

RESIDENTIAL CARE SERVICES

SERVICES FOR RESIDENTS IN RESIDENTIAL CARE FACILITIES

Podiatry Services SA provide long term podiatry services in Residential Care facilities. The care is provided by competent and caring podiatrists and the services are organised in an efficient and effective manner.

The aim of the service is to:

- Maintain overall foot care
- Assist in the prevention of foot complications
- Tailor specific podiatry services for each Residential Care Site
- Work as a team with residential care staff to ensure regular updates
- Work closely with residential care facility management to ensure the service is financially beneficial.

Costs:

We minimise costs where possible, as well as maintain quality to ensure the service is cost effective for the facility. We accept and are very efficient with utilising the CDM (Chronic Disease Management) referrals therefore a \$0 cost to the facility.

We are able to process all CDM referrals in house and monitor the number of visits to minimise additional administration work for the facility. These costs include;

- Foot and leg assessments
- Gait and falls review
- Diabetic foot care
- Orthotics and insoles
- Shoes, shoe assessments and recommendations
- Referrals for x-rays and ultrasound
- Education

CALL MAV ON 0402 078 288 FOR FURTHER INFO

Other Features:

Podiatry Services SA provides education presentations (at no cost) to residents, their families and staff about podiatry and the service offered by Podiatry Services SA. At these presentations we also bring along podiatry recommended footwear for everyone to try on and order if they see fit. This part of the service is important because we understand the difficulty that residents and their families face when trying to find the most appropriate footwear.

Podiatry Services SA is always excited to provide services to new organisations. Please don't hesitate to contact Podiatry Services SA, to discuss how we can assist your agency and tailor podiatry services to meet the needs of your residents.



PODIATRY LOCUM SERVICES

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Podiatry Services SA understands that often companies cannot provide regular and ongoing podiatry services and at times there may be an extended length of time between podiatry care which impacts on the foot health of each resident.

Podiatry Services SA runs a unique locum service that ensures that podiatry care is consistent in residential care facilities.

Podiatry Services SA - Locum Services;

- Takes the fuss out of finding podiatry cover for a planned or unplanned, short or long term vacancy, such as:
 - ✓ An external contracted service having their podiatry staff resign or go on leave
 - ✓ A cancellation of another podiatry contract
- Supplies locum podiatrists who cover a wide range of clinical podiatry areas.
- · Delivers locum services in all areas of care, for example;
 - ✓ Clinic settings
 - √ Home care
 - ✓ Retirement care
 - ✓ Residential care

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- Offers temporary locum podiatrists to assist organisations to determine if permanent extra podiatry care is required while they are expanding.
- Has an experienced podiatrist organise the locum service with the organisation, to ensure;
 - ✓ Specific clinical needs are met
 - ✓ The selected locum podiatrist has the appropriate skill set required to carry out the
 podiatry care efficiently
 - ✓ The podiatry locum service provided is cost effective.
- Provides its own sterilised instruments and consumables to meet infection control requirements.

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CHRONIC DISEASE MANAGEMENT INDIVIDUAL ALLIED HEALTH SERVICES UNDER MEDICARE

Residential Aged Care Facilities

Residents of residential aged care facilities (RACFs) can be eligible for Medicare rebates for up to five individual allied health services (Medicare Benefits Schedule [MBS] items 10950-10970) each calendar year, when a general practitioner (GP) has contributed to a multidisciplinary care plan prepared for the resident by the facility and referred them for allied health services under MBS item 731.

These services are available to patients with a chronic (or terminal) medical condition and complex care needs under the Medicare Chronic Disease Management (CDM) items.

Medicare Eligibility and Aged Care Funding Classification

Medicare-rebateable allied health services should not replace services that are expected to be provided to residents by the facility, as a requirement under the *Aged Care Act 1997*.

Under this legislation, approved providers of residential aged care services are required to provide therapy services, such as recreational, speech therapy, podiatry, occupational therapy, and physiotherapy services, to certain residents (as defined by the resident's funding classification) at no additional cost.

The services to be provided are:

- Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain residents' levels of independence in activities of daily living; and
- More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow residents to reach a level of independence at which maintenance therapy will meet their needs.

The provision of these services excludes the requirement to provide intensive, long-term rehabilitation services following, for example, serious illness or injury, surgery or trauma.

If residents are entitled to receive the allied health services noted above at no additional cost to themselves through the RACF, those residents should not routinely be referred for allied health services under Medicare.

If a GP or allied health provider is uncertain about whether a patient requires a service that should be provided by the RACF under the *Aged Care Act 1997*, rather than a service under Medicare, the GP or allied health provider should obtain clarification from the RACF.

Referrals

A GP and the RACF should work together to assess and plan the care and service needs of the resident.

However, the GP is responsible for identifying the need for allied health services and for making referrals.

It is inappropriate for allied health providers to partially complete referral forms for GPs to sign in a way that pre-empts the GP's decision about the allocation of these Medicare services.

Ensuring Medicare requirements are met

The allied health services available through MBS item 731 are for patients with a chronic (or terminal) medical condition on referral from a GP and the following requirements must be met for a Medicare benefit to be payable:

- The need for the allied health services must be identified in the patient's multidisciplinary care plan.
- The services must be provided to a patient individually and in person.
- The services must be of at least 20 minutes duration.

GPs and allied health providers are responsible for ensuring they fulfil all the requirements of the Medicare items that they bill. This includes health providers who contract with a RACF to provide Medicare services.

If a health provider is concerned about a contractual arrangement impacting on their capacity to bill residents for items on the MBS, the provider should seek legal advice.

Further information

Detailed information about the Medicare CDM items and associated allied health services, including item descriptors and explanatory notes is available at MBSonline.gov.au

Providers can call the Department of Human Services (DHS) on 132 150.

Patients can call DHS on 132 011.

Detailed guidance on approved provider care responsibilities is available in the Residents' Rights Section of the *Residential Care Manual* (www.resicaremanual.health.gov.au).