



[To use an interpreter over the telephone – Ph: 131 450](tel:131450)

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Welcome

Welcome prescribers to the second 2016 edition of the SWEP prescriber newsletter.

In this edition you'll find information regarding full rollout of the new SWEP website; NDIS news; information regarding our new service delivery model for home modifications and much more.

1. SWEP Website Project

Thank you all for your patience, co-operation and feedback over recent months following the rollout of the new website, particularly while we have worked with our Web Designer to rectify any issues.

Excitement from prescribers around the re-launch has been encouraging, particularly as identified issues have been readily resolved, so thank you to for embracing this technological change and providing feedback to us.

The prescriber dashboard enables you to verify and up-date your contact details. It is important that your prescribing organisation's full details including, name, address and phone/email details are updated. This will avoid the need for SWEP to contact you to verify missing information. You can submit requests to have your credentialing level changed through the website now, and also log in to track status of the applications that you have lodged via the website.

As we have implemented full online submission of applications as of 1 July, 2016, we had expected that all prescribers should have logged into the new website. However, there are still a number of registered prescribers who have not logged onto the website for the first time. We urge you to do so immediately in order for you to be able to continue to submit applications for your clients. As of July 1, 2016 SWEP will only accept applications submitted via our website, (which means that you will no longer be able to lodge applications by mail, email or fax). If you are experiencing technical issues that are stopping you from transitioning to on-line submission, please contact our team at swepimt@bhs.org.au immediately so we can help rectify the problem. On a case by case basis we will make alternate short term arrangements with you to submit applications to us so that clients are not disadvantaged, however, you should note that any interim arrangements really will be short term only.

SWEP Website Project (cont'd)

We now have a dedicated team responding to daily website queries, so please do not hesitate to contact SWEP for assistance on 1300 747 937 or email swepimt@bhs.org.au.

For those SWEP registered prescribers who are yet to log in, please note that you are not required to re-register as a new prescriber with SWEP via the new website - your registration details have already been exported. Your username is either your primary email address or your SWEP prescriber ID. Once logged in you can edit your password. If you have changed your primary email address (i.e. the address you were using when you first registered with SWEP) and are experiencing any difficulties please refer to our website FAQ, to help you through the process [here](#).

2. NDIS News

SWEP and the National Disability Insurance Agency (NDIA) have entered into an agreement in Victoria to ensure that participants receive 'value for money' and can leverage from the systems implemented by SWEP when procuring assistive technology funded by the NDIS. These 'Working Arrangements' will be in place for at least the next two years.

Whilst SWEP and the Barwon trial site have worked hard to implement efficient systems for provision of assistive technology, the national rollout across the country sees a different approach which will be replicated across all States and which every-one will be obliged to adopt.

We've worked closely with the Agency to understand and 'operationalise' the new NDIS service delivery model that will be in place post July 1, 2016 aligning SWEP systems, documentation and processes for NDIS participants. As the 'Working Arrangements' have only been signed off late last week, there will be a delay before all changes are implemented. We understand that the Agency is providing information to prescribers about these changes and we will develop FAQ's over the next few weeks to support you when prescribing assistive technology for NDIS participants.

We are also working with the Agency about managing existing SWEP clients who have applications lodged with us that have not yet been funded when those people transition to the Agency.

In the interim, please do not hesitate to contact our NDIS team should you have any queries swepndia@bhs.org.au

3. Vehicle Assessment Signatory Scheme (VASS) Approval Certificates

VASS is a VicRoads scheme that provides engineering certification of modifications such as lowered floor conversion, isofix fittings and some seating modifications to ensure compliance with VicRoads standards for registration. Some of the modifications that are completed for SWEP clients require this VASS certification, and the supplier/converter will advise when this is required.

The cost of this VASS certification is the responsibility of the vehicle owner, SWEP is unable to cover the costs involved with obtaining VASS certification, regardless of whether the modification is receiving funding from SWEP.

More information regarding VASS can be found on the [VicRoads website](#).

4. Home Modifications Service Delivery Project

As you may be aware from previous communiques, SWEP is introducing a new home modification model. In line with regulatory bodies' advice, the new model will operate with the assistance of subject matter experts including Builders, Draftspersons, Building Surveyors and Inspectors, Architects and Handypersons, to ensure a quality assurance process for clients that receive funding from SWEP and home owners are protected within Victorian regulatory requirements.

The New Model

From 1/07/2016 some components of the new model will commence which include Approval in Principle (AIP) and the guidelines for structural and non-structural modifications as detailed below. All current SWEP forms will remain in use until informed otherwise.

