



Australian Government

Department of Health, Disability and Ageing

Australian Thalidomide Survivors Support Program

Extraordinary Assistance Fund (EAF) and
Health Care Assistance Fund (HCAF) -
Program Guidelines

Acknowledgement

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Disclaimer

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Part 1. Overview

The Australian Thalidomide Survivors Support Program (the Program) is an Australian Government program aimed at providing financial support to Australian thalidomide survivors. The Program includes a Health Care Assistance Fund (HCAF) and an Extraordinary Assistance Fund (EAF) which provides health, medical and daily living support to eligible Australian thalidomide survivors.

Extraordinary Assistance Fund (EAF)

The Program recognises that thalidomide survivors' ability to undertake daily living activities is adversely impacted due to the nature of survivors' disabilities or impaired functional capacity. The EAF is intended to help cover the costs of goods and/or services supplied and received in Australia, to assist with activities of daily living, impacted as a likely consequence of thalidomide-related injuries. This may include:

- assistance with personal domestic activities and self-care activities;
- personal aids and appliances, such as wheelchairs, scooters and hoists;
- assistive technology, such as household aids and appliances, and computer software;
- vehicle modifications, such as accessories/adaptations for driver control, car access lifter/hoist; and
- home modifications, such as necessary renovations/installations, slip resistant coatings, grab and/or guide rails and ramps.

The EAF is intended to cover costs that are not covered by the National Disability Insurance Scheme (NDIS) and/or any other relevant Australian, state or territory government schemes; or private insurance.

Further information about what can be claimed under EAF is provided at [Part 3 - EAF and HCAF Support Categories](#).

Health Care Assistance Fund (HCAF)

The Program recognises the health needs of survivors are relatively high and increasing. The HCAF is intended to cover the out-of-pocket health care expenses incurred in Australia that are likely associated with thalidomide-related injuries. This may include:

- health products and consumables;
- out-of-pocket pharmaceutical costs;
- out-of-pocket health service costs, including medical, surgical and allied health; and
- health-related domestic travel and transport costs.

Out-of-pocket expenses include expenses which are not covered, or only partially covered, by Medicare, the Pharmaceutical Benefits Scheme (PBS) and/or any other relevant Australian, state or territory government schemes; or private health insurance.

Further information about what can be claimed under the HCAF is provided at [Part 3 - EAF and HCAF Support Categories](#).

Part 2. Eligibility and claiming

Eligibility requirements

To claim for support through the EAF or HCAF, you must be:

- an Australian thalidomide survivor;
- be registered with the Program;
- eligible for Medicare entitlements; and
- an Australian resident.

Registered Australian survivors, who have resided overseas for greater than 12 months, are ineligible to access the EAF or HCAF, until they return to reside in Australia.

In order to satisfy the requirements to be considered a resident of Australia for the purposes of the Program, you must actually be present in Australia for more than half of any given financial year, whether continuously or with breaks. This requirement is informed by the Australian Taxation Office 183-day test, which is applied as follows:

Your presence in Australia need not be continuous for the purposes of the 183-day test. All the days you are physically present in Australia during the income year will be counted. This includes the day of your arrival and departure. It is important to note that the 183-day test applies in relation to the year of income, not the calendar year.

Support through the EAF and HCAF is available for thalidomide survivors only. The estates or carers of thalidomide survivors are not eligible to access support under the EAF or HCAF.

Before you submit a claim

The EAF and HCAF are intended to complement existing support mechanisms and schemes, including those provided by the Australian Government, as well as state and territory governments. As such, you are required to seek support from all relevant mechanisms and/or schemes, as appropriate, prior to submitting a claim to the EAF or HCAF. This includes, accessing relevant reimbursements or subsidies from Medicare, the PBS, the NDIS and/or other relevant Australian, state or territory government schemes, or private insurance, as appropriate.

If a support has been declined by another scheme, providing evidence of this will assist in processing claims.

For example, evidence of a decline of NDIS supports may include a copy of the section of your NDIS plan that identifies the supports the NDIS have not funded. Alternatively, any documentation you may receive including email correspondence from your NDIS, which advises an item has not been included or does not meet the NDIS Reasonable and Necessary criteria can be provided.

If your circumstances have changed you may be eligible for more or different supports in schemes such as the NDIS. Changes of circumstance for NDIS or Aged Care participants should be lodged with the eligible agency.

All claims to the EAF or HCAF are required to be supported by evidence from a registered health care practitioner that the goods and/or services are required as a likely result of your thalidomide-related injuries. Please refer to [Part 4. Supporting documentation](#) for information on the requirements for evidence from a registered health care practitioner.

