



Coordinated Veterans' Care Program

## What does a care coordinator provide?

Assistance provided depends on each individual veteran's needs and can include:

- regular contact
- reminders about upcoming appointments
- help with making appointments with other health and service providers
- support and education to actively manage their health
- detecting and addressing emerging issues promptly
- coordinating treatment and health services, including communicating with other health professionals.

## GP payments for the CVC Program

GPs can claim through Medicare for the delivery of the CVC Program. Payments recognise the time taken in a general practice to plan and manage coordinated care for veterans with complex care needs.

GPs can make a once-only claim for the initial assessment, CVC care plan development and enrolment of a veteran in the program. They may then claim at the end of each quarterly period of coordinated care after reviewing the CVC care plan and confirming the patient is eligible for the subsequent period of care. This is payable for as long as a veteran is enrolled in the CVC Program.

The current fees payable are available on the DVA website, visit [dva.gov.au/cvc](http://dva.gov.au/cvc).

### Veteran community

PHONE

**1800 VETERAN (1800 838 372)**

ONLINE ENQUIRIES

**[dva.gov.au/form/general-enquiries](http://dva.gov.au/form/general-enquiries)**

*To make an enquiry, select*

**Access to DVA then**

**Health and medical treatment**

WRITE TO

**Department of Veterans' Affairs**

**GPO Box 9998**

**Brisbane QLD 4001**

### General practices

PHONE

**1800 550 457**

EMAIL

**[Health.Approval@dva.gov.au](mailto:Health.Approval@dva.gov.au)**



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**What is the CVC Program?**

The CVC Program aims to reduce the number of unplanned hospital admissions and improve the health and wellbeing of eligible veterans. It does this by providing funding to GPs so that they and their staff can provide proactive care coordination of veterans' treatment and health services. The CVC Program can help veterans manage their chronic health conditions. It assists them to access the treatment and health services they need to manage their conditions effectively.

Veterans who have one or more chronic health conditions may be eligible to participate.



**What care is provided?**

Firstly, a GP assesses the eligibility of a veteran and then, subject to the veteran meeting the criteria, they discuss program suitability. The GP, care coordinator (usually a practice nurse) and veteran then collaborate to develop an individualised, CVC comprehensive care plan.

The GP will work with the care coordinator to assist the veteran to proactively manage their own health conditions, There is no charge to the veteran for this care coordination. The CVC Program is available as long as a veteran needs it and continues to meet the eligibility criteria.

The obligations and requirements for GPs participating in the CVC Program are available on the DVA website at [dva.gov.au/cvc](http://dva.gov.au/cvc) – see the *Notes for CVC Program Providers* along with other program information and useful resources.

**Who may be eligible?**

- Veteran Gold Card holders who have one or more chronic **medical or mental health** conditions.
- Veteran White Card holders who have a **mental health** condition that has been accepted by the Department of Veterans' Affairs (DVA) and is chronic.

A GP will confirm a Veteran White Card holder has an accepted mental health condition, either by contacting DVA or checking with the veteran. CVC Program White Card information is available on the DVA website outlining how a GP or veteran can access a list of their accepted conditions, visit [dva.gov.au/cvc](http://dva.gov.au/cvc).

Note that just because a veteran has a White Card it does not necessarily mean they have an accepted DVA mental health condition.

GPs are required to assess each veteran against the eligibility criteria. The CVC Toolbox is available online to guide a GP through this process, visit [cvctoolbox.dva.gov.au](http://cvctoolbox.dva.gov.au).



**What does a plan include?**

A CVC comprehensive care plan includes an individualised assessment to understand the medical conditions, health service needs and actions to manage and improve health outcomes. The CVC care plan reflects the veteran's own goals, preferences, priorities and intentions, and includes:

- a summary of the veteran's chronic medical conditions and health needs
- current treatment and relevant health management information
- a list of the other health professionals who will be part of the care team (and their contact details)
- agreed goals and actions for the veteran to take coordination arrangements for treatment and health services
- CVC care plan review and update arrangements.

Once the veteran agrees to the CVC care plan they need to sign it. This enrols them in the CVC Program. The veteran should be provided with a copy of the CVC care plan and a copy added to their medical record.

