



Australian Government

Department of Veterans' Affairs

REHABILITATION APPLIANCES PROGRAM (RAP)

RAP National Schedule of Equipment

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REHABILITATION APPLIANCES PROGRAM (RAP)

The Rehabilitation Appliances Program (RAP) assists entitled veterans, war widows and widowers and dependants to be as independent and self-reliant as possible in their own home. Appropriate health care assessment and subsequent provision of aids and appliances may minimise the impact of disabilities, enhance quality of life and maximise independence when undertaking daily living activities.

The program provides safe and appropriate equipment:

- according to assessed clinical need;
- in an effective and timely manner; and
- as part of the overall management of an individual's rehabilitation and health care.

The equipment should be:

- appropriate for its purpose;
- safe for the entitled person; and
- Likely to facilitate the independence and/or self-reliance of entitled persons based on an assessment of clinical need by an appropriately qualified health professional.

The RAP Schedule

The Schedule lists those items most frequently provided to assist entitled persons with their daily living activities and as part of overall management of their rehabilitation and health care.

Schedule items are regularly reviewed and subject to standards monitoring.

The RAP Schedule can be found at: [RAP National Schedule of Equipment](#)

Who is Eligible to Receive RAP items?

Holders of the Repatriation Health Care Card– For all conditions (Gold Card) may be able to obtain aids and appliances subject to assessed clinical need. Holders of the Repatriation Health Card – For Specific Conditions (White Card) may be eligible to obtain aids and appliances subject to assessed clinical need resulting from a condition accepted as being related to the entitled person's service.

The factsheets *Information for Veterans* can be found at: [RAP Factsheet HSV107](#) and *Information for Providers* can be found at: [RAP Factsheet HIP72](#)

Role of the assessing Health Providers

Local Medical Officers (LMO) and General Practitioners (GPs) – Referrers

As part of the entitled person's overall health care provision, specific clinical needs may be identified where the provision of RAP items would be beneficial. These clinical needs are usually identified by the LMO or GPs (referrers). The role of the referrer includes making referrals to the appropriate Health Provider so that more specific functional/home/product assessments can be undertaken. The referrer is not responsible for providing equipment specifications, but for referring the entitled person to an appropriately qualified Health Provider such as an Occupational Therapist or Physiotherapist.

Health Providers

Health Providers hold qualifications that are recognised by the Australian Health Practitioner Regulation Agency or the relevant professional association for:

- undertaking clinical/functional assessments to enable selection of the most appropriate appliance that is required for an entitled person's rehabilitation or as an aid to assist with daily living activities;
- providing relevant education/training in the safe and appropriate use of provided equipment; and
- monitoring equipment compliance/usage and evaluating equipment effectiveness.

The approved Health Provider List/Code is set out on page xiii.

The Health Provider undertakes specific assessments referred to in the column entitled 'Assessment Type'. Alternatively, they may refer the entitled person to a more suitably qualified Health Provider for that purpose.

The aim of these assessments is to determine a holistic and comprehensive view of the entitled person's health care needs, particularly within the context of their living environment. Where specific aids/equipment are recommended for use by the entitled person (or carer), the most appropriate and cost effective device should then be selected based on functional need, safety and the environment in which the device is to be used.

The types of assessment undertaken are:

- functional;
- home; and
- product.

Recommended assessments should be undertaken before an aid or appliance is issued.

Definitions of assessment types

Functional Assessment is the assessment of the entitled person'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 is the assessment of the entitled person's functional abilities within their primary living environment (private residences only) including:

- environmental access, and associated risks to safe function within and around the primary living environment;
- recommendations to reduce risks associated with the entitled person's functional abilities;
- trial and review of recommended equipment (as below in Product Assessment); and
- education of the entitled person and/or carer.

Product Assessment is undertaken in conjunction with the entitled person's functional and/or home assessment needs. This assessment incorporates:

- determining the best "fit" of equipment to the functional needs of the entitled person;
- knowledge of the specifications of the recommended equipment (e.g. weight capacity, measurements, size and method of operation);
- physical (anthropometric) assessment of the entitled person to meet equipment specifications; and
- education of the entitled person and/or carer in the operation, maintenance and safety features of the product.

RAP Business Rules

1. Legislative Basis

Section 90 of the *Veterans' Entitlements Act (VEA) 1986*, Chapter 6, Part 3 of the *Military, Rehabilitation and Compensation Act (MRCA) 2004* and Part 2 of the *Australian Participants in British Nuclear Tests (Treatment) Act 2006* provide that only entitled persons may receive items on the Schedule. They include entitled persons:

- a) holding a Repatriation Health Card for All Conditions (Gold Card); or
- b) holding a Repatriation Health Card for Specific Conditions (White Card)

These three pieces of legislation set out "Treatment Principles" (TPs) which describe the objectives of the RAP program and impose conditions on the supply of aids and appliances (see TP Part 11).

The TPs made pursuant to Section 90 of the VEA can be found at: [Treatment Principles](#)

2. Cost-effective, safe and clinically appropriate aids and appliances

The most cost-effective, safe and clinically appropriate aids and appliances should be recommended by the assessing Health Provider, with due regard to the applicable Australian Standard, if any.

3. On what grounds are appliances provided?

Appliances are provided on the grounds of assessed clinical need by the nominated Health Providers listed in the Schedule.

4. Aged Care Reforms

From 1 July 2014, the classifications of low care and high care for permanent residents in residential aged care facilities were removed. The Aged Care Funding Instrument (ACFI) classification code replaced any references to a 'low care' or 'high care' classification in the eligibility criteria determining a resident's access to services at the expense of the facility.

From 1 July 2014, a facility is responsible for paying for the provision of health care services and equipment identified in The *Quality of Care Principles 2014* Schedule 1, Part 3 (in addition to Parts 1 and 2) for a permanent resident whose classification includes:

- a high domain category in at least one ACFI domain; or
- a medium domain category in at least two ACFI domains.

Residential respite care recipients will continue to be classified as low care and high care after 1 July 2014.

5. Can items be provided to veterans and/or war widows(ers) in Residential Aged Care Facilities (RACF)?

Entitled persons requiring a greater level of care in a Commonwealth Funded RACF are not provided with RAP equipment. However, RAP items issued prior to permanent entrance into a RACF care may be retained subject to the approval of the RACF. Approved providers of Commonwealth funded aged care services are required to provide care and services as specified by the Department of Social Services under the *Aged Care Act 1997* and *Quality of Care Principles 2014*. The *Quality of Care Principles 2014* Schedule 1, Parts 1 and 2, lists the specified care, services and equipment to be provided for all residents who need them. However, if RAP equipment is customised for a particular entitled person then provision at DVA expense may be considered, subject to assessed clinical need(s).

Entitled persons receiving a lesser level of care in a Commonwealth funded RACF and those receiving Home Care Packages may be eligible for provision of RAP equipment if additional criteria are met.

Entitled persons receiving Level 1 or 2 Home Care Packages may also be eligible for provision of aids and appliances if additional criteria are met.

My Aged Care website

The [My Aged Care](http://www.myagedcare.gov.au) website (www.myagedcare.gov.au) and phone line (1800 200 422) is available to assist people to find clear and reliable information on aged care services. The My Aged Care website provides up-to-date information about aged care and healthy and active living.

6A. Home Modifications in Retirement Villages

Delegates could approve modifications if the resident could not have reasonably foreseen – in light of their existing illnesses and/or disabilities – 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 delegates, where there is some element of doubt, to take exceptional individual circumstances into account in making a considered decision.

However, it should be born in mind at all times 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.

6B. Home Modifications in Lifestyle villages

These are frequently marketed 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 systems and emergency medical treatment.

In the event that such an institution markets itself as not providing any form of aged care service – personal response systems, personal care/nursing assistance, mobility and functional support equipment etc – then consideration may be given to the installation of home modifications.

6C. Home Modifications in Park Complexes

These 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 such cases, it may be appropriate to treat the dwelling as an owner-occupied residence (see above). Such dwellings may be eligible for home modifications if purchased before knowledge of any foreseeable problems that might arise from a disability (related to the need for a modification) or if the degenerative nature of the disability could not reasonably have been foreseen.

Rental park dwellings have more limited eligibility. They are privately owned rental assets located on leased ground. If DVA were routinely to pay for home modifications in such dwellings, it could 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 could nonetheless have the benefit and enjoyment of the modification(s). Therefore, home modifications would only be considered for long-term (two years and over) residents who are assessed as likely to remain in the rental park dwelling for the foreseeable future.

6D. Home Modifications in Rental Houses/Units

The same considerations as referred to in 6C, paragraph three, above should apply.

7. Who can conduct assessments?

DVA recommends that assessments be undertaken by the Health Providers specified in the Schedule. Where the specified health professionals are unavailable, the Local Medical Officer (LMO) or other GP may undertake the assessment(s).

See Health Provider list/code on page xiii of the Schedule.

8. Who can conduct assessments in rural and remote areas?

Should the LMO or other GP require assistance in undertaking the assessment(s), he/she may wish to phone the Health Provider enquiries number on **1300550 457** (Metro) or **1800 550 457** (country). Select Option 1 for RAP and ask to be put through to an Occupational Therapy Adviser or other relevant Adviser to discuss the individual's needs for the RAP items. In metropolitan areas however, it is likely that other Health Providers would be more available and have the resources to conduct assessment(s) as required on the Schedule.

9. Who provides instruction on use of the item?

Some RAP aids and appliances will require user instruction by the Health Provider and/or supplier to ensure correct and safe usage, and optimal benefit. The supplier of RAP aids and appliances is also asked to include written user instructions/information including care and maintenance where appropriate (eg electric mobility aids).

10. Who refers the entitled person to the Health Provider?

LMO or other GP is the usual referrer for most RAP items. They are asked to refer entitled persons to suitably qualified Health Provider(s), especially where the Health Provider(s) has particular experience/competency in a specific aid or appliance.

11. What happens if the item does not appear on the Schedule?

Requests to DVA for the supply of aids and appliances that do not appear on the Schedule must be referred in writing to the Director, RAP Operations and Policy, for consideration. For further information, phone the RAP Health Provider enquiries number on **1300 550 457** (Metro) or **1800 550 457** (country).

