

Distribution: Public Hospitals
Health Insurance Funds

Subject: Nursing Home Type & Nursing Home Patient Fees

Purpose: To advise hospitals and health insurance funds of the new nursing home and nursing home type patient contribution fee.

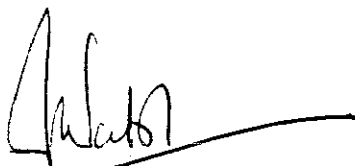
With effect from 22 September 1994 the standard rate pension increased. This takes the combined rate of pension and rent assistance from \$193.25 to \$195.40 per week.

Consequently, the statutory resident contribution will increase from \$24.15 to \$24.45 per day for residents in nursing homes approved under the National Health Act. This represents 87.5% of the standard rate of pension plus rental assistance rounded to the nearest five cents.

The increase in **nursing home type patients** takes effect from 29 September 1994 whereas the increase in **nursing home fees** takes effect from 22 September 1994.

As a result of changes to the nursing home and nursing home type patient fees, could you please make the following amendments to your copy of the Fees and Charges for Acute Health Services in Victoria: A Handbook for Public Hospitals:

1. **Nursing Home Type Patients** - replace 18 in Part 1, Fees for Admitted Patients. This change is effective from 29 September 1994.
2. **Nursing Home Fees** - replace page 2 in Part 3, Fees for Other Services. This change is effective from 22 September 1994.



DR MICHAEL WALSH
DIRECTOR
ACUTE HEALTH SERVICES

Ineligible Patients

Hospitals may set fees for patients who are not covered by Medicare, including overseas patients. In setting fees, hospitals should be aware that some overseas patients are entitled to free care because of reciprocal health care agreements.

Fees for ineligible patients should be set to achieve full cost recovery, unless specifically authorised by the Regional Director.

Nursing Home Type Patients

The following fees are charged daily for nursing home type patients in public hospitals:

Basic Benefit (private patients)	\$61.56
Extensive Care (private patients - where applicable)	\$6.00
Patient Contribution (all patients)	\$24.45

Total revenue for hospital	\$92.00
----------------------------	---------

(See section on Compensable Patients re: compensable nursing home patients)

Date of effect: 29 September 1994

Reference: Circular No. 31/1994

The bedday rates for Department of Veterans' Affairs, nursing home type patients in public hospitals are:

PERIOD	RATE PER DAY
1 July 1993 to 31 August 1993	\$189
1 September 1993 to 30 June 1994	\$191

(See section on Department of Veterans' Affairs patients)

Date of effect: 1 July 1993

Reference: Circular No. 50/93, issue 22 October 1993

Nursing Home Fees

A) CAM/Modified SAM Nursing Homes:

For nursing homes that have converted to the CAM/SAM funding model (that is, CAM Modified SAM homes) the following applies:

	FEE PER DAY(\$)
Resident contribution	\$24.45
RCI 1 - 5 (including interim rate) depending on individual classification:	
RCI 1	\$80.19
RCI 2	\$69.93
RCI 3	\$58.19
RCI 4	\$39.15
RCI 5	\$27.41
Interim RCI	\$53.85
Modified SAM	\$28.09

B) Continuing "Frozen Benefits" Nursing Homes:

Resident contribution (all residents) of \$24.45 is deducted by the Commonwealth from the CAM Modified SAM fees and the balance is paid by the Commonwealth.

The following fees apply to nursing homes that continue to receive 'Frozen Benefits' from the Commonwealth Government and have not converted to the CAM/SAM funding model (that is, non-CAM/SAM homes).

	FEE PER DAY(\$)
Basic benefit	48.50
Extensive Care (where applicable)	6.00
Resident Contribution	24.45
<hr/>	
Total	78.95

Additional fees are payable by residents in non-CAM/SAM homes whose income is above the pension level. The maximum additional fee is \$14.20 per day. This additional fee is subject to an assessment of a resident's financial status.

Date of effect: 22 September 1994
Reference: Circular No. 31/1994

TRANSPORT ACCIDENT COMMISSION
POLICY GUIDELINE

TITLE:

Referral of Rehabilitation Patients.

PURPOSE:

To define TAC Insurance's position in respect to the on-referral of TAC patients for Rehabilitation Treatment

PROCEDURE:

Unless otherwise decreed by the patients clinical condition or personal preference all TAC Insurance patients being on-referred by an Acute Public Hospital for Inpatient or Outpatient Rehabilitation Treatment should be referred to the nearest Approved Public or Private Rehabilitation Facility to the geographical location of the patients residential address. In cases where inappropriate referrals appear to have taken place TAC Insurance, as the responsible payee, reserves the right to seek clarification of the referral before meeting any costs.

DATE OF EFFECT: This policy is effective from 1 November 1994