Approval in Principle

All applications for home modification to SWEP will be processed using an AIP model. This means that subject to verifying that the information submitted is correct, the appropriate supporting documents have been provided, the modification requested falls within the Victorian Aids and Equipment Program Guidelines and that the client is eligible, 'approval in principle' will be granted. Within this model, the Builder, tradesperson and other building professionals are only engaged when funding is imminent. An AIP model eliminates Builders having to provide an initial quote followed up with a second quote just prior to the commencement of works and enables us to manage client expectations of scope and limitations of funding.

Home Modifications Under \$1000

There are no significant changes in the way Prescribers apply to SWEP for this category. As most of the home modifications in this category are considered non-structural, there has never been the need for an Architect or Draftsperson to provide diagrams.

Non-Structural Home Modifications

The Builder/tradesperson submits to the Prescriber the final diagram(s) and scope of works of the home modifications >\$1000. The Prescriber will then submit these documents to SWEP once they are satisfied that they meet the functional needs of the client. These diagrams must comply with the SWEP Standards for Home Modifications which are currently being finalised.

While engagement of a Building Surveyor/Building Inspector is not mandatory for non-structural home modifications funded through most funding streams we manage, we will strongly encourage home owners to consider engagement for the more expensive non-structural home modifications. SWEP may use a Building Surveyor/Building Inspector to check compliance as part of SWEP quality assurance processes.

Structural Home Modifications

If any structural changes are required the Client and/or Home-owner, in consultation with the Prescriber, will engage either an Architect or Draftsperson to draw the final diagrams and provide a scope of works which must comply with the SWEP Standards for Home Modifications (which are currently being finalised).

The Prescriber will then submit these documents to SWEP once they are satisfied that they meet the functional needs of the client. (The client and/or Home-owner may be eligible to access additional funds for home modifications, through the Department of Health and Human Services (DHHS), Home Renovation Loan for either property owners or renters).

A Building Surveyor/Building Inspector will be involved and may have input into the design, foundations, concrete slab and frame construction. Any compliance certificates provided by the Building Surveyor must be submitted to SWEP.

Where a building permit is required, the relevant Building Surveyor/Building Inspector must inspect the work to ensure it complies with the permit, Building Act and Building Regulations.

Arrangements for Applications Submitted Before the 1/07/2016

If Archicentre has already provided working drawings and scope of works for applications that have been lodged but not yet ordered by SWEP, these can be used even though Archicentre will not be funded by DHHS to conduct a final inspection or sign off on the works. The Client and/or Home-owner has the option of self-funding an Architect/Building Surveyor for this purpose if they wish.

There is no change to current process in relation to sign off by Prescriber when works have been completed, whereby the Prescriber signs off confirming the home modifications meet the functional needs of their client. The client will also continue to sign off at the completion of the home modifications to state the works have been satisfactory completed.

Prescriber Feedback

If you are interested in providing feedback regarding the new SWEP Prescriber Guidelines for Home Modifications before they are released or if you have any questions, please contact Narelle Harrison on 03 5333 8115 or Nick Grakini on 03 5333 8128.

5. Ensuite Bathroom Modifications

Does your client have more than one bathroom?

SWEP are generally unable to provide funding to modify a second bathroom/ensuite within the home when the client has access to a bathroom that meets their functional needs.

6. A&EP Budget and Demand Strategy (demand trends and budget limitations)

A budget and demand strategy is implemented across the state funded programs that allocates a percentage of the available monthly budget to highest priority applications and a percentage to those people who have been waiting the longest. To ensure equitable access for all clients regardless of category of equipment required, dedicated monthly budgets by equipment category have also been implemented.

A percentage breakdown by equipment category is determined against historical data on average spend by category and feedback from stakeholders about typical 'high priority' equipment categories. Generally these figures are a guide only and will always be preceded by the need to fund applications that are being received that fall within the 'order now' urgency scales.

Budgets are seasonalised either monthly or quarterly to reflect actual surges in demand when overspends may occur, and are reflective of categories where there are typically long delays between order and supply (eg home modifications).

A strategic procurement plan is in place to ensure value for money is achieved when purchasing equipment, resulting in significant gains for SWEP stakeholders that considers supplier capability, an assessment of actual products, as well as price. Contracts are currently in place for supply of oxygen and continence equipment, low cost, high volume items (ranging from shower chairs and walking aids through to hoists, beds and mattresses and manual wheelchairs and scooters) and repairs and maintenance.