12. Can you provide more than the specified quantity limit?

Any limits on the quantity of a specific aid or appliance are indicated in the 'prior approval required' column of the Schedule. It remains at the discretion of the authorised DVA RAP delegate to authorise supply above the specified limit(s) in cases where the assessing health provider considers there to be a clinical justification.

For most RAP items there are no quantity limits imposed by the Department. The quantity of items required is determined by the assessing health provider. There may be recommendations as to quantity limits in the comments column of the Schedule against some RAP items. The recommended limit may be exceeded on the basis of clinically assessed need from a suitably qualified Health Provider without the necessity of obtaining PA.

13. Prior approval arrangements for the provision of an item

13(a). Where prior approval is required

Delegates and health providers should consult the 'Prior Approval Required' column of the Schedule to determine if prior approval for the provision of the item is required. Prior approval is required for the following reasons:

- mandatory PA by the Department;
- requests are above the specified financial limits; and/or
- requests are above the specified quantity limits.

Where prior approval is required, the Repatriation Commission, and/or the Military Rehabilitation and Compensation Commission (in practice a delegate of either or both) is required to consider requests for such items that have been submitted by an appropriately qualified health provider.

13(b). Where prior approval is not required

Where prior approval is not required, the assessing health provider should direct source the item through a DVA contracted supplier by completing the relevant assessment and direct order forms. In this situation, the assessing health provider is to recommend the most cost effective and clinically appropriate aids and appliances, in quantities that meet clinical need.

All assessing health providers will be required to keep assessment forms and clinical records. This is to assist DVA in monitoring and ensuring overall appropriateness and necessity of health services being provided to the veteran community.

14. Therapeutic Goods Administration (TGA)

From 4 October 2007, any product that is defined as a "medical device" under the *Therapeutic Goods Act 1989* must be entered in the Australian Register of Therapeutic Goods before it can be legally sold in Australia. This means that individual aids and equipment that are so defined under this Act and are not on the Australian Register of Therapeutic Goods, may not be provided under the RAP.

Further information is available on the TGA website at: [TGA - Therapeutic Goods Administration](#)

[TGA medical device Incident Reporting and Investigation Scheme \(IRIS\)](#) - Where a health professional or veteran has concerns that a medical device may pose a possible health hazard, their concerns should be raised with the IRIS.

Further information can be found at: [TGA – Reporting Safety Problems](#)

RAP National Guidelines

There are specific RAP National Guidelines for complex equipment. The Guidelines contain eligibility criteria for the item, and the direct order forms for each explains the assessment process.

Following is the list of the RAP National Guidelines:

- Adjustable Electrical Beds
- Assistive Communication Devices
- Closed Circuit Television (CCTV)
- Vehicle Modifications
- Driving Assessments
- Electric Scooters & Electric Wheelchairs
- Home Modifications
- Recliner Chairs
- Stairlifts

The RAP National Guidelines can be found at: [RAP National Guidelines](http://www.dva.gov.au/providers/provider-programmes/rehabilitation-appliances-program-rap#national-schedule)
(<http://www.dva.gov.au/providers/provider-programmes/rehabilitation-appliances-program-rap#national-schedule>)

RAP Equipment Provision Process

Aids and appliances that are available to the veteran community are listed in the *RAP National Schedule of Equipment*. The Schedule outlines the criteria for provision and whether prior approval is required from DVA.

Requests for RAP items should be forwarded directly to the appropriate DVA contracted supplier using the relevant Product Direct Order Form.

The relevant Product Direct Order Forms can be located at: [RAP Forms and Factsheets](http://www.dva.gov.au/providers/provider-programmes/rehabilitation-appliances-program-rap#forms) (<http://www.dva.gov.au/providers/provider-programmes/rehabilitation-appliances-program-rap#forms>)

For items that need prior approval, Health Providers are required to attach a comprehensive assessment report with the relevant Product Direct Order Form and forward to the appropriate DVA contracted supplier.

For assistance with request, Health Providers may contact the Health Provider enquiries number on **1300 550 457** (Metro) or **1800 550 457** (Country) and select Option 1 for RAP.

Arrangements for Palliative Care Aids and Appliances

The RAP Program has the capacity to provide a range of aids and appliances required by veterans and war widows who have palliative care needs (refer to [AT00](#)). Recognising the often urgent nature of assisting entitled persons who have a palliative condition, requests may be expedited if Health Providers mark these requests as 'URGENT & PALLIATIVE'.

Health Providers can make direct contact for urgent processing of palliative requests by phoning the Health Provider number on **1300 550 457** (Metro) or **1800 550 457** (Country) and select Option 1 for RAP.

Other DVA Services

Medical Grade Footwear (MGF)

Under DVA's health care arrangements, eligible veterans with a clinical need may be provided with custom made footwear recommended by their podiatrist.

Further information can be found at: [Podiatry Homepage](#) (<http://www.dva.gov.au/providers/provider-programmes/rehabilitation-appliances-program-rap#medical-grade>)

Community Nursing

Community Nursing is the provision of clinically necessary nursing and/or personal care services to eligible members of the veteran community in their own home. Community nursing also assists to restore or maintain the maximum level of health and independence at home, and to avoid premature or inappropriate admittance to hospital or residential care.

Community nursing services are provided by a mix of personnel including registered and enrolled nurses, who work within the framework of the relevant national standards, and nursing support staff.

For further details phone general enquiries **133 254** (metro) or **1800 555 254** (for rural and remote areas). The factsheet for Community Nursing can be found at: [Community Nursing Factsheet](#)

Veterans' Home Care

Veterans' Home Care is designed to assist those veterans and war widows/widowers who wish to continue living at home, but who need a small amount of practical help. Veterans' Home Care is part of a broader Government strategy to ensure veterans and war widows/widowers maintain optimal health, well-being and independence. Veterans' Home Care consists of a range of services that include domestic assistance, personal care, respite care, and safety-related home and garden maintenance.

Access to services is not automatic and is based on an assessed need. To arrange an assessment for services, call the regional Veterans' Home Care Agency on 1300 550 450.

Note that calls from mobile phones cannot be connected to the correct/nearest office. Callers are advised to ring from a standard landline phone.

The factsheet for Veterans' Home Care can be found at: [Veterans' Home Care Factsheet](#)

Other Services

Meals on Wheels (delivered meals), community transport and other social support services are provided through arrangements with Commonwealth and State/Territory governments.

Relevant Links

[RAP Homepage](#)

[RAP National Guidelines](#)

[RAP Forms and Factsheets](#)

[DVA Factsheets](#)

[Treatment Principles](#)

[TGA - Therapeutic Goods Administration Homepage](#)

[TGA – Reporting Incidents and Safety Problems](#)

[Department of Health and Ageing - Aged Care Act 1997](#)

Health Provider List/Codes

AC	Amputee Clinic
A	Audiologist
At	Audiometrist
CA	Continence Adviser (RN or Physiotherapist Continence Adviser)
Ch	Chiropractor
DC	Diabetes Clinic
DE	Diabetes Educator
D	Dietitian
EP	Exercise Physiologists
LDO	Local Dental Officer (or dentist)
LMO	Local Medical Officer (or General Practitioner)
LVC	Low Vision Clinic
O	Orthotist
Op	Optometrist
Ost	Osteopath
OT	Occupational Therapist
PC	Pain Clinic
Physio	Physiotherapist
Pod	Podiatrist
P	Prosthetist
RC	Respiratory Clinic
ReC	Rehabilitation Clinic
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S	Specialist (includes all medical specialists in relevant field)
SP	Speech Pathologist

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Note: A search function box will appear by pressing 'CTRL f' on the RAP Schedule which allows the user to look up individual RAP items.

AA00 – Alarm System / Communication Appliances / Assistive Listening Devices

Item No	Description of appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (Definitions, page iv-v)	Comments
AA02	Induction Loop	No	S, A, At, SP	Product	<p>Hearing aid must incorporate a compatible T switch.</p> <p>Product assessment should be conducted to determine the best “fit” of the equipment to the needs of the client.</p>
AA03	Personal Response Systems - Non-Monitored	No	OT, RN, Physio, LMO, S	Functional Home Product	<p>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.</p> <p>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.</p> <p>PRS Assessment Form</p>
AA04	Listeners (TV hearing system)	No, unless exceeds \$681 or 1 per person	A,S, At	Functional Product	<p>Includes infrared systems.</p> <p>Functional and product assessments should be conducted, including any specific training in the use of the equipment (i.e. assessments of the entitled person’s hearing condition and the equipment’s features to ensure the provision of equipment is suitable to the entitled person’s needs).</p> <p>The current practice is for hearing clinics to conduct the assessments and forward the request to RAP.</p>
AA05	Personal Response Systems – Monitored	No, unless exceeds 1 per person	OT, S, RN, Physio, LMO	Functional Home Product	<p>Monitored PRS are devices which involve installation and are monitored by an emergency alarms service.</p> <p>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.</p>

AA00 – Alarm System / Communication Appliances / Assistive Listening Devices

Item No	Description of appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (Definitions, page iv-v)	Comments
					<p>Prior Approval is required where a spouse still requires the PRS 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.</p> <p>PRS Assessment Form</p>
AA06	Microphone/FM Listening System	Yes, limit of 1 per person	A, S, At	Functional Product	<p>The entitled person will require compatible hearing aid and a hearing assessment prior to supply.</p> <p>Functional and product assessments should be conducted, including any specific training in the use of the equipment. (i.e. assessments of the entitled person's hearing condition and the equipment's features to ensure the provision of equipment is suitable to the entitled person's needs). The current practice is for hearing clinics to conduct the assessments and forward the request to RAP.</p>
	Computer – Personal (see BA04)				
AA08	Telephone Typewriter (TTY)	No	OT, SP, S	Functional Product	<p>Alternatively, Telstra and Optus provide this equipment under their disability equipment programs. There are no additional costs over the standard service charges.</p> <p>Telstra Disability Products and Services Optus Disability Products and Service</p>
AA10	Telephone Coupler – Portable	No	OT, SP, S	Functional Product	<p>Alternatively, Telstra and Optus provide this equipment under their disability equipment programs. There are no additional costs over the standard service charges.</p> <p>Telstra Disability Products and Services Optus Disability Products and Service</p>
AA11	Door Bell with Signal Light (Hearing impaired appliance)	No	OT, RN, LMO,S	Functional Home Product	<p>Health Providers should conduct an assessment of function, vision and cognition to determine the most suitable item for the entitled person.</p> <p>Home Assessment should be undertaken to determine the appropriate placement of signal light and door bell.</p>

