing aids.
- Entitled person is capable of managing the device independently or has the support of others to help.
- For FM (AA06) requests, establish that an induction loop device (AA02) is not a viable alternative.

CHAPTER 12

**National Guideline**

for

**Assistance Dogs**

(RAP Schedule No's BH01 to BH05)

**NOTE:** PRIOR APPROVAL FROM THE DEPARTMENT **IS REQUIRED** BEFORE A SUITABILITY ASSESSEMENT CAN BE ARRANGED WITH A CONTRACTED SUPPLIER OF ASSISTANCE DOGS.

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### **Definition of an assistance dog**

Assistance dogs, that is, dogs which fall within the definition of 'assistance animal' in section 9 of the *Disability Discrimination Act 1992* and which meet the standards set out by Assistance Dogs International (ADI).

These dogs can be individually trained in obedience, can perform at least three defined tasks that mitigate the veteran's (also referred to as the handler) impairment and can pass a public access test (PAT).

- **Guide Dog** - trained specifically to assist a blind or visually impaired person's mobility and independent living. These dogs are trained to travel on public transport and support the recipient in public settings.
- **Hearing Dog** - trained specifically to assist hearing impaired individuals by alerting them to environmental sounds such as alarm clocks, kitchen timers, presence of other persons, smoke and fire alarms and approaching vehicles. Hearing dogs are trained to make physical contact and lead their deaf partners to the source of the sound.
- **Mobility/Service Dog** - trained specifically to help persons with mobility impairment to achieve an optimal level of functional independence in activities and enhance participation in society. These dogs are trained to perform multiple tasks such as retrieving items, activating switches, opening and closing doors. They do not replace a carer but may reduce caring needs significantly and are trained to support the recipient in their home and the community.
- **Psychiatric Assistance Dog** – trained specifically to perform tasks which contribute to the clinical recovery of goals of their handler. This could include detecting signs of distress and performing tasks to help alleviate those symptoms. For example, waking the handler if they are experiencing a night terror, or nuzzling the handler to distract them from emotionally disabling symptoms.

DVA does not provide companion or emotional support dogs. An assistance dog must be individually trained to perform work or tasks directly related to the veteran's disability, while a companion or emotional support dog simply provides comfort and coping assistance to an individual.

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**Eligibility*****Guide Dogs, Mobility Dogs and Hearing Dogs***

Eligibility is set out in *The VEA & MRCA Treatment Principles (TPs) 11.3.1*

The supply of guide, mobility and hearing dogs is limited to veterans who have a medically assessed need for the dog due to a war-caused injury or disease or a determined condition other than a determined residential care condition.

***Psychiatric Assistance Dogs***

Eligibility is set out in *The VEA & MRCA Treatment Principles (TPs) 11.3.5.1*;

The Commission may accept financial responsibility for the supply of a psychiatric assistance dog to a person if the Commission is satisfied:

- (a) the person is an entitled veteran; and
- (b) the person has an accepted condition of posttraumatic stress disorder or a diagnosis of posttraumatic stress disorder from a psychiatrist; and
- (c) the person is undergoing treatment by a psychiatrist or a psychologist for posttraumatic stress disorder and has been undergoing such treatment for at least three months; and
- (d) the person has been assessed as suitable for the supply of a psychiatric assistance dog by a mental health professional (psychiatrist, psychologist, mental health social worker or mental health occupational therapist), having regard to the factors in the RAP Guidelines for this assessment.; and
- (e) the person is suitable for the supply of a psychiatric assistance dog having regard to the factors in the RAP Guidelines relating to living arrangements, current life circumstances, support networks, and ability to properly care for the dog.

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**Exclusion criteria**

The following exclusion criteria applies

*For all assistance dogs:*

- The veteran has a history of family violence.
- The veteran or a member of their household has a history of animal abuse.

*For psychiatric assistance dogs only:*

- The veteran has had hospital admission/s for suicide attempt/s or self-harm behaviour/s in the previous 12 months.
- The veteran has had a drug and alcohol misuse that has not stabilised in the previous 12 months, as far as the mental health professional is aware.

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**Standards**

The assistance dog supplier must ensure the engagement of suitably qualified trainers as defined under the Queensland *Guide, Hearing and Assistance Dogs Act (2009)*.

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**Initial request**

The initial request for a:

- guide dog should be referred by low vision clinic or specialist
- hearing dog should be referred by an audiologist, audiometrist or specialist
- mobility dog should be referred by an occupational therapist or specialist
- psychiatric assistance dog should be referred by a psychiatrist, psychologist, mental health occupational therapist or a mental health social worker.

Requests to DVA for the supply of an assistance dog must be made by completing the appropriate [Prior Approval form](#).

Completed forms can be sent to the RAP team at AMBRAPGE@DVA.gov.au, for consideration.