Claim forms that have been amended cannot be accepted. This includes use of white out or illegible content due to crossed out information. All claims require a new form and previously submitted forms cannot be amended and resubmitted.

Private Health Insurance

If you have private health insurance (specifically hospital cover), you should first apply for any reimbursement through your private health insurance provider and then claim any out-of-pocket expenses through the Programs' EAF or HCAF*. It is important to note that the costs for premiums or excess payments are not eligible to be claimed through the Program.

*Please note: You are not required to claim your relevant thalidomide related health expenses through your private health insurance for Extras cover. This ensures that your private health insurance will be available for non-thalidomide related needs and also mitigates any impact on other policy holders associated with annual limits (applied to items under Extras cover).

Claiming process

Once you are registered with the Program, you can submit a claim to cover the cost of eligible goods and/or services under the EAF or HCAF.

You will be able to be reimbursed for goods and/or services received or can request a payment be made directly to a third party (provider/supplier).

Goods and/or services must have been received for payment to be made. The Program cannot pre-pay or make up-front payments prior to goods and/or services being received.

Claims to the EAF and HCAF will require you to submit a completed claim form for the relevant fund that includes:

- evidence to support your claim from a health care practitioner registered in one of the 15 health care professions regulated by a national board (please refer to [Part 4. Supporting documentation](#) for information on registered health care practitioners), clearly stating that the goods and/or services are required as a likely consequence of thalidomide injuries;
- information about any reimbursement or subsidy that you have received from Medicare, the PBS, the NDIS and/or other relevant Australian, state or territory government schemes; or private insurance, where appropriate; and
- documentation that provides details about the goods and/or service being claimed, the associated cost and the payment status.

Eligible thalidomide survivors registered with the Program will be able to claim for reimbursement of eligible goods and/or services paid for and received since 1 July 2020. Backdated claims for goods and/or services must be accompanied by a receipt or proof of purchase, as well as the required supporting evidence from a registered health care practitioner.

You may have an authorised representative act on your behalf.

EAF and HCAF claim forms can be found on the Services Australia website, go to www.servicesaustralia.gov.au/forms. Alternately, you can email thalidomide.claims@servicesaustralia.gov.au to have a copy of a claim form sent to you.

Pre-approval of claims

Mandatory pre-approvals

Pre-approval of claims to the EAF or HCAF are mandatory in some circumstances. Tables 1 and 2, below, outline when pre-approval is mandatory for EAF and HCAF claims, respectively.

Table 1: EAF claims that require pre-approval

Payment Type	Value of goods and/or service being claimed	Is pre-approval required?
Reimbursement directly to you (eligible survivor)	Under \$10,000 (GST incl)	No
Reimbursement directly to you (eligible survivor)	Over \$10,000 (GST incl)	Yes
Payment to a third party (supplier/provider)	Goods and/or services of ANY value	Yes

Table 2: HCAF claims that require pre-approval

Payment Type	Value of goods and/or service being claimed	Is pre-approval required?
Reimbursement directly to you (eligible survivor)	Under \$5,000 (GST incl)	No
Reimbursement directly to you (eligible survivor)	Over \$5,000 (GST incl)	Yes
Payment to a third party (supplier/provider)	Goods and/or services of ANY value	Yes

Non-mandatory pre-approvals

If you would like assurance that a claim will be approved through either the EAF or HCAF, you may wish to seek pre-approval, irrespective of the anticipated value of the goods and/or services. In this instance, you will still be required to submit supporting documentation in the form of a current and itemised quote, outlining the details of the goods and/or service being claimed and the anticipated cost.

Pre-approval documentation requirements

For mandatory EAF pre-approvals (i.e. claims valued over \$10,000 GST inclusive or when a payment is to be made directly to a third party), a minimum of **TWO** current and itemised quotes are required, demonstrating value for money. For non-mandatory EAF pre-approvals, only **ONE** current and itemised quote is required.

For all HCAF pre-approvals (i.e. claims valued over \$5,000 GST inclusive or when a payment is to be made directly to a third party) only **ONE** current and itemised quote is required.

Following the successful pre-approval of a claim, you will be issued with a pre-approval reference number. This pre-approval reference number will need to be provided with the appropriate tax invoice or receipt for the payment to be processed.

If the total amount being claimed for payment exceed/s the total pre-approved amount for the goods and/or services by 10 per cent or more, the claim will need to be re-assessed prior to payment.

Please refer to [Part 4. Supporting documentation](#) for information on the requirements for quotes, tax invoices and receipts/proof of purchase.