This procurement strategy includes a comprehensive marketing strategy targeted at our prescribers to ensure the uptake of contract items wherever possible. We are currently undertaking an audit and may contact you if you have recommended an 'off-contract' item, where clinical justification for going 'off-contract' is not clear in your script.

When completing a prescription form, the Priority of Access Guidelines matrix found [here](#) should be used to guide responses on the prescription forms in the sections that relate to implications of non-provision. It should be noted that some items of equipment for the same client may have greater levels of urgency, and therefore have access to subsidy more quickly, while the client may need to wait longer for other items. Without commentary relating to both likelihood and severity of consequence, urgency of need may not be optimally identified, resulting in longer delays for provision.

It is recognised that client and/or support person circumstances can change that impact on urgency of need for equipment/modification. Should this occur after you have submitted your application and this impacts the likelihood of issues occurring (or the severity of the consequences) there is capacity to escalate urgency of need for waitlisted applications. Should these circumstances occur, the prescriber can submit a 'Review Request Form' to SWEP. This form can be found on our website [here](#)

7. Changes to management of Orthotics/Footwear applications

Following an external review of the way we provide Orthotics and Footwear services to SWEP clients we have instituted a number of changes and are continuing to audit processes. Please note as a result of this, there will be a number of changes implemented effective immediately and ongoing.

These changes are detailed below.

1. The 'order' letter which is sent to your client has been amended to:
 - a. Ensure that your client understands that they **DO NOT** sign the Certificate of Completion until the items have been supplied and fitted ready for them to use.
 - b. Include more information for your client about roles and responsibilities of SWEP, the client, the prescriber and supplier.
 - c. Ensure that the client also has a copy of the Certificate of Completion for their records.

2. Certificate of Completion: This certificate has been amended to:
 - a. Better outline responsibilities of each stakeholder (SWEP, client, prescriber, supplier)
 - b. Define who is an authorised delegate for the client's signature
 - c. Ensure that the Form is only signed by the client when the items have been supplied and fitted for the client, ready to use.

3. Operational Changes:
 - a. Random internal auditing of orthotics provision processes has commenced by SWEP. For audited records, when we receive an invoice and Certificate of Completion from the supplier we will check that details (including signature and date check) of the Certificate of Completion are validated. We will also undertake phone confirmation to the client of receipt and satisfaction with items supplied.
 - b. When applications are ordered for clients who have been on our waiting list, we are checking that appointments have been made prior to release of purchase order.
 - c. When applications for replacement items are received for existing SWEP clients, we are checking date of last supply and clinical reasoning for replacement (if this is not explicitly stated on the prescription form).
 - d. If there is a gap between maximum SWEP subsidy and the cost of the items recommended, it is expected that your client completes a 'Confirmation of Gap (out of pocket expense) Form' which is submitted to SWEP.
 - e. The itemised quotation must detail the total cost of the items recommended, separating material and labour costs. A copy of the template quotation is available on our website.

f. The introduction of a Certificate of Completion which must be completed for all Orthotics or Footwear repairs. This certificate should be lodged with the supplier invoice.

We will notify you of any other changes to our service delivery model for Orthotics and/or footwear as the review continues, currently we have received so many 'escalation' requests for orthotics, that in the A&EP Adults 2016-17 budget, the total allocation for the year for orthotics could be expended in the first month. Without a review of our strategies, this will mean that no new clients will be able to access state funding, which will be very problematic for high risk patients.

If you have any issues or concerns about these changes please don't hesitate to contact me via email: wendyh@bhs.org.au

8. Strollers

The State-wide Equipment Program has received independent advice that many Strollers on the Australian market may not be compliant to mandatory Australian Standards.

Strollers are required to be compliant to AS/NZS 2088:2000 (Prams and Strollers - Safety Requirements), however it appears most testing of strollers is to AS/NZS 3695.1:2011 (Wheelchairs - Requirements and test methods for manual wheelchairs).

SWEP has placed all stroller applications on hold, including those currently waitlisted, until documentation is received that the strollers prescribed, meet the applicable Australian Standard.