AA00 – Alarm System / Communication Appliances / Assistive Listening Devices

Item No	Description of appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (Definitions, page iv-v)	Comments
AA15	Replacement Parts and/or Repairs for AA items.	No, unless exceeds \$567	S, A, OT, SP, Op, At, RN, Physio		<p>If repairs and replacements parts are more than \$554, 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, LMO	Functional Home Product	<p>This item may be considered to facilitate safety and independence within the home for entitled veterans who may wander due to dementia or cognitive and memory dysfunction.</p> <p>Must have a clinical indication for provision of this item e.g. falls risk, wandering.</p> <p>Health Providers should conduct the following assessments to determine the type of sensor mat most appropriate for the entitled person e.g. bed mats, chair mats, floor mats and train the carers in usage:</p> <ul style="list-style-type: none"> • in-home falls risk • cognitive • placement of device <p>See also BF00 Cognitive, Dementia and Memory Assistive Technology.</p>
AA17	Smoke Alarm Package for the Hearing Impaired	No	OT, Physio, A, RN, LMO	Functional Home Product	<p>The assessing health provider needs to ensure that the prescribed smoke alarm package meets the relevant Australian Standard.</p> <p>Link Back to Index of RAP Equipment</p>

AB00 – Beds / Bedding / Pressure Care					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AB01	Bed - Adjustable electrical	No, unless exceeds 1 per person	OT, RN, Physio, LMO, S, Ch, Ost	Functional Home Product	RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information. RAP National Guidelines
AB02	Bed Back Rest – Manual	No	OT, Physio, RN LMO, S, Ch, Ost	Functional Home Product	The item is provided for one bed.
AB03	Bed Blocks	No	OT, Physio, RN LMO, S, Ch, Ost	Functional Home Product	
AB04	Bed Board	No	OT, Physio, RN LMO, S, Ch, Ost	Functional Product	This item is to be used to create a firmer transfer surface and not as a therapeutic tool.
AB06	Bed Cradle	No	OT, Physio, RN LMO, S, Ch, Ost, Pod	Functional Product	
AB08	Bed Stick	No	OT, Physio, RN LMO, S, Ch, Ost	Functional Product	All entitled persons should have a comprehensive assessment undertaken by the assessing health provider to determine risk factors in supplying this item.
AB09	Bedside Rail	No	OT, Physio, RN LMO, S, Ch, Ost	Functional Product	

AB00 – Beds / Bedding / Pressure Care

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AB11	Sheepskin Rugs / Foot / Heel / Elbow Pads (medical type only)	No	OT, Physio, RN LMO, S, Pod, Ch, Ost	Functional Product	<p>This item code includes:</p> <ul style="list-style-type: none"> * sheepskin bed and chair overlays; and * foot, heel and elbow pressure care products. <p>This item does not include:</p> <ul style="list-style-type: none"> * Pressure care mattresses - refer to AB14 * Pressure care cushions - refer to AE04 <p>Use a validated pressure injury risk assessment scale such as Braden Scale, Norton Scale or Waterlow Score to determine the risk of pressure injury and to inform the development of prevention and management plans.</p> <p>Medical grade sheepskin is one that complies with the recognised Australian Standard. Refer to Australian and international guidelines when assessing entitled persons for the prevention and management of pressure injury.</p> <p>Only consider using a medical grade sheepskin as an adjunct or when a low pressure or pressure support surface is not tolerated.</p>
AB12	Monkey Bar / Self-Lifting Stand	No	OT, Physio, RN LMO, S, Ch, Ost	Functional Home Product	
AB13	Table – Over Bed	No	OT, Physio, RN LMO, S, Ch, Ost	Functional	Provided to entitled persons who are confined to bed or chair.
AB14	Pressure Care Mattress	No	OT, Physio, RN LMO, S	Functional Home Product	A validated pressure care assessment is required e.g. Waterlow scale.

AB00 – Beds / Bedding / Pressure Care

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AB16	Replacement Parts and/or Repairs for AB Items	No	OT, Physio, RN LMO, S, Pod, Ch, Ost		Consider replacement of lower cost items. DVA accepts financial responsibility for items not covered under the warranty period.
AB17	Heel Elevators for Pressure Care	No	OT, Physio, RN LMO, S, Pod	Functional Home Product	A validated pressure care assessment is required e.g.waterlow scale.
AB18	Bed Back Rest - Electrical	No	OT, Physio, RN LMO, S, Ch, Ost	Functional Home Product	Only provided when the entitled person requires only the elevating head-end features of an electric bed, and simpler options such as cushions, wedges and over bed poles do not meet the functional need. Link Back to Index of RAP Equipment

AC00 – Chairs / Seats

(see also AB00 – Beds/Bedding/Pressure Care)

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AC01	Chairs - Low/High Back	No	OT, Physio, RN, S, LMO, Ch, Ost	Functional Product	Optional extras are not provided (e.g. trays, wheels).
AC03	Stool – Height Adjustable	No	OT, Physio, RN, S, LMO, Ch, Ost	Functional Home Product	This is a perch stool and commonly used at home for meal preparation and other bench activities e.g. washing dishes.
AC04	Chair – Platform / Blocks	No	OT, Physio, RN, S, LMO, Ch, Ost	Functional Home Product	Home assessment should be undertaken to measure chair platform raiser and/or blocks.
AC06	Chair – Electrically Operated Lift and Recline Chair	No, unless exceeds 1 per person	OT, Physio, S, LMO	Functional Home Product	<p>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.</p> <p>Electric recliner chairs <u>cannot</u> be approved:</p> <ul style="list-style-type: none"> • 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*. <p>* 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.</p> <p>Functional assessment should include assessment of:</p> <ul style="list-style-type: none"> • transfers; • ability to sit in an erect position; • ability to operate the chair safely; and • trial of simpler equipment for example other types of high back chairs, chair raises

AC00 – Chairs / Seats

(see also AB00 – Beds/Bedding/Pressure Care)

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
					<p>Home assessment should include:</p> <ul style="list-style-type: none"> • evaluation of alternative chairs in the home; and • identification of safety hazards <p>Heating/massaging units are not provided.</p> <p>The assessing health provider must retain information to support the clinical need of an electric recliner chair in the entitled person’s records.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p>RAP National Guidelines</p> <p>Recliner Assessment Form</p>
AC07	Footstool – Height Adjustable	No	OT, Physio, RN, S, LMO, Ch, Ost	Functional Home Product	Falls risk should be considered before ordering this item.
AC08	Chair – Fallout / Water	No, unless exceeds 1 per person	OT, Physio, RN, S, LMO, Ch, Ost	Functional Home Product	Same assessments as per item AC06 should be undertaken prior to provision.

AC00 – Chairs / Seats

(see also AB00 – Beds/Bedding/Pressure Care)

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AC09	Chair – Manual Recliner	No, unless exceeds 1 per person	OT, Physio, RN, S, LMO, Ch, Ost	Functional Home Product	<p>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.</p> <p>Recliner chairs <u>cannot</u> be approved:</p> <ul style="list-style-type: none"> • 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*. <p>* 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.</p> <p>Functional assessment should include assessment of:</p> <ul style="list-style-type: none"> • transfers; • ability to sit in an erect position; • ability to operate the chair safely; and • trial of simpler equipment for example other types of high back chairs, chair raises <p>Home assessment should include:</p> <ul style="list-style-type: none"> • evaluation of alternative chairs in the home; and • identification of safety hazards <p>Heating/massaging units are not provided.</p> <p>The assessing health provider must retain information to support the clinical need of a recliner chair in the entitled person’s records.</p>

AC00 – Chairs / Seats*(see also AB00 – Beds/Bedding/Pressure Care)*

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AC10	Replacement Parts and/or Repairs for AC items	No	OT, Physio, RN, S, LMO, Ch, Ost		Consider replacement of the item for lower cost items. DVA accepts financial responsibility for items not covered under the warranty period. Link Back to Index of RAP Equipment

AD00 - Continence Products

- After the initial assessment and ordering of products by the assessing Health Provider, ongoing supply of products can be ordered as required by the entitled person.
- Recommend reassessment of the entitled persons needs every 2 years by any of the Assessing Health Providers specified below.
- Health Providers who specialise in the non surgical treatment of continence and urological conditions are preferred when undertaking the required assessments

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AD01	Draw Sheet – Absorbent, Waterproof Backing	No	OT, RN, CA, S, LMO, Physio	Functional Product	<p>The assessments that should be undertaken prior to provision are outlined below:</p> <p>Functional assessment to establish:</p> <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. <p>Product assessment to identify:</p> <ul style="list-style-type: none"> • from the plethora of products available from the DVA Contracted Suppliers product list those that meet the clinical and functional needs of the entitled person. Knowledge of the products available and their capabilities are required so as to provide the most efficient service to the entitled person. <p>Continence Direct Order Form</p>
AD02	Disposable Liners/Underpads (blue underlay)	No	OT, RN, CA, S, LMO, Physio	Functional Product	Same assessments as per item AD01 should be undertaken.
AD03	Catheter Drainage Bag – overnight (non-sterile/sterile) non-drainable i.e. overnight bags, only used once.	No	RN, CA, S, LMO, Physio	Functional Product	Same assessments as per item AD01 should be undertaken.
AD04	Urinal (with/without holder) (male and female)	No	OT, RN, CA, S, LMO, Physio	Functional Product	Same assessments as per item AD01 should be undertaken.