*For guide, hearing and mobility assistance dogs:*

Requests must be based on a clinical need linked to the veteran's war-caused injury or disease, and evidence provided that this need is not able to be met by the items already available on the RAP Schedule.

*For psychiatric assistance dogs:*

Requests should be made as an adjunct to the entitled veteran's PTSD treatment.



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**Assessment and Suitability Factors**

Assessing health providers should consider whether an assistance dog would assist the veteran in achieving therapeutic goals.

Assessing health providers should consider whether the veteran understands the commitment in training and caring for an assistance dog and that the veteran's living arrangements, support network and life circumstances (presence of stressors, e.g. having pregnant person or young child in veteran's household) are conducive to providing that care.

Assessing health providers must administer the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) 12-item measure to assess level of functioning.

*For psychiatric assistance dogs;*

DVA's position is that a veteran scoring in the moderate range of difficulty across a number of areas of functioning is likely to benefit from an assistance dog and a veteran scoring in the severe to extremely severe/cannot do range in multiple areas is unlikely to benefit from an assistance dog at this time.

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**Additional criteria and lifestyle requirements**

The following additional criteria must be considered before recommending an assistance dog, regardless of the type:

The assistance dog should be the most cost-effective and clinically appropriate option, having regard to all of the veteran's relevant circumstances and the extensive range of aids and appliances listed on the RAP Schedule that are available for prescription.

The entitled veteran should:

- have a nominated general practitioner (GP), psychiatrist and/or psychologist who is supportive of the veteran receiving an assistance dog; and
- have stable living arrangements that can accommodate a dog; and
- have the support of family/friends who can assist the participant with the care of the dog if/when required; and
- be able to, or their support person(s) should be able to, demonstrate that they understand the commitment involved in caring for an animal;

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**Notification to client**

If a request for an assistance dog has been approved, DVA will advise the veteran in writing.

If a request for an assistance dog is declined, DVA will advise the referring health professional, detailing the reasons for the decision and request they speak with the veteran. DVA will also advise the veteran in writing.

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**Notification to referring health provider**

The notification to the referring health provider should include details regarding their responsibility to undertake regular reviews of the entitled veteran's condition to ensure risks of harm to either veteran or the assistance dog are minimised.

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**Usage / Limitations**

An assistance dog should be used safely and only for the purpose for which it has been trained. A veteran may only have one active assistance dog supplied through RAP at any one time.

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**Supply**

Assistance dogs must be supplied by DVA contracted suppliers for guide dogs and psychiatric assistance dogs.

The supply of hearing and mobility dogs is undertaken on a case by case basis. However, DVA would only allow the supply of these types of assistance dogs through organisations that meet the current Australian standards outlined previously in this document.

Note: DVA will make the final decision of the supplier to be used, taking into account geography and ability to provide dog in a timely manner.

In the case where a DVA contracted supplier receives a request for an assistance dog outside of these arrangements, the supplier is not to provide an assistance dog and the request should be referred to DVA.

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**Upkeep**

Reasonable costs of upkeep and maintenance of the assistance dog may be reimbursed. Costs may include veterinary costs, annual vaccinations, worming and flea treatments, food costs, pet insurance, and dog grooming. The quarterly limit for reimbursement is listed on the RAP Schedule under *BH05 – Upkeep Costs for Assistance Dogs*. Prior approval is required from DVA for costs exceeding this limit.

Applications for reimbursement should be submitted on a [MEPI form](#) and must be supported by paid itemised accounts or receipts.

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**Ongoing Support**

In most cases, the entitled veteran or their carer should be able to obtain support, ongoing training, behavioural assessments or address welfare concerns through the supplier of the assistance dog. Where this is not practicable, they should contact the Department for assistance.

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**Transport**

- Initial supply and training - Transport for the veteran and the dog as required will be arranged and paid for by the supplier of the dog.
- PAT testing and six-monthly welfare checks - Transport for annual assessment will be arranged and paid by the supplier of the dog.
- Treatment - If the veteran is required to travel to access their medical treatment travel, arrangements are to be conducted in accordance with the relevant DVA travel policy. Any additional costs that may be incurred for the travel of the assistance dog will be covered by DVA.
- DVA will pay for the costs involved in transporting an assistance dog to its appointments, i.e. annual vet check, or for purposes relating to the health and maintenance of the dog.

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## Insurance

Veterans are required to obtain pet insurance with a reputable provider for their assistance dog that includes:

- top level cover
- routine care benefit and dental
- public liability insurance.

Pet insurance will be reimbursed by DVA and forms part of the upkeep costs listed on the RAP Schedule under *BH05 – Upkeep Costs for Assistance Dogs*. Applications for reimbursement should be submitted on a [MEPI form](#) and must be supported by paid itemised accounts or receipts from a reputable provider.

