
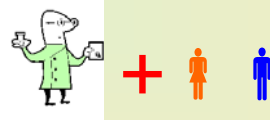



WHAT RESIDENTIAL AGED CARE ITEMS	WHEN	HOW	WHO	WHY
CMA COMPREHENSIVE MEDICAL ASSESSMENT 712	1 Max per year	GP MUST CONDUCT		<ul style="list-style-type: none"> NEW RESIDENT CURRENT RESIDENT CHANGED CONDITION
RMMR MEDICATION MANAGEMENT REVIEW 903	1 Max per year * MORE IF SIGNIFICANT CHANGE		GP	<ul style="list-style-type: none"> NEW RESIDENT CURRENT RESIDENT AT RISK * SIGNIFICANT CHANGE
GP CONTRIBUTION TO A MULTIDISCIPLINARY CARE PLAN REQUESTED BY THE AGED CARE HOME 730 Resident may then be eligible for up to <u>5 allied health services</u> and <u>3 dental services</u> (where dental problem impacts on their chronic medical condition) <u>per year</u> <u>Excludes DVA funded services</u>	4 Max per year	TEAM MUST COMMUNICATE, COLLABORATE AND CONTRIBUTE TO THE CARE PLAN BUT IT DOES NOT HAVE TO MEET IN PERSON Face to face Phone email Fax Video link	 GP AND AT LEAST 2 CARE TEAM MEMBERS WHO PROVIDE A DIFFERENT SERVICE OR KIND OF CARE TO THE RESIDENT	ONE OR MORE MEDICAL CONDITION(S) PRESENT FOR 6 MONTHS OR LIKELY TO BE PRESENT FOR 6 MONTHS OR THAT IS TERMINAL  COMPLEX NEEDS: Frail Deteriorating Fall Incontinence Co-morbidities 2 or more hospital admissions in last 6 months
CASE CONFERENCE GP <u>run and organise</u> 734, 736, 738 GP <u>participate only</u> 775, 778, 779	5 Max per year	TEAM MUST CONFER AT SAME TIME IN PERSON OR BY TELE LINK / VIDEO LINK		