AD00 - Continence Products

- After the initial assessment and ordering of products by the assessing Health Provider, ongoing supply of products can be ordered as required by the entitled person.
- Recommend reassessment of the entitled persons needs every 2 years by any of the Assessing Health Providers specified below.
- Health Providers who specialise in the non surgical treatment of continence and urological conditions are preferred when undertaking the required assessments

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AD05	Catheters - In-Dwelling (e.g. Foley)	No	LMO, S, CA,RN, Physio	Functional Product	Same assessments as per item AD01 should be undertaken.
AD06	Continence Briefs - Long Lasting	No	OT, RN, CA, LMO, S, Physio	Functional Product	Non-disposable and washable briefs. Various types available, similar to "regular" underwear. It may already have a pad stitched in, or Velcro or pockets to allow for the addition of a pad (i.e. an AD 21 washable pad). Another type is waterproof pants to be worn over underwear (these can be washed up to 200 times). Same assessments as per item AD01 should be undertaken.
AD07	Continence Pads - Disposable	No	OT, RN, CA, LMO, S, Physio	Functional Product	Disposable 'pull-ups' are considered to be pads. Same assessments as per item AD01 should be undertaken.
AD08	Urine Drainage Bottle - 4 Litres (with connecting tubing)	No	RN, CA, S, LMO	Functional Product	Same assessments as per item AD01 should be undertaken.
AD09	Leg Bag (non sterile/sterile)	No	RN, CA, S, LMO	Functional Product	Same assessments as per item AD01 should be undertaken.
AD10	Penile Clamp	No	S,RN, LMO, CA	Functional Product	Same assessments as per item AD01 should be undertaken.
AD11	Catheters – Intermittent (e.g. Nelaton)	No	LMO, S, CA,RN	Functional Product	Same assessments as per item AD01 should be undertaken.
AD12	Catheters - External (e.g. uridome / penile sheath / penile pouch)	No	RN, CA, S, LMO	Functional Product	Same assessments as per item AD01 should be undertaken.
AD13	Urine Collection Bag Hanger	No	RN, CA, S, LMO	Functional Product	Same assessments as per item AD01 should be undertaken.
AD14	Waterproof Sheet (rubberised)	No	OT, RN, CA, S, LMO	Functional Product	Same assessments as per item AD01 should be undertaken.

AD00 - Continence Products

- After the initial assessment and ordering of products by the assessing Health Provider, ongoing supply of products can be ordered as required by the entitled person.
- Recommend reassessment of the entitled persons needs every 2 years by any of the Assessing Health Providers specified below.
- Health Providers who specialise in the non surgical treatment of continence and urological conditions are preferred when undertaking the required assessments

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AD15	Continence Consumables	No	RN, CA, LMO, S	Functional Product	Includes sterile gloves, KY Jelly, sterilising agents, tubing, and perineal/stoma cleansing products, sterile water and normal saline. Same assessments as per item AD01 should be undertaken.
AD16	Occlusive Devices (e.g. anal plugs)	No	CA, S, LMO, RN	Functional Product	Same assessments as per item AD01 should be undertaken.
AD17	Urethral Meatal Dialator	No	S, LMO	Product	
AD18	Faecal Collector – Perianal	No	RN, CA, S, LMO	Functional Product	Same assessments as per item AD01 should be undertaken.
AD19	Continence Briefs - (mesh/stretch)	No	OT, RN, CA, LMO, S, Physio	Functional Product	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.
AD20	Pessary Ring	No	RN, CA, LMO,S	Functional Product	Initially by LMO, S, and subsequent request for supplies can be made by RN, CA or the entitled person. Same assessments as per item AD01 should be undertaken.
AD21	Continence Pads – Re-usable/Washable	No	OT, RN, CA, LMO, S	Functional Product	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.
AD22	Catheter Drainage Bag – overnight - (non-sterile/sterile) - Drainable	No	RN, CA, LMO, S	Functional Product	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 e.g. change the bag once a week and not daily. For non-drainable bag see AD03.

AD00 - Continence Products

- After the initial assessment and ordering of products by the assessing Health Provider, ongoing supply of products can be ordered as required by the entitled person.
- Recommend reassessment of the entitled persons needs every 2 years by any of the Assessing Health Providers specified below.
- Health Providers who specialise in the non surgical treatment of continence and urological conditions are preferred when undertaking the required assessments

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AD23	Catheter Valves - Long/Short Term	No	RN, CA, LMO, S	Functional Product	Same assessments as per item AD01 should be undertaken.
AD24	Chair Pads - Waterproof	No	OT, RN, CA, S, LMO, Physio	Functional Home Product	<p>Same assessments as per item AD01 should be undertaken. A home assessment should be undertaken to determine suitability of chair being utilised and to identify potential falls risk.</p> <p>The entitled person may require an assessment of appropriate continence pad/product or consideration of item AD26.</p>
AD26	Continence Absorbent Mat - For Beside the Bed Only	No	RN, CA, LMO, S, OT	Functional Home Product	<p>This mat may assist entitled persons with urgency and/or nocturia, particularly when moving from sitting to standing position. An appropriate continence pad/product may also be required.</p> <p>Home Assessment should be undertaken to assess and evaluate the entitled person's home environment for the purposes of determining whether products are required, and if so, establishing the most suitable type of product.</p>
AD27	Muscle Stimulator for Continence Issues (includes appropriate electrodes and batteries)	No	CA, S, LMO, Physio	Functional Home Product	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.
AD28	Replacement Parts, Repairs and Accessories	No			<p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Link Back to Index of RAP Equipment</p>

AE00 – Cushions / Supports					
Note: Magnetic/heating/vibrating items are not provided.					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AE01	Back Supports	No	Physio, OT, Ch, Ost, RN, S, LMO	Functional Product	Back supports are recommended as part of a management plan for an assessed clinical need.
AE02	Bed Wedges and Supports	No	Physio, OT, RN, Ch, Ost, S, LMO	Functional Home Product	Bed wedges and supports are recommended as part of a management plan of an assessed clinical need.
AE03	Therapeutic Neck Supports (see also AR 18 Cervical Collars)	No	OT, Physio, Ch, Ost, S, RN, LMO	Functional Product	Therapeutic neck supports are recommended as part of a management plan for an assessed clinical need. DVA does not accept financial responsibility for the provision of standard pillows.
AE04	Pressure Care Cushion	No	OT, Physio, RN, Ch, Ost, S	Functional Product	A validated pressure care assessment should be undertaken e.g. Waterlow.
AE06	Replacement Parts and/or Repairs for AE items	No	OT, Physio, Ch, Ost, RN, S, LMO		Consider replacement if the cost of replacement is less than \$221. DVA accepts financial responsibility for items not covered under the warranty period. Link Back to Index of RAP Equipment

AF00 – Diabetes Products					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AF01	Blood Glucose Monitor (standard contract)	No	DC, LMO, S, DE, RN	Functional Product	
AF02	Finger Pricking Device	No	DC, LMO, S, DE, RN	Functional Product	
AF03	Insulin Syringes and Needles	No	DC, LMO, S, DE, RN	Functional Product	
AF04	Lancets	No	DC, LMO, S, DE, RN	Functional Product	
AF05	Pen Injection Device (insulin)	No	DC, LMO, S, DE, RN	Functional Product	
AF06	Pen Injection Needles	No	DC, LMO, S, DE, RN	Functional Product	
AF07	Diabetes Consumables	No	DC, LMO, S, DE, RN	Functional Product	
AF09	Blood Glucose Monitor (non-contracted)	No	DC, LMO, S, DE, RN	Functional Product	This item refers to specialised glucometers.
AF10	Para-Diabetic Products (control solutions, check paddles, end caps, sharps collectors and diabetic aids)	No	DC, LMO, S, DE, RN	Functional Product	
AF11	Diabetes Education & Support Service	No	DC, LMO, S, DE, RN, D		Link Back to Index of RAP Equipment

AH00 – Eating / Kitchen / Household Adaptive Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AH01	Crockery and Cutlery – Adaptive	No	OT, RN, Physio, LMO, S	Functional Product	AH06 should be considered in the first instance. Assessment of upper limb function, seated posture and functional vision should be undertaken.
AH04	Book Holder	No	OT, RN, Physio, LMO, S	Functional Product	
AH06	Handle – Utensil	No	OT, RN, Physio, LMO, S	Functional Product	This item should be considered prior to AH01. Assessment of upper limb function, seated posture and functional vision should be undertaken.
AH07	Jar Opener	No	OT, RN, Physio, LMO, S	Functional Product	Assessment of upper limb function and functional vision should be undertaken.
AH08	Key Turner	No	OT, RN, Physio, LMO, S	Functional Product	Assessment of upper limb function and functional vision should be undertaken.
AH09	Non-Slip Table Mat	No	OT, RN, Physio, LMO, S	Product	
AH11	Reaching Appliances	No	OT, RN, Physio, LMO, S	Functional Product	
AH12	Scissors - Spring Loaded Adaptive	No	OT, RN, Physio, LMO, S	Functional Product	Assessment of upper limb function should be undertaken to determine the most suitable aid.
AH13	Tap Turner (see also AL04 – lever taps)	No	OT, RN, Physio, LMO, S	Functional Home Product	Assessment of upper limb function, including functional hand grip, and a home assessment should be undertaken to determine the most suitable style of tap turners.
AH14	Traymobile – Height Adjustable	No	OT, RN, Physio, LMO, S	Functional Home Product	Assessment of in-home mobility and environment in which the aid is to be used should be undertaken to determine safe and appropriate use.