Part 3. EAF and HCAF support categories

The list of goods and services covered by the EAF or the HCAF, outlined in Tables 3 and 4 below, is intended as a guide only. There may be goods and/or services that you require that are not specifically identified in the tables below. Claims for goods and services that align with the intent and scope of the relevant fund, but are not listed, will be considered on a case-by-case basis.

Consideration should be given to return/refund policies and procedures, especially if purchasing custom-made products.

For both the EAF and the HCAF, consideration will only be given to goods and/or services supplied and received in Australia.

The EAF and the HCAF cannot be used to pay for goods and/or services which were not attended or were cancelled outside a provider's cancellation policy. If evidence is provided that the cancellation was due to a survivor's thalidomide related injury a claim for reimbursement may be considered.

EAF support categories

The table below outlines **examples** of eligible and ineligible items under the EAF. Refer to *Part 6. Additional claiming guidance for complex services* for further information regarding home and vehicle modifications, meal preparation and delivery, as well as for information about the purchase or adaptation of general household items in special circumstances.

Table 3: EAF support categories

EAF Category	ELIGIBLE goods and services* - examples
Assistive Technology – Household Aids and Appliances – Home heating and cooling appliances	Supply, installation and servicing (within the capped amount) of home heating and cooling appliances such as: Ceiling fan Plug in coolers and heaters (radiator, electric heater, portable fans) Wall-mounted split system or air-conditioners (refer to <i>Part 6. Additional claiming guidance for complex services</i>)
Total amount claimable is capped at \$5,000 per 2 financial years as follows: <ul style="list-style-type: none"> 2020-21 to 2021-22 2022-23 to 2023-24 2024-25 to 2025-26 etc 	
Assistance with daily living - Service and support	Assistance with personal domestic activities House and/or yard maintenance House cleaning and other household activities Assistance with the cost of preparation and delivery of meals (refer to <i>Part 6. Additional claiming guidance for complex services</i>) Assistance with self-care activities Registered assistance animal
Assistive Technology - Household aids and appliances – Toileting and hygiene	Toilet attachments and accessories - Seat and/or toilet raiser / toileting bidet Bathing support Shower commode
Assistive Technology - Household aids and appliances – Furniture and mobility devices	Bed furniture: Over-bed table or support Specialised seating with sit-stand assistance Electric / manual beds
Assistive Technology - Assistive products for household tasks	Adapted or assistive devices for phone/tablets/personal computers Access / alarms / clocks / programmable memory

EAF Category	ELIGIBLE goods and services* - examples
	Purchase or adaptation of general household items (e.g. appliances and/or furniture) required to better accommodate daily living and disability requirements, in special circumstances (refer to <i>Part 6. Additional claiming guidance for complex services</i>)
Assistive Technology - Personal aids and appliances – Mobility (including accessories)	Walking supports – Sticks / canes / crutches Walking frame or walker Rollator and wheeled walkers Wheelchairs, including motorised Scooters Hoists
Assistive Technology - Personal aids and appliances	Postural aids and appliances Pressure reduction aids Clothing alterations
Assistive Technology - Personal aids and appliances – Communication and accessibility	Mobile phone with voice output and text enlargement Adapted landline telephone Hearing devices and accessories Vision devices and accessories Head pointer Note-taking / braille / tactile displays Personal reader - Speech and visual output
Assistive Technology - Safety devices	Adapted smoke detector Vibrating doorbells Personal safety alarms, including fall detection devices
Home Modifications - Access and safety (Refer to <i>Part 6. Additional claiming guidance for complex services</i>)	Slip resistance coating Grab and/or guide rails Ramps Widening doorways Stair climber or stair / platform lift Elevator Structural modifications to improve safety and access to frequently used areas
Home Modifications – Adaptive fixtures Vehicle modifications (Refer to <i>Part 6. Additional claiming guidance for complex services</i>)	Switches / taps Accessories / adaptations for driver control (e.g. steering / braking / accelerator) Vehicle hoist – wheelchair (driver / passenger) Wheelchair carrier / trailer
Respite Care	Short term respite care for survivors, for example, during events such as: <ul style="list-style-type: none"> death of a primary carer; major illness of a primary carer; and urgent situations where usual care is unable to be provided.
* Any associated delivery, set up, training, repairs and/or maintenance costs would also be covered.	

EAF INELIGIBLE goods and services - examples

Any goods or services required, but not as a result of a survivor's thalidomide-related injuries – for example, general household furniture and appliances.

Note - Please refer to [Part 6. Additional guidance for complex services](#) for further information about purchasing or adapting general household items (e.g. furniture and/or appliances) required as a likely result of thalidomide-related injuries.