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## State legislation

In all instances, the usage and access requirements of an assistance dog should conform to the relevant State/Territory Government requirements.

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## Return

If the entitled veteran no longer wants, or is no longer able, to have an assistance dog, it is to be returned to the DVA contracted supplier. A supplier may also take back an assistance dog if it believes that the veteran is no longer able to care for the assistance dog. If there is a problem with the supplied assistance dog, the supplier is expected to replace the dog.

When an assistance dog reaches retirement age, a discussion should occur between the veteran and the supplier about where the dog will be rehomed. If the veteran does not want to retain the dog, it is the supplier's responsibility to rehome the dog.

CHAPTER 13

**National Guideline**

for

**(Positive) Airway Pressure & Humidification Equipment**

(RAP Schedule Items AY01, AY03, AY14, AY17 & AY19)

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**Definition of Equipment***Positive Airway Pressure*

Sleep related breathing disorders (SRBD) are a spectrum of disorders where impaired breathing during sleep impacts on daytime functioning.

There are three types of Positive Airway Pressure (PAP) devices/machines; continuous (CPAP), bi-level (BiPAP) and automatic self-adjusting (APAP). The patient interface is most commonly via a nasal mask, covering the nose only, but full-face masks, covering the mouth and nose, and other devices are available.

*Humidification Equipment*

Is a range of equipment that humidifies, warms and filters air to improve respiration, particularly in situations where the upper respiratory tract is bypassed e.g. a tracheostomy or

Humidifiers may be used in conjunction with PAP ventilation to reduce the likelihood of conditions that may result in lower respiratory tract infections.

---

**Ancillary equipment***Battery back-up/invertors*

To support DVA clients using equipment, where the DVA client is at special risk from temporary failure of their equipment as a result of:

- Verifiable, frequent power failures e.g. twice weekly interruptions to power supply,

or

- No mains power (240v) available to operate the device/machine e.g. camping and sailing etc.

An inverter, deep cycle batter can be supplied.

*Generators*

Generators do not appear on the RAP schedule and consequently cannot be issued to PAP patients. An inverter, deep cycle battery is sufficient to maintain power to a PAP device/machine while camping/caravanning etc., and can be recharged through a motor vehicle.

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**Australian Standards**

The Therapeutic Goods Association (TGA) is responsible for the approval of medical devices in Australia, before they may be used for patient care.

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**Initial request**

Prescriptions for equipment should be sent to a DVA contracted supplier by an approved prescriber:

- Respiratory Physician;
- Respiratory Clinic/Sleep Center; or
- ENT Specialist.

Prescribers must complete the DVA Application for PAP Therapy Equipment (Form D9140), found at:

[www.dva.gov.au/dvaforms/Documents/D9140.PDF](http://www.dva.gov.au/dvaforms/Documents/D9140.PDF)

Where there is insufficient information on the prescription, the contracted supplier is responsible for contacting the prescriber and obtaining the relevant information.

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**Criteria for Provision**

Requests for equipment must follow a Polysomnographic Sleep Study to confirm the presence of a SRBD.

Equipment should not be sourced from a non-contracted supplier. There are several choices of supplier for each product group on the RAP Schedule which can provide all equipment covered by this Guideline.

---

**Resupply of Equipment**

*Replacement PAP device/machine*

Requests for a replacement PAP device/machine must be forwarded by an approved prescriber on the completed [DVA Application for PAP Therapy Equipment \(Form D9140\)](#) to a DVA contracted supplier, details are provided on the form.

*Accessories and consumables*

Requests for accessories and consumables (e.g. filters, hoses and masks) should be forwarded to a DVA supplier if it has been longer than three (3) months since the last request.

If the request does not meet the conditions outlined above or the DVA client has purchased the device/machine privately, a new request should be submitted on a [DVA Application for PAP Therapy Equipment \(Form D9140\)](#).

*Requests for an additional PAP device/machine*

Approved prescribers are to complete and forward the [DVA Application for PAP Therapy Equipment \(Form D9140\)](#) including the reason/s for the additional device/machine and any supporting documentation to DVA [rapgeneralenquiries@dva.gov.au](mailto:rapgeneralenquiries@dva.gov.au) for consideration through the prior approval process.

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**Additional  
Considerations for PAP  
machines**

The most suitable PAP device/machine should be prescribed to the DVA client, depending on their clinical needs and to maximise compliance with treatment.

*Travel PAP device/machine*

If the DVA client is a frequent traveller, a smaller or portable machine can be considered. Generally, a DVA client only needs one PAP device/machine for all their clinical needs. However, if there is a demonstrated need for two PAP devices/machines to be provided to facilitate continued compliance with treatment when travelling, and the DVA client has been identified as compliant with their PAP treatment regime, this can be supplied. If another PAP device/machine has been supplied to the DVA client within the previous 12 months, prior approval will be required as outlined above.