AH00 – Eating / Kitchen / Household Adaptive Appliances

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AH15	Vegetable Board – Modified	No	OT, RN, Physio, LMO, S	Functional Product	Assessment of hand and upper limb function and stability to handle one-handed food preparation should be undertaken.
AH17	Eating/Kitchen/Household Adaptive Appliances – Miscellaneous Items	No	OT, RN, Physio, LMO, S, SP	Functional Product	Items specifically designed for individuals with an illness or disability eg tea-pot tipper, dysphagia mug. Functional assessment of ADL should be undertaken in determining functional need for adaptive appliance.
AH18	Replacement Parts and/or Repairs for AH items.	No	OT, RN, Physio, LMO, S	Product	If costs of repairs are over \$200 consider replacement. DVA accepts financial responsibility for items not covered under the warranty period.
AH19	Long Handled Shoe Horn	No	OT, RN, Physio, LMO, S, Pod	Functional Product	Used to accommodate various conditions including post knee and hip replacement so that independence in dressing can be achieved. Long handle assists in reaching down to feet for donning of shoes where there is reduced lower limb and spinal range of motion, reduced balance or neurological weakness affecting upper/lower limbs. Link Back to Index of RAP Equipment

AJ00 – Footwear					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
	Foot Orthoses/Insoles (See AR04)				
AJ06	Footwear Temporary (includes cast boots/shoes)	No	Pod, O, S, Physio, P, RN, LMO	Functional Product	Footwear temporary refers to footwear/cast boots provided for temporary transitional use during a clinical episode that prevents use of everyday footwear.
AJ07	Footwear for Limb Prosthesis (ambulatory)	No, unless exceeds three pairs at any one time	O, Pod, S, Physio, P	Functional Product	Four pairs of shoes are provided if the entitled person lives more than 100kms from the nearest footwear supplier.
AJ08	Footwear Repairs	No	O, Pod, S, Physio		For DVA issued temporary footwear only. DVA accepts financial responsibility for items not covered under the warranty period. Link Back to Index of RAP Equipment

AK00 – Hearing Aids

(See Also AA00 – Alarm System/Communication Appliances/Assistive Listening Devices)

Note: All hearing aids must be accessed through Office of Hearing Services (OHS). Subject to separate contractual arrangements.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AK02	Tinnitus Maskers and Inhibitors	Yes, limit of 1 per person	S, A	Functional Product	To be issued on a trial basis and assessed by the Health Provider after 4 weeks.
AK03	Replacement Parts and/or Repairs for AK Items.	No	S, A		DVA accepts financial responsibility for items not covered under the warranty period. Link Back to Index of RAP Equipment

AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or 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. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AL04	Lever Taps	No	OT, S	Functional Home Product	<p>Assessment of upper limb function should be undertaken along with trial of simpler products within the home environment i.e. tap turners.</p> <p>Maintenance of tap washers should be considered before prescribing lever taps. Entitled persons should be responsible for maintenance. VHC should be considered for maintenance issues.</p>
AL05	Lifts	Yes, limit of 1 per person	OT, S	Functional Home Product	<p>Lift installations are considered complex major modifications and can only be installed to one primary residence. If the entitled person is residing in a shared housing complex e.g. unit/townhouse, please contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) to discuss. RAP National Guidelines apply.</p> <p>RAP National Guidelines</p> <p>Home/Access Modifications Assessment Form</p> <p>Authority to Install/Modify Form</p> <p>Functional Assessment should include:</p> <ul style="list-style-type: none"> • Objective assessment of mobility (including balance, falls risk, strength). Assessment by Physio 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.

AL00 – Home Modifications

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Installations should only be carried out on one place or 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. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
					<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 2001). <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.
AL06	Non slip surfacing (including non slip strips)	No	OT, Physio, RN, S	Functional Home Product	Non slip strips are more suitable to assist grip on stairs that are not open to weather. Strips are not supplied for maintenance purposes.
AL07	Vertical Platform Lifts	Yes, limit of 1 per person	OT, S	Functional Home Product	<p>Vertical Platform Lifts will only be supplied in respect of a war caused injury or disease/accepted disability.</p> <p>Lift installations are considered complex major modifications and can only be installed to one primary residence. If the entitled person is residing in a shared housing complex e.g. unit/townhouse, please contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) to discuss. RAP National Guidelines apply.</p> <p>RAP National Guidelines</p> <p>Home/Access Modifications Assessment Form</p> <p>Authority to Install/Modify Form</p>

AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or 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. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
					Same assessments as per item AL05 should be undertaken.
AL09	Rails (internal and external)	No	OT, S	Functional Home Product	<p>Includes internal and external grab rails and hand rails.</p> <p>Any request for rails that do not provide direct access externally, to and from the house, should be referred to DVA with clinical justification.</p> <p>Rails on verandas and balustrades should be referred to DVA as they may have building code ramifications.</p> <p>Functional and Home Assessment should include:</p> <ul style="list-style-type: none"> • Assessment of functional mobility and consideration of other options e.g. 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.

AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or 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. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AL10	Ramps – Fixed	Yes	OT, S	Functional Home Product	<p>Ramp installations are considered complex major modifications and can only be installed to one primary residence. If the entitled person is residing in a shared housing complex e.g. unit/townhouse, please contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) to discuss.</p> <p>Home/Access Modifications Assessment Form</p> <p>Authority to Install/Modify Form</p> <p>Functional Assessment should include:</p> <ul style="list-style-type: none"> Objective assessment of mobility (including balance, falls risk, strength, implementation of treatment program if appropriate). Assessment by a Physio is recommended; Activities of daily living and 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; and Detailed diagrams and measurements of access and surrounding areas of residence for the proposed installation (AS1428.1 2001). <p>Product Assessment should include:</p> <ul style="list-style-type: none"> Assessment of appropriate access for installation; and Assessment of most appropriate ramp (timber, modular etc) and configuration in terms of functional need.

AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or 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. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AL11	Ramps – Portable (includes folding or retractable aluminium/fibreglass)	No	OT, S	Functional Home Product	Provided where wedge ramps (AL21) are not suitable. Same assessments as per item AL10 should be undertaken.
AL14	Step Modifications	No	OT, S	Functional Home	<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>Modifications to more than one step should be referred to DVA with clinical justification.</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 e.g. wedge ramps, hand or grab rails, alternative access.
AL15	Home Modifications – Complex	Yes	OT, S	Functional Home Product	<p>Home (Bathroom) Modifications are considered complex major modifications and can only be carried out to one primary residence. If the entitled person is residing in a shared housing complex e.g. unit/townhouse, please contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) 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>

AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or 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. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
					<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; and • 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 2001); and • 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. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p>RAP National Guidelines</p> <p>Home/Access Modifications Assessment Form</p> <p>Authority to Install/Modify Form</p>

AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or 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. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AL16	Home Modifications – Minor – Labour Component	No	OT, S	Functional Home Product	
AL21	Home Modifications – Minor	No	OT, S	Functional Home Product	<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 and shower base platform. DVA does not fund home maintenance and/or repairs to existing structures such as pathways or stairs.</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.
AL22	Replacement Parts and/or Repairs for AL Items	No	OT, S		

AL00 – Home Modifications

Home Modifications must be completed in accordance with the regulations and requirements of any statutory bodies or authorities having jurisdiction over the works. The property owner must provide written approval for modification to be undertaken and provide DVA an undertaking not to seek compensation for restoration of property when modification is no longer required by the entitled person.

Installations should only be carried out on one place or 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. Consideration should be given to VHC or home maintenance helpline 1800 801 945.

RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AL23	Stove Isolation Switch	No	OT,RN	Functional Home Product	<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.</p> <p>In-home functional assessment and a cognitive evaluation is recommended.</p> <p>See also BF00 Cognitive, Dementia and Memory Assistive Technology.</p> <p>Link Back to Index of RAP Equipment</p>

AM00 – Lifting Devices					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AM01	Hoist/Personal Lifting Device (includes sling)	No	Physio, OT, RN, S	Functional Home Product	<p>Includes full body hoists or standing hoists.</p> <p>Ceiling hoist requires prior approval from the Department.</p> <p>Functional assessment should be undertaken to determine:</p> <ul style="list-style-type: none"> • Mobility and transfers e.g. bed to chair, chair to commode; and • Alternative simpler methods or equipment that enables safe transfers. <p>A home trial of the hoist is to be completed where practical. Where it is not practical to be trialled in the home, simulation of home transfer situations should be undertaken. 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>
AM02	Sling for Hoist (additional)	No	OT, Physio, RN, S	Functional Home Product	<p>This item is provided when the functional assessment indicates an additional specialised sling is required e.g. bathing/toileting sling.</p> <p>Education and training of carers in the safe operation of the hoist and sling is essential and should be undertaken in the presence of the Health Provider.</p>
AM03	Replacement Parts and/or Repairs for AM Items	No	OT, Physio, RN, S		<p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Link Back to Index of RAP Equipment</p>

AN00 – Low Vision Appliances (Non-Optical)

(See also AA00 – Alarm System/Communication Appliances/Assistive Listening TV Devices)

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AN01	Clock (braille alarm clock/ talking clock)	No	LVC, S, Op, OT	Product	See also BF00 Cognitive, Dementia and Memory Assistive Technology.
AN02	Guide Dog	Yes, limit of 1 per person	LVC, S	Functional Home	<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</i>).</p> <p>Including: dog, harness, training, freight, and accommodation during training. DVA will refer application to State Branch of Guide Dogs for the Blind Association, for assessment and interview.</p> <p>DVA will accept financial responsibility for the upkeep costs and maintenance of the guide dog which includes food costs, annual injections and worming tablets.</p>
AN03	Library Service Fee for Talking Books	No	LVC, S, Op, OT		<p>Vision Australia also provides a library service free of charge to people who meet the clinical criteria.</p> <p>http://www.visionaustralia.org.au/</p>
AN05	Orientation and Mobility Training (for visually impaired)	No	LVC, S, Op		Includes mobility training for walking canes and electronic mobility aid.
AN08	Electronic Mobility Aid	No	LVC, S, Op	Product	
AN09	Talking Book Device (Daisy Player)	No	LVC, OT, S, Op		
AN11	Television – Closed Circuit	Yes, limit of 1 per person	LVC, S, Op	Functional product	<p>Education and training in usage for the entitled person should be undertaken prior to provision.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p>RAP National Guidelines</p>
AN13	Magnifier - TV Screen	No	LVC, S, Op	Product	
AN15	Watch – Wrist (low vision)	No	LVC, S, Op, OT	Product	

AN00 – Low Vision Appliances (Non-Optical)

(See also AA00 – Alarm System/Communication Appliances/Assistive Listening TV Devices)