You can access further information concerning the mandatory standard and its requirements at the Australian Competition and Consumer Commission (ACCC) Product Safety Australia website: [here](#)

The ACCC's "Product Safety Prams and Strollers Supplier guide" provides a very clear and accessible explanation of the requirement to the mandatory standard, identifies who it applies to and outlines penalties for non-compliance: [here](#)

As it is mandatory Australia-wide, SWEP is unable to subsidise strollers that are not demonstrated to comply. All relevant suppliers of strollers have been contacted and asked to provide documentation that their Strollers meet the mandatory standard. Upon receiving confirmation of compliance, stroller applications will be re-instated. If compliance is not demonstrated, the stroller application will be declined and the prescriber notified. A list of compliant strollers will be circulated and posted on the SWEP web-site as soon as possible. Any enquiries should be directed to Jody Nicholson, Manager Aids & Equipment Children, jodyn@bhs.org.au

9. SWEP/BHS Trust Account for Third Party Gap Funding

Ballarat Health Services (BHS) has a trust A/c where SWEP third party gap funding can be held if gap funding has an 'expiry date'. This way, escalation requests are not driven by client's potential loss of gap funding rather than change in urgency of need. Neither SWEP nor BHS benefits in any way from this trust account, and if, for any reason the gap funding is not required after we have received it, (before the order is raised), the money is refunded to the organisation that provided it.

For more information please refer to our 'Information for Gap Funding Agencies, Monies Held in Trust (MHIT) FAQ' found [here](#)

10. ElectroLarynx Nu-Vois III Voice Aids

SWEP has been advised by the supply agent (ATOS), that they are unable to repair these units in Australia and units have to be sent to the USA for repair. This will cause extensive delays for your client and unfortunately ATOS are unable to provide loan units. We will be removing these units from our reissue pool as we cannot provide maintenance/repair service. We will be contacting prescribers on a case-by-case basis if SWEP is contacted to repair a Nu-Vois III Voice Aid as the prescriber may need to review client's needs for a replacement.

11. SWEP contracted Equipment

When you are prescribing equipment, don't forget that SWEP has contracts in place with 10 providers covering approximately 80 items across the range of equipment we subsidise. Most of the items are below the relevant SWEP subsidy [few require gap payment] and all have been tested and evaluated by your peers to meet most people's needs for high quality, non-customised equipment. To ensure we are achieving value for money applications for equipment that could be met by the SWEP contracted equipment will be referred back to you for confirmation. The more we provide contracted items the more money we save and then we can provide equipment for more clients on the waitlist for the same value of money.

The *SWEP Picklist & Catalogue* contains all the information you should need to confirm any contracted item meets your client's needs, and specify the item in an application. The most up-to-date version of the *SWEP Picklist & Catalogue* can be accessed from the "For Prescribers" tab on the SWEP home page, and is linked here: [Picklists & Catalogue | SWEP](#). If required, equipment trials can be arranged:

- Contact the supplier, either in a visit to the closest outlet, or to make alternative arrangements; or
- SWEP has established a number of 'imprest stores' across Victoria where you can conduct on-site trial most of the equipment. For locations of Imprest Stores you can contact Sue Vincent PH 5333 8136 or email swepctender@bhs.org.au

12. Cushions and correct sizing

We have had some feedback from our tender suppliers around product returns for cushions. It appears that most product returns are due to incorrect sizing of the cushion. EDEN Healthcare Solutions has kindly put together some tips to consider when sizing a cushion.

Tips for measuring and selecting the right Star Cushion

In addition to selecting a width and depth measurement, remember to select the cell height you need. Sometimes orders get sent through with a code for a 3 inch cell height and the description is for a "Standard Contour" (Standard Contour cushions are 4 inches high).

Star Cushion widths and depths are measured from edge to edge of the base of the cushion. Take into account the small edge around the cushion cells when deciding what size you need to order. If you are halfway between cushions sizes, it is usually best to order the larger cushion size to ensure the sitting surface of the cushion will be the right width/depth. If you want to measure a cushion you already have to determine its size, flip it upside down and measure the base, rather than measure the top of the cells.

When ordering a Star Cushion, it is always best to measure the chair and order the cushion according to the chair dimensions, rather than ordering by how many cells the cushion has. A common situation that can arise is where the client may have previously used a different brand of air cell cushion, and count the cells on this to order the

new cushion. Each air cushion brand has a slightly different cell size and ordering by cell number often leads to a cushion that is a close, but not quite perfect fit.

