



Residential Aged Care

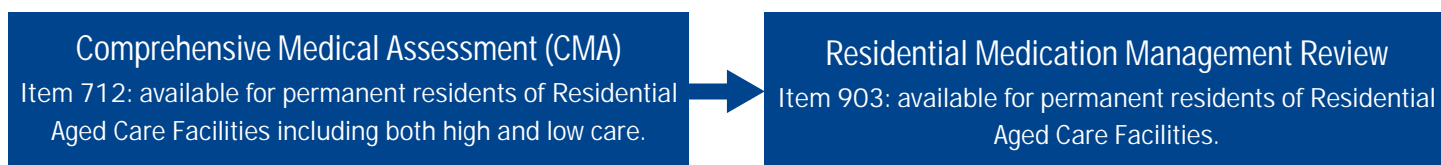
MEDICARE SERVICES FOR RESIDENTS OF RESIDENTIAL AGED CARE FACILITIES

Standard Residential Aged Care Facility Item Numbers

Items 20 35 43 51 - items refer to the usual (VR) GP attendance to a resident of a Residential Aged Care Facility and are used in place of standard consultation items (level 'A', 'B', 'C', and 'D').

Items 92 93 95 96 - items refer to the usual (non-VR) GP attendance to a resident of a Residential Aged Care Facility.

NB: All of these items do not apply to patients living in self contained units within a Residential Aged Care Facility, use normal attendance items for surgery attendance or home visit.



Care Plan and Case Conference Eligibility

Does the resident have:

- One or more chronic medical conditions present or likely to be present for six months, or a terminal condition, and
- Routine management compounded by one of the following:
 - > Unstable or deteriorating condition
 - > Development of complications including falls or incontinence
 - > Two or more hospital admissions in the past six months requiring multidisciplinary care from a team of at least two health care providers, plus the residents' GP (with each team member providing a different kind of care or service to the patient)?
 - > Increasing frailty or dependence
 - > Co-morbidities

If yes, the residents' GP can contribute to the care plan (item 730) and either organise or participate in a case conference to facilitate care coordination.

Contribution to a Care Plan Item 730

In a Residential Aged Care Facility, the GP's contribution to a care plan is required for accessing allied health and dental care services.

Allied Health Items

MBS items: 10950; 10951; 10952; 10954;
10956; 10958; 10960; 10962;
10964; 10966; 10968; 10970

Dental Care Items

MBS items: 10975; 10976; 10977

Organise and Coordinate a Case Conference in a Residential Aged Care Facility

Time	15-30 min	30-45 min	> 45 min
Item	Item 734	Item 736	Item 738

Participate in a Case Conference in a Residential Aged Care Facility

Time	15-30 min	30-45 min	> 45 min
Item	Item 775	Item 778	Item 779

Refer also to the relevant explanatory notes and rebate information in the Medicare Benefits Schedule book and www.health.gov.au/pubs/mbs

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Updated by Brisbane South Division of General Practice in November 2004 and by Brisbane North Division of General Practice in January 2005
Adapted from resources produced by General Practice Divisions Victoria and Knox Division of General Practice

Comprehensive Medical Assessments (CMA)

A CMA (Item 712) is available to all permanent residents of Residential Aged Care Facilities. A GP can provide a CMA to new residents on admission (recommended within the first six weeks) and to existing residents on an as required basis.

A CMA is a voluntary service and must include:

- A detailed medical history.
- A comprehensive medical examination.
- Developing a list of diagnoses and/or problems.
- A written summary.

The CMA (Item 712) can be claimed once in a twelve-month period.

A practice nurse can assist the GP in obtaining information relevant to the CMA for the GPs consideration e.g., liaising with the Residential Aged Care Facility and gathering information that the facility has collected. However, the nurse cannot replace the GPs involvement in these components of the CMA.

The CMA must include a personal attendance by the GP to the resident, usually in the Residential Aged Care Facility.

Unlike the home visit component of an Enhanced Primary Care (EPC) health assessment, there is no specific component of a CMA that can be undertaken wholly by a nurse, in place of the GP.

GPs may wish to review and incorporate into the CMA any relevant assessment or information about the resident that is available from the facility. The CMA can provide the GP with useful information to contribute to an eligible resident's care plan and Residential Medication Management Review (RMMR).



Residential Medication Management Review (RMMR)

MBS Item 903 was released on 1 November 2004 for a GP initiated medication review. The item involves GP collaboration with the reviewing pharmacist and is available for permanent residents of a Residential Aged Care Facility.

Item 903 is designed to complement the other MBS items as above. Benefits are payable for one RMMR service for residents on admission and for continuing residents on an as required basis, with a maximum of one per year except where there has been a significant change in their condition or medication regimen.

Care Plans

The resident's usual GP can make a contribution to a care plan upon the request of the Residential Aged Care Facility as a member of a multidisciplinary care plan team (Item 730).

Contribution to a care plan Item 730 can be used up to four times in a twelve-month period for both contributing to a care plan or contributing to the review of a care plan in a Residential Aged Care Facility.

Residents with a care plan may be eligible for up to five allied health services and three dental services (where the dental condition is significantly impacting on their chronic medical condition) per year on referral from their GP.

Allied health services already funded through the Department of Veteran Affairs or other sources are not eligible for these rebates. The services to be referred to must be listed in the care plan – if not, a review may be necessary to incorporate the required service.

Case Conferences

In addition to multidisciplinary care planning, the resident's GP can be involved in case conferencing activities with the multidisciplinary team (although both items cannot be claimed the same day).

The eligibility for accessing these items is the same as care planning. A case conference is a discussion where members of the team must be communicating at the one time for the whole of the conference, either face-to-face, by phone, video link, or a combination.

A GP can organise or participate in a case conference, in a Residential Aged Care Facility. It is expected that a patient would not require more than five case conferences in a twelve-month period.