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AN17	Low Vision Appliances – Miscellaneous Items	No	LVC, OT, S, Op	Product	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, etc. Lamps are not provided.
AN18	Replacement Part and/or Repairs	No, unless exceeds \$396	LVC, OT, S, Op		DVA accepts financial responsibility for items not covered under the warranty period.
AN19	TV Connected Video Magnifier	No, unless exceeds \$1020	LVC, S, Op	Functional Product	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 e.g. newspapers, prescription bottles.
AN20	Portable Battery Operated Video Magnifier	No, unless exceeds \$1133	LVC, S, Op	Functional Product	This item is an electronic version of a standard handheld magnifier. It would assist with reading food labels and prices etc during shopping. Link Back to Index of RAP Equipment

AP00 – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AP01	Vehicle Modifications (e.g. driving controls/alterations)	Yes, limit of 1 per person	OT, S, LMO	Functional Product	<p>A vehicle modification is a modification made to a car/van to allow an entitled person with a disability to access, and drive, or travel in.</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</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; • Any necessary training that may be required should also be detailed; and • Simpler car modifications should be considered in the first instance. <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p>RAP National Guidelines</p>
AP02	Batteries for Electric Scooters	No	OT, LMO, S		Entitled person to contact supplier to arrange replacement of batteries for DVA issued electric mobility aid.
AP03	Crutches	No	Physio, OT, Ch, Ost, LMO, S	Functional Product	
AP04	Safety Helmet - Scooters	No	LMO, RN, OT, Physio, S		

AP00 – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AP05	Scooter - Electric	Yes, limit of 1 per person	OT, S, LMO	Functional Home Product	<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</i>).</p> <p>Detailed physical, visual, cognitive and visual-spatial assessments should be undertaken to demonstrate the entitled person's functional ability to safely operate an electrically operated scooter. The assessed need for the electric mobility aid should be primarily based on functional requirements (not leisure/recreational needs).</p> <p>Reasonable access to viable alternatives for transport should be investigated as simpler options in the first instance e.g. public transport, community transport options, taxis etc.</p> <p>A trial of the recommended scooter within the community is to be undertaken by the Health Provider to determine suitability and safe use. Final Departmental approval is dependant on the trial outcome.</p> <p>A periodic re-assessment of the entitled person's capacity to operate the scooter is required. The re-assessment period will be determined by the assessing Health Provider.</p> <p>Scooter Batteries see AP02.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p>RAP National Guidelines</p> <p>Scooter/EWC Assessment Form</p>
AP06	Quadstick/Quadrapod	No	Physio, OT, S, LMO	Functional Home Product	Functional assessment should be undertaken of the entitled person's mobility and balance, and to be considered as part of the overall program addressing identified issues such as loss of strength or frailty.
AP09	Transfer Equipment	No	Physio, OT, RN, S, LMO	Functional Home Product	Includes boards, slide sheets, and portable swivel pad/turntables.

APOO – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AP12	Walking Frame (includes wheeled walking frame)	No	Physio, OT, Ch, Ost, S, LMO	Functional Home Product	Functional assessment should be undertaken of the entitled person's mobility and balance, and be considered as part of the overall program addressing identified issues such as loss of strength or frailty.
AP13	Walking Stick	No	Physio, OT, Ch, Ost, S, LMO	Functional Home Product	Functional assessment should be undertaken of the entitled person's mobility and balance, and be considered as part of the overall program addressing identified issues such as loss of strength or frailty.
AP14	Wheelchair Accessories	No	Physio, OT, Ch, Ost, S, LMO		
AP15	Walking Stick Holder/Strap/Accessories	No	Physio, OT, Ch, Ost, S, RN, LMO		

APOO – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AP16	Power drive Wheelchair	Yes, limit of 1 per person	OT, S, LMO	Functional Home Product	<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</i>).</p> <p>Detailed physical, visual, cognitive and visual-spatial assessments should be undertaken to demonstrate an entitled person's functional ability to safely operate an electrically operated wheelchair.</p> <p>The assessed need for the electric mobility aid should be primarily based on functional requirements (not leisure/recreational needs).</p> <p>A trial of the recommended powerdrive wheelchair within the home and community should be undertaken by the Health Provider to determine suitability and safe use. Final Departmental approval is dependant on the trial outcome.</p> <p>A periodic re-assessment of the entitled person's capacity to operate the wheelchair is required to be undertaken. The re-assessment period will be determined by the assessing Health Provider.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p>RAP National Guidelines</p> <p>Scooter/EWC Assessment Form</p>
AP17	Wheelchair – Manual (standard)	No	Physio, OT, S, Ch, Ost, LMO	Functional Home Product	<p>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.</p>

APOO – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AP19	Wheelchair – Manual (customised)	Yes, limit of 1 per person	Physio, OT, S, LMO	Functional Home Product	<p>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.</p> <p>Standard manual wheelchair should be considered in the first instance, if appropriate.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p>
AP20	Vehicle Modifications – (training for the use of vehicle modifications provided by DVA)	Yes, limit of 1 per person	OT, S, LMO		<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</i>)</p> <p>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.</p> <p>Specialist post-graduate training in driving assessment is required to assess for and recommend this item.</p>
AP21	Replacement Parts and/or Repairs for AP Items	No	Physio, OT, S, Ch, Ost, LMO, RN		DVA accepts financial responsibility for items not covered under the warranty period.
AP22	Walking Frame Accessories	No	Physio, OT, S, Ch, Ost, LMO, RN		

APOO – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AP23	Car Hoist (external and internal)	Yes, limit of 1 for manual wheelchair only	S, OT		<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</i>)</p> <p>RAP National Guidelines</p> <p>Functional assessment should be undertaken to determine:</p> <ul style="list-style-type: none"> • Functional mobility and transfers; • Alternative simpler equipment and other methods in the first instance e.g. use of wheelchair carrier, quick release wheelchair axles, wheelchair accessible taxi; and • Suitable physical and cognitive skills (as assessed) to safely operate the device. <p>The entitled person is required to own the vehicle to be modified and a regular functional need for community access via private vehicle should be established.</p>

APOO – Mobility Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AP24	Driving Assessment	Yes, limit of 1 service per person	S, LMO, OT		<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</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. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p>RAP National Guidelines</p> <p>Link Back to Index of RAP Equipment</p>

AR00 – Orthoses – Splints / Supports / Braces / Slings					
Item No	Description of Appliance	Prior Approval required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AR01	Ankle supports/braces	No, unless exceeds \$169 per item or 3 per year	Physio, Pod, S, Ch, Ost, O, P	Functional Product	This item would be provided as part of an overall rehabilitation management plan.
AR02	Knee supports/braces	No, unless exceeds \$341 per item or 3 per year	Physio, S, Pod, Ch, Ost, O, P	Functional Product	This item would be provided as part of an overall rehabilitation management plan. For knee braces over \$1500 an orthopaedic surgeon should nominate a specific brace.
AR03	Upper limb supports/braces	No, unless exceeds \$341 per item or 6 items per year	Physio, S, OT, P, O, Ch, Ost	Functional Product	This item would be provided as part of an overall rehabilitation management plan.
AR04	Foot orthoses/orthotics	No, unless exceeds \$396 per pair or 1 pair of orthoses per year	Pod, Physio, S, P, O, Ch, Ost, LMO	Functional Product	Includes any type of corrective or palliative device for the foot. This item would be provided as part of an overall rehabilitation management plan.
AR08	Lumbar Braces (including abdominal binders)	No, unless exceeds \$680 per item or 2 per year	Physio, S, Ch, Ost, OT, P, O	Functional Product	This item would be provided as part of an overall rehabilitation management plan.
AR09	Scrotal Support	No	S,LMO, OT, Physio	Functional Product	

AR00 – Orthoses – Splints / Supports / Braces / Slings

Item No	Description of Appliance	Prior Approval required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AR14	Surgical Corsets (including belt / truss)	No	S, LMO, RN, OT, Physio, Ch, Ost	Functional Product	
AR18	Cervical Collars	No, unless exceeds \$567 per item or 2 per year	Physio, S, Ch, Ost, LMO, P, O	Functional Product	This item would be provided as part of an overall rehabilitation management plan.
AR19	Ankle Foot Orthoses (AFO)	No, unless exceeds \$226 per item or 2 per year	Physio, Pod, S, Ch, Ost, OT, P, O, LMO	Functional Product	This item would be provided as part of an overall rehabilitation management plan.
AR22	Compression Garments	No, unless exceeds \$284 per pair or 3 pairs per 6 months	S, RN, Physio, OT, LMO, Pod	Functional Product	<p>Compression garments are provided as a mode of treatment for conditions such as lymphoedema or venous insufficiency.</p> <p>Health Providers should have specialist post graduate training in oedema/lymphoedema management in order to assess, measure, fit and review these garments.</p> <p>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 RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p>
AR23	Lymphoedema Pump	Yes, limit of 1 per person	S, RN, Physio, OT	Functional Product	Health Providers with the appropriate training recognised by DVA are required to obtain prior approval for lymphoedema treatment programs from the relevant RAP personnel or clinical adviser.
AR26	Compression Garment Consumables (including glue/adhesive/spray)	No	S, RN, Physio, OT, LMO	Functional Product	See also AU13 Sock/Hosiery Appliance and Pressure Garment aid.

AR00 – Orthoses – Splints / Supports / Braces / Slings

Item No	Description of Appliance	Prior Approval required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AR27	Replacement Parts and/or Repairs for AR Items	No	LMO, OT, S, Physio, Ch, Ost		DVA accepts financial responsibility for items not covered under the warranty period.
AR28	Hip Protectors	No, unless exceeds 6 garments per year plus shields	RN, Physio, S, OT, LMO	Functional Product	This item would be provided as part of an overall rehabilitation management plan.
AR29	Limb Protectors	No, unless exceeds 6 items per year	RN, Physio, S, OT, LMO	Functional Product	
AR30	Gripping Aid	No	OT, Physio, S	Functional Product	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. Link Back to Index of RAP Equipment

AS00 – Other Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AS01	Blood Pressure Monitor (Sphygmomanometer)	No	S, LMO,	Product	Only provided where there is a clinical requirement for home monitoring of blood pressure.
AS11	Vacuum Enhancement Device (appliance for impotence)	No	S	Product	Where alternative methods for overcoming impotence are not suitable.
AS12	Wig – Synthetic	No	S, LMO, RN	Product	Issued for hair loss due to a medical condition.
AS13	Wig – Human Hair	Yes, limit of 2 per person	RN, S, LMO,	Product	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, LMO	Product	
AS15	Enteral Feeding Pump Consumables	No	LMO, RN, S, D	Product	Includes feeding bags, naso-gastric tubes, peg feed tubes, etc.
AS16	Bracelet/Pendant – (medical info for emergency)	No	LMO, S, RN		To be issued in stainless steel only. See also BF00 Cognitive, Dementia and Memory Assistive Technology.
AS17	Replacement Parts and/or Repairs for AS Items	No	LMO, RN, OT, S		If over \$200 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	Product	The assessing RN should be a Clinical Nurse Consultant (CNC) in Wound Management. The Specialist and/or CNC 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.