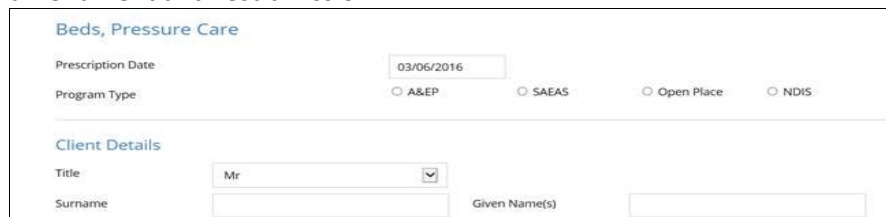
Another benefit of ordering a cushion by seat dimension and not cell number is that it reduces the potential for keying errors along the supply chain. As most cushions are ordered by their dimensions, sometimes a seemingly simple order for a “10 x 10 cushion”, where the prescriber is requesting a “10 x 10 *cell* cushion”, gets interpreted by someone less familiar with air cushions as a dimension, leading to the equipment provider being sent an order for a 10” x 10” cushion.

If in doubt, call your local dealer, or the Star Cushion office directly, with the clients’ dimensions and ask them to recommend the best size. You can find all the details for your nearest supplier at www.starcushion.com.au

13. Shared Supported Accommodation and Supported Residential Services (identifying the relevant SWEP program)

There are two separate and distinct equipment funding streams for clients living in Shared Support Accommodation (SSA) and clients living in Supported Residential Services (SRS).

It is important to understand the differences in these two types of living facilities and to correctly identify the relevant SWEP program on your prescription form. This will ensure that prescriptions are correctly assigned to the appropriate team and will avoid unnecessary confusion, processing errors and/or delays in requesting prescription amendment and resubmission.



Shared Supported Accommodation for people with a disability = SAEAS

- Supported accommodation *is managed by DHHS or by community service organisations like Yooralla or Scope.*

Persons may be eligible if they:

- Have a disability and reside in an accommodation service that is registered or funded under [Disability Act 2006](#) or the Children, Youth and Families Act 2005

Supported Residential Services = A&EP

- Supported Residential Services (SRS) *are privately operated businesses* that provide accommodation and support services for Victorians who need help with everyday activities. Each SRS determines the services it offers and its fee structure.
- DHHS administers the SRS (Private Providers) Act 2010, and monitors compliance with this Act and its regulations.

The Department maintains a list of registered SRS in Victoria. Visit the DHHS website for the SRS public register [here](#)

14. CQU Education

The education for Green prescribers provided by our Clinical Advisors at CQU is proceeding well, with participants providing positive feedback. The more sessions relating to more specific equipment categories and pitched at a more advanced level will commence soon – both Transfer Equipment and Wheelchairs are well into their development phase.

Through CQU and with our Advisors, SWEP is also considering specific sessions on Pressure Care, and on MAT assessments to assist our prescribers to make good clinical decisions around Assistive Technology (AT) prescribing.

As previously indicated, at the end of this year and into the future all new graduate Occupational Therapists and Physiotherapists will be required to undertake the Green level training before they can prescribe through SWEP – this will ensure exposure to assessment tools, client risks, and basic AT. It will also ensure optimum use of the web-site and knowledge transfer around what constitutes an appropriate script for the various funding bodies such as A&E and NDIA. We will continue to provide the subsidy for new graduates.

15. Australian Charter of Healthcare Rights

As a healthcare provider, you will be aware how the principles of the [Australian Charter of Healthcare Rights](#) (the Charter) impacts your work. The *Charter* describes six rights of people using the Australian healthcare system – Access, Safety, Respect, Communication, Participation, Privacy.

Implicit in the process of making an application to SWEP for aids and equipment on behalf of your clients is the expectation that you observe the *Charter*, including confirming your clients' awareness and understanding of the *Charter* and their healthcare rights.

You – and your clients - can find out more about the Charter at

<https://www2.health.vic.gov.au/about/participation-and-communication/australian-charter-healthcare-rights/about-the-charter>.

16. Compensable Clients

We appreciate your support in helping us to identify persons who are pursuing legal action for a compensable disability, by providing all relevant information on your prescription form.

A person becomes ineligible for SWEP funding if they are awarded compensation for their disability and will be required to re-pay the program. SWEP will liaise with legal representatives to recover these expenses.

If you are uncertain of whether a person is eligible for SWEP funding please do not hesitate to contact the relevant program for advice on 1300 747937.

17. SWEP contact for feedback

SWEP encourage feedback regarding our services, both negative and positive. This feedback allows us to continually review and improve our service delivery. Documentation regarding the formal complaints/feedback process is available on our website [here](#) . Feedback forms can be emailed to the attention of Dianne Sealey (SWEP Director's PA) at swep@bhs.org.au

SWEP also responds to feedback/complaints sent by post, email or by telephone. Please do not hesitate to contact Dianne Sealey on 5333 8126, who will be happy to escalate your feedback/complaint to the SWEP Leadership team for review.