Support already received through the NDIS, and/or any other relevant Australian, state or territory government schemes; or private insurance. If a support has been declined by another scheme, providing evidence of this will assist in processing claims.

Vehicle modifications that are not required as a result of thalidomide-related injuries, including accessories such as roof racks.

Home and building modifications that are not required as a result of thalidomide-related injuries.

Solar panels.

Swimming pools, spas or saunas.

Home heating and cooling running costs (such as firewood, electricity and gas).

Home heating and cooling where major modifications, including structural changes to the home are required (such as underfloor heating; double glazed windows, 3-phase power installation/upgrade).

Travel and accommodation costs

Note – Please refer to the HCAF support categories (following) regarding the eligibility of reasonable domestic travel and accommodation costs associated with attending or accessing health services, as well as to [Part 6. Additional guidance for complex services](#).

Home or vehicle modifications that have already been claimed within a 5-year period.

Expenses that are not considered reasonable or cost effective – for example, high end bathroom/kitchen finishes.

Any goods and/or services supplied or received outside Australia.

Any goods and/or services which were not attended or were cancelled outside a provider's cancellation policy.

HCAF support categories

The table below outlines **examples** of eligible and ineligible items under the HCAF. Refer to [Part 6. Additional claiming guidance for complex services](#) for further information regarding expenses associated with private health care, domestic travel and accommodation and complementary/alternative medicines, therapies and treatments

Table 4. HCAF support categories

HCAF Category	ELIGIBLE goods and services* - examples
Health Products	<ul style="list-style-type: none"> • Health-related consumables, such as incontinence products, enteral feeding products • Ventilators • Aspirators • Cough assist machine • Compression garments • Custom prostheses and artificial limbs • Custom orthoses • Cooling / heating vests
Pharmaceuticals	<ul style="list-style-type: none"> • Pharmaceuticals not covered, or partially covered, by the PBS • Medications / Pharmaceuticals by prescription
Health Services – Allied Health (Provided or prescribed by a registered health care practitioner or qualified allied health care professional – i.e. an individual who is qualified by education, training, or licensure/regulation, when applicable, who performs a professional service within his/her scope of practice - Refer to Part 5. Registered health care practitioner)	<ul style="list-style-type: none"> • Chiropractic • Exercise physiology • Podiatry • Occupational therapy • Dietetics • Speech therapy • Audiology • Physiotherapy • Massage therapy • Psychology • Counselling • Optometry • Fitness classes, such as pilates, yoga or aqua aerobics, delivered by an appropriately qualified allied health care professional
Health Services – Medical (Provided by a registered health care practitioner – refer to Part 5. Registered health care practitioner)	<ul style="list-style-type: none"> • Services covered by Medicare (out of pocket component) • Surgery, including mastectomy • Pathology • Psychiatric • Consultation • Hospital costs not covered by public patient arrangements or private insurance
Health Services – Dental (Provided by a registered health care practitioner – refer to Part 5. Registered health care practitioner)	<ul style="list-style-type: none"> • Complex and major dental
Travel and accommodation costs (Refer to Part 6. Additional claiming guidance for complex services)	<ul style="list-style-type: none"> • Reasonable domestic travel and accommodation costs associated with attending or accessing health services
Complementary / alternative medicines, therapies and treatments (Refer to Part 6. Additional claiming guidance for complex services)	<ul style="list-style-type: none"> • Complementary / alternative medicines, therapies and treatments may be considered if they are provided or prescribed by a registered health care practitioner or a qualified health care professional.

* Any associated delivery, set up, training, repairs and/or maintenance costs would also be covered.

HCAF INELIGIBLE goods and services - examples

Any service, product, procedure or activity that is required, but **not** as a result of thalidomide-related injuries.

Support already received through Medicare, the PBS and/or any other relevant Australian, state or territory government schemes; or private health. If a support has been declined by another scheme, providing evidence of this will assist in processing claims.

Non-prescribed pharmaceutical and medications - for example; cosmetic products and supplements.

Medicines, therapies or treatments **not** provided or prescribed by a registered health care practitioner or a qualified health care professional.

Routine dental check-ups and eye examinations.

Out-of-pocket costs associated with the use of private health insurance – for example, premiums and excess costs.

Any service, product, procedure or activity that is required, but **not** as a result of thalidomide-related injuries.

Any goods and/or services supplied or received outside Australia.

Any goods and/or services which were not attended or were cancelled outside a provider's cancellation policy.

Part 4. Supporting documentation

Tax invoices, quotes, and receipts

Tax invoice

A tax invoice is required to support claims of any amount where payment is being made directly to a third party (supplier/provider) for pre-approved goods and/or services.