AS00 – Other Appliances

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AS19	Wound Treatment Negative Pressure Equipment – Mains Power (large)	Yes	S, RN	Product	<p>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.</p> <p>Limit treatment to 16 weeks in total for each wound in a 12 month period.</p>
	Safely Home – Bracelet (see BF02)				
AS22	One-off RAP items	Yes	Relevant health provider on page xiii	Functional Home Product as required	<p>This item code is strictly for RAP items that are provided in exceptional circumstances where no equivalent items appear on the Schedule.</p> <p>Link Back to Index of RAP Equipment</p>

AT00 – Palliative Care Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
	Oxygen (See AY00 – Respiratory Home Therapy Appliances)				
AT09	Subcutaneous Infusion Device	Yes, if purchased	LMO, S, RN	Product	If these are supplied on loan from community palliative care clinics, no prior approval is required.
AT10	Indwelling Pleural/Abdominal Drainage Kit	No	S, LMO, RN	Product	The assessing RN should be a Clinical Nurse Consultant or nurse practitioner in palliative care.
AT12	Drip Stand	No	LMO, S, RN	Product	
AT13	Palliative Care Consumables	No	LMO, S, RN	Product	Includes cassettes and extension sets, remote reservoir adaptors, etc.
AT14	Replacement Parts and/or Repairs for AT Items	No	LMO, S, RN		DVA accepts financial responsibility for items not covered under the warranty period.
AT15	Infusion Pump Volumetric	Yes, limit of 1 per person	S, LMO, RN	Product	Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) 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	LMO, S, RN	Product	Includes needles and syringes, butterfly needles, IV giving sets. Link Back to Index of RAP Equipment

AU00 – Personal Hygiene / Grooming / Dressing Appliances

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AU01	Bottom Wiper	No	OT, LMO, RN, S, Physio	Functional Product	Functional assessment should be undertaken to determine the entitled person's self care abilities and functional need for assistive device. Product knowledge is also required for supply of the specific type of device within the respective item number, as well as education and training in use of the device.
AU02	Button Hook	No	OT, LMO, RN, S, Physio	Functional Product	Same assessments as per item AU01 should be undertaken.
AU03	Denture Brush with Suction Cup	No	OT, LMO, RN, S, LDO, Physio	Functional Product	Same assessments as per item AU01 should be undertaken.
AU04	Dressing Stick	No	OT, LMO, RN, S, Physio	Functional Product	Same assessments as per item AU01 should be undertaken.
AU05	Disposable Bed Bath/Shampoo Kit	No	OT, LMO, RN, S, Physio	Functional Product	
AU08	Long Handled Comb/Brush	No	OT, LMO, RN, S, Physio	Functional Product	Same assessments as per item AU01 should be undertaken.
AU10	Long Handled Toe Wiper	No	OT, Pod, LMO, RN, S, Physio	Functional Product	Same assessments as per item AU01 should be undertaken.
AU11	Nail Brush with Suction Cap	No	OT, LMO, RN, S, Physio	Functional Product	Same assessments as per item AU01 should be undertaken.
AU13	Donning /doffing aids (i.e. for socks, stockings and compression garments)	No	OT, Pod, LMO, RN, S, Physio	Functional Product	Same assessments as per item AU01 should be undertaken.
AU14	Elasticised Shoe Laces	No	OT, Pod, LMO, RN, S, Physio	Functional Product	Same assessments as per item AU01 should be undertaken. Link Back to Index of RAP Equipment

AV00 – Physiotherapy Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AV01	Bicycle – Stationary Exercise (includes recumbent stationary bikes)	No, unless exceeds 3 month hire period	Physio, S, Ch, Ost, EP	Functional Product Home	<p>The hire of exercise bikes may be considered for a 3 month episode of care e.g. 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 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</p> <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>
AV02	Pedals Exercise	No, unless exceeds 1 per person	Physio, S, Ch, Ost, EP	Functional Product Home	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.
AV10	Exercise Band – Progressive Elastic Resistance/Hand Cone/Exercise Putty	No	Physio, S, OT, Ch, Ost, EP	Functional Product Home	<p>The use of the exercise band is expected to form part of an individually prescribed and monitored exercise program.</p> <p>The Health Provider is responsible for the assessment of the safe use of this item.</p>
AV16	Replacement Parts and/or Repairs for AV Items	No	Physio, S, S, Ch, Ost, EP		<p>If over \$250, consider replacing the item.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Link Back to Index of RAP Equipment</p>

AW00 – Prostheses					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AW01	Ears Artificial	No	LMO, S	Product	
AW02	Breast Prosthesis - Non-Implanted	No	LMO, S, RN	Product	This item refers to the purpose designed bras to hold the prosthesis.
AW03	Eye Prosthesis	No	LMO, S	Product	
AW04	Nose Prosthesis	No	LMO, S	Product	
AW06	Prosthetic Accessories	No	S, LMO, Physio, P, OT, AC, RN	Product	Includes stump socks, silicon liners, silicon knee sleeves. Health Providers may authorise the issue of replacement stump socks as required.
	Voice Prostheses (See BA12)				
AW07	Limb Prosthesis – Standard Componentry	No, unless exceeds 2 standard limbs per limb every 3 years	S	Functional Product	
AW08	Limb Prosthesis – Non-Standard Componentry	Yes	S	Functional Product	i.e. X2 Leg, C-leg, ZT9 water leg, bionic arm.
	Footwear to accompany an artificial leg (See Footwear AJ00)				
AW09	Limb Prosthesis – Recreational/Occupational	Yes, limit of 1 per person per limb	S	Functional Product	Only worn for a particular purpose and not for everyday use.
AW10	Replacement Parts and/or Repairs for AW Items	No, unless exceeds \$567	LMO, Physio, P, OT, AC, S		DVA accepts financial responsibility for items not covered under the warranty period.
AW11	Functional electrical stimulation lower limb neuroprosthesis	Yes, limit of 1 per person every 8 years	ReC, S	Functional Product	

AW00 – Protheses					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AW12	Hand rehabilitation system and neuroprothesis	Yes, limit of 1 per person every 8 years	ReC, S	Functional Product	Link Back to Index of RAP Equipment

AY00 – Respiratory Home Therapy Appliances

Specialist advice plus assessment by Health Provider should be undertaken for all items except nebulisers, sputum mugs and peak flow meters

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AY01	CPAP (Continuous Positive Airway Pressure)	No	RC S	Functional Home Product	Application for CPAP/Bi-level Therapy Equipment Form
AY02	Oxygen – Domiciliary and Portable	No	RC, S	Functional Home Product	Includes oxygen concentrators, replacement cylinders, etc. Thoracic Society Guidelines apply. Home Medical Oxygen Therapy Application Form Thoracic Society of Australia
AY03	Humidifier / Vaporiser	No	LMO, S, RN, Physio, RC	Functional Home Product	This item should form part of the CPAP system and should not be provided in isolation, with the exception of people with laryngectomy.
AY05	Nebuliser	No	LMO, S, RN, Physio, RC	Product	
AY07	Peak Flow Meter	No	RC, LMO, RN, Physio, S		Mask only provided where necessary to co-ordinate use of peak flow meter.
AY08	Sleep Apnoea Positional Therapy Device	No	RC, LMO, RN, Physio, S		Body position devices that discourage supine sleep. Simplest item to meet functional need should be provided in the first instance.
AY12	Respiratory Suction Apparatus	No	RC, RN, S, Physio, LMO		
AY14	Bi-PAP or V-PAP	No, unless exceeds 1 per person	RC, S		Application for CPAP/Bi-level Therapy Equipment Form
AY15	Volumatic Spacer	No	RC, LMO, RN, Physio, S		
AY16	Oxygen Consumables and Accessories	No	RC, LMO, Physio, RN, S		

AY00 – Respiratory Home Therapy Appliances

Specialist advice plus assessment by Health Provider should be undertaken for all items except nebulisers, sputum mugs and peak flow meters

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AY17	Replacement Parts and/or Repairs for AY Items.	No	RC, LMO, RN, Physio, S		DVA accepts financial responsibility for items not covered under the warranty period.
AY18	Flutter Valve (Lung Mucous Clearance Device)	No	S, Physio, RC, LMO		
AY19	CPAP Consumables and Accessories	No	RC, LMO, Physio, RN, S		e.g. masks, filters, tubing.
AY20	Inspiratory Muscle Respiratory Trainer	No	LMO, Physio, S		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. Link Back to Index of RAP Equipment

AZ00 – Showering / Bathing Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AZ01	Bath Board / Bench/ Seat	No	OT, RN, S	Functional Home Product	<p>Functional, home and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> • Entitled person's function and whether the equipment is indicated to facilitate independence/safety; • The specific item that is required, depending on the size, layout and type of shower/bathing area in conjunction with the entitled person's functional need, carer ability to provide assistance etc; • The measurement of some aids for fit (e.g. bath boards and swivel bathers); and • Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence. <p>Simplest item to meet functional need should be provided in the first instance.</p> <p>Trialling equipment within the home may be indicated to assist in determining the most appropriate device for the entitled person's circumstances.</p>
AZ02	Shower – Hand Held	No	OT, RN, S	Functional Home Product	<p>Functional, home and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> • Entitled person's function and whether equipment is indicated to facilitate independence/safety; • The specific item that is required, depending on the size, layout and type of shower/bathing area in conjunction with the entitled person's functional need, carer ability to provide assistance etc; and • Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence.

AZ00 – Showering / Bathing Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AZ03	Shower Seat – Fold Down	No	OT, RN, S	Functional Home Product	<p>Same assessments as per item AZ01 should be undertaken.</p> <p>Simplest item to meet functional need to be provided in the first instance e.g. shower chair/stool, transfer bench.</p> <p>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.</p>
AZ04	Shower Stool/Chair	No	OT, RN, S, Physio, LMO	Functional Home Product	<p>Functional, home environment and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> • Entitled person's function and whether equipment is indicated to facilitate independence/safety; • The specific item that is required, depending on the size, layout and type of shower/bathing area in conjunction with entitled person's functional need, carer ability to provide assistance etc • The measurement of some aids for fit e.g. bariatric models; and • Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence. <p>Showering stools and chairs are provided for showering only, not as a dressing aid.</p>
AZ05	Replacement Parts and Repairs for AZ Items	No	OT, RN, S		DVA accepts financial responsibility for items not covered under the warranty period.
AZ06	Waterproof Protectors for Limbs	No	OT, RN, S	Product	Waterproof protector for caste or dressings.

AZ00 – Showering / Bathing Appliances

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
AZ07	Bath Lift (Battery Operated)	Yes	OT, RN, S	Functional Home Product	<p>Same assessments as per item AZ01 should be undertaken.</p> <p>Simplest item to meet functional need to be provided in the first instance e.g. shower chair/stool, transfer bench.</p> <p>Bath Lifts are considered more complex equipment.</p> <p>Link Back to Index of RAP Equipment</p>

BA00 – Speech Pathology Appliances

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BA01	Electrolarynx (also known as artificial larynx)	No	SP, S	Functional Product	This device needs to be trialled first.
BA02	Electrolarynx Consumables – Rechargeable Batteries	No	SP, S, RN, LMO		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	Functional Product	Includes design, labour and manufacturing costs eg lamination of board, provision of folder, board-clip.

BA00 – Speech Pathology Appliances

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BA04	Communication Devices – Assistive	Yes	SP, S A*	Functional Product	<p>*Audiologist may assess for a speech processor.</p> <p>This item code also includes base model tablet computers with 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.</p> <p>Education and training in usage for the entitled person should be undertaken prior to provision.</p> <p>Repairs and maintenance to the tablet computer following the cessation of any warranty period set by the supplier should be arranged through DVA.</p> <p>For tablet computers any additional software requirements such as antivirus, operating systems, word processing, internet accessing and fees are the responsibility of the entitled person.</p> <p>All recommended tablet computer application requests should be placed under item BA14.</p> <p>This item code includes personal computer, which is an electronic communication system combining hardware and software. This item is only to be issued for veterans with severe communication impairment.</p> <p>RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information.</p> <p>RAP National Guidelines</p> <p>Communication Device Form</p>
BA05	Mirror – Electronic	No	SP, S	Functional Product	Issued only for the purpose of assisting clients in adjusting/fitting their voice prostheses.
BA06	Speaking Valves	No	SP, S		

BA00 – Speech Pathology Appliances

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BA07	Laryngectomy Consumables	No	SP, S, RN, LMO	Functional Product	E.g. 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, LMO	Functional Product	
BA09	Mouth Irrigator	No	SP, S, RN, LMO	Functional Product	For post-operative head/neck surgery only.
BA10	Tracheostoma Consumables	No	SP, S, RN, LMO		E.g. 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, LMO	Functional Product	
BA12	Voice Prosthesis	No	SP, S	Functional Product	
BA13	Replacement Parts, Repairs and Servicing	No, unless exceeds \$340	SP, S, RN, LMO		
BA14	Speech Pathology Software/Applications for Communication Devices - Assistive	Yes	SP, S	Functional Product	RAP National Guidelines apply. Contact RAP general enquiries on 1300 550 457 (Metro) or 1800 550 457 (Country) for further information. RAP National Guidelines Communication Device Form
	Humidifier / Vaporiser (see AY03)				Link Back to Index of RAP Equipment

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	Assessment Type (definitions, page iv-v)	Comments
BD03	TENS Machine	No, unless exceeds \$340	Physio, PC, Ch, Ost, S, LMO	Functional Product	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 on a regular basis.
BD04	TENS Machine Accessories	No	Physio, PC, Ch, Ost, RN, S, LMO		Includes recharger, batteries, etc. Link Back to Index of RAP Equipment

BE00 – Toileting Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BE01	Bidet (includes electronic model)	No	OT, RN, CA, S	Functional Home Product	<p>Functional, home environment and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> Entitled person's function and whether equipment is indicated to facilitate independence/safety; The specific item that is required depending on the entitled person's functional need, carer ability to provide assistance etc; and Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence. <p>Trial of simpler aids and alternatives for personal hygiene must be demonstrated in the first instance.</p>
BE02	Commode Chair (bedside)	No	OT, RN, CA, LMO	Functional Home Product	Same assessments as per item BE01 should be undertaken.
BE03	Commode Pan / Bed Pan / Slipper Pan	No	OT, RN, CA, S, LMO	Functional Home Product	Same assessments as per item BE01 should be undertaken.
BE04	Mobile Shower Commode Chair	No	OT, RN, CA, S, Physio, LMO	Functional Home Product	<p>Functional, home environment and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> Entitled person's function and whether equipment is indicated to facilitate independence/safety; The specific item that is required depending on the entitled person's functional need and specific measurements, carer ability to provide assistance etc; A large range of mobile shower commodes are available. The Health Provider should have specific product knowledge to enable provision of the most suitable item that meets the entitled person's functional needs; and Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence

BE00 – Toileting Appliances					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BE06	Over Toilet Frame / Toilet Surround	No	OT, RN, CA, S, Physio, LMO	Functional Home Product	<p>Same assessments as per item BE01 should be undertaken.</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 e.g. significant mobility impairment, chronic clinical condition where urgency and/or frequency exists.</p>
BE07	Porta Potty (includes frame and solution for continued use)	No	OT, S, CA, RN, LMO	Functional Home Product	<p>Functional home environment and product assessments should be undertaken to determine:</p> <ul style="list-style-type: none"> • The entitled person's function, and whether equipment is required to facilitate independence and safety; • The specific item required depending on the entitled person's functional need, carer ability to provide assistance etc; and • Education and training required for safe use of the equipment and any additional advice on techniques that enhance safety and independence.
BE10	Toilet Seat – Raised	No	OT, RN, Physio, S,	Functional Home Product	Same assessments as per item BE01 should be undertaken.
	Urinal (See AD04 Urinal)				
BE11	Replacement Parts and/or Repairs for BE items	No	OT, RN, Physio, CA, S, LMO		<p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Link Back to Index of RAP Equipment</p>

BF00 – Cognitive, Dementia and Memory Assistive Technology

Some aids 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 and emotional, and independent function resulting in a mild to profound loss of independence.

The LMO or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, e.g. using the Psychogeriatric Assessment Scales. The referral from the LMO or Medical Specialist must specify type and stage of dementia or ABI and include relevant details of current co-morbidities and medication.

Entitled persons receiving care in a Commonwealth Funded Residential Aged Care Facility (RACF) are not provided with BF00 equipment.

Prompts, Reminders and Orientation

These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BF01	Orientation Clock / Calendar	No	OT, LMO, RN, S, Physio	Functional Home Product	Includes Calendar clock, Day clock.
BF02	Orientation Signs	No	OT, LMO, RN, S, Physio	Functional Home Product	Includes Stop signs.
BF03	Coloured Toilet Seat	No	OT, LMO, RN, S, Physio	Functional Home Product	

BF00 – Cognitive, Dementia and Memory Assistive Technology

Safety and Independence

These aids aim to maximise independent safety in the home and outdoor environment.

The following items elsewhere in the Schedule may promote safety and independence:

- stove isolation switch (see AL23)
- sensor mats (see AA16)
- bracelet/pendant – medical information for emergency (see AS16)

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BF08	Sound and Movement Monitors	No	OT, LMO, RN, S, Physio	Functional Home Product	Includes door and room monitors. Not suitable for those living alone.

Telecare Support – Independence

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.

Tracking devices are less likely to be applicable for entitled clients in the later stages of dementia.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BF12	Telecare (Tracking) Devices	No	OT, LMO, S, RN	Functional Product	Other simpler approaches should be trialled initially. Walking has substantial benefits however there are valid ethical issues to consider before prescribing a GPS 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. A record of consent by the entitled client or Enduring Power of Attorney (Medical Treatment) is necessary.

BF00 – Cognitive, Dementia and Memory Assistive Technology					
Replacement Parts and/or Repairs for BF items					
Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type	Comments
BF13	Replacement Parts and/or Repairs for BF items	No	LMO, RN, S, OT, Physio		<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>Link Back to Index of RAP Equipment</p>

BG00 – Falls Prevention

Entitled persons receiving care in a Commonwealth Funded Residential Aged Care Facility (RACF) are not provided with BG00 equipment.

Item No	Description Of Appliance	Prior Approval Required	Assessing Health Provider	Assessment Type (definitions, page iv-v)	Comments
BG01	Non-Slip Mat – Indoor and Outdoor rubber backed mats	No	OT, LMO, RN, S, Physio	Functional Home Product	
BG02	Lighting – Sensor Light	No	OT, LMO, RN, S, Physio	Functional Home Product	Including portable sensor light and external sensor (which needs to be installed)
BG03	Lighting – Other	No	OT, LMO, RN, S, Physio	Functional Home Product	Aim to improve illumination. Includes 3-in-1 night light and touch lamp
BG04	Retractable Garden Hose	No	OT, LMO, RN, S, Physio	Functional Home Product	Needs to be installed
BG05	Clothes Handy Line	No	OT, LMO, RN, S, Physio	Functional Home Product	Portable clothes drying rack for both indoor and outdoor use.
	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. Link Back to Index of RAP Equipment

DD00 – Delivery Costs		
Item No	Description Of Appliance	
DD01	Continence	
DD02	Diabetes	
DD03	Personal Response System	
DD04	Oxygen	
DD05	Continuous Positive Airway Pressure	
D006	Mobility Functional Support	
DD07	Other	