The tax invoice should include the following information:

- that the document is intended to be a tax invoice;
- the provider/supplier details – the business name, address, Australian Business Number (ABN) or Australian Company Number (ACN);
- the date the invoice was issued;
- a brief description of the goods or service;
- the price - total and breakdown of costs; and
- the GST amount payable (if applicable).

Further information about requirements of a tax invoice can be found at www.ato.gov.au/business/gst/tax-invoices/.

Quotes

A quote/s is required to support all claims for pre-approval of goods and/or services.

The quote/s should include the following information:

- the provider/supplier details – the business name, address, Australian Business Number (ABN) or Australian Company Number (ACN);
- details of the goods or service;
- the price - total and breakdown of costs; and
- quote expiry date.

Further information about the requirements of a quote can be found at <https://business.gov.au/products-and-services/contracts-and-tenders/preparing-quotes>.

Receipts and proof of purchase

A receipt/s and/or proof of purchase is required to support claims of any amount where reimbursement is being paid directly to you (survivor).

A receipt can be in the form of a:

- a GST tax invoice; or
- a cash register receipt.

A receipt must include the:

- supplier's name and ABN or ACN
- date of supply
- product or service, and
- price.

Further information about the requirements of a receipt and proof of purchase can be found at www.accc.gov.au/consumers/prices-surcharges-receipts/receipts-proof-of-purchase.

Part 5. Registered health care practitioner

What is a registered health care practitioner

Claims to the EAF and HCAF will require you to submit a completed claim form for the relevant fund that includes evidence from a health care practitioner registered in one of the 15 health care professions regulated by a national board, as outlined by the Australian Health Practitioner Regulation Agency at www.ahpra.gov.au, as follows:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Osteopathy Board of Australia
- Optometry Board of Australia
- Pharmacy Board of Australia
- Paramedicine Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia.

Evidence from your registered health care practitioner

Evidence provided from a registered health care practitioner should include:

- the details of the health care practitioner, including name, address and provider number
- the date you were seen and/or assessed by the health care practitioner
- the goods and/or services required
- the frequency and timeframe for the service, if the goods and/or services are required on an ongoing basis (valid for up to a maximum of 12 months) – for example, fortnightly allied health appointment for a 6-month period; and
- information that verifies that the goods and/or services are required as a likely result of your thalidomide-related injuries.

Evidence from a registered health care practitioner must be renewed every 12 months to ensure that you continue to receive the most appropriate supports.

To assist you with providing this information, a Thalidomide Health Care Practitioner Evidence Form has been developed. You may wish to take this form to your appointments and request your health practitioner use it to provide the details required.

A copy of the Thalidomide Health Care Practitioner Evidence Form is available on the Department of Health, Disability and Ageing website at www.health.gov.au/initiatives-and-programs/australian-thalidomide-survivors-support-program.

Part 6. Additional guidance for complex services

General household items (e.g. furniture and/or appliances)

Support may be available to assist with the purchase or adaptation of general household items (e.g. furniture and/or appliances) to better accommodate daily living and disability requirements.

General household items (e.g. furniture and/or appliances) are those which have not been specifically designed for people living with a disability, but are items which are better suited to meet individual requirements to assist with activities of daily living. This includes items such as fridges, freezers, washing machines, clothes dryers, dishwashers, chairs or beds.

In special circumstances, general household items may be able to be claimed under the EAF. To receive financial support from the EAF for the purchase or adaptation of general household items, survivors must submit a claim to the EAF, accompanied by:

- evidence from a health care practitioner registered in one of the 15 health care professions regulated by a national board (please refer to [Part 4. Supporting documentation](#) for information on registered health care practitioners), clearly stating that the item/s are required as a likely consequence of thalidomide injuries, and outlining the specifics (e.g. brand, type, style or adaptation required) of the item/s;
- documentation that provides details about the item/s being claimed, the associated cost and the payment status; and

information about any reimbursement or subsidy received from Medicare, the PBS, the NDIS and/or other relevant Australian, state or territory government schemes; or private insurance, where appropriate. Evidence of a support being declined by NDIS is recommended to assist in processing claims. Claims to the EAF for the purchase or adaptation of a general household item are allowable every 5 years - i.e. following approval of an EAF claim for the purchase or adaptation of a specified item (e.g. a washing machine), another EAF claim for the purchase or adaptation of the same type of item can not be made for a 5-year period from the date of approval of the claim.

Home heating and cooling appliances

Home heating and cooling appliances can be claimed up to a capped amount of \$5,000 claimable every 2 financial years as follows:

- 2020-21 to 2021-22
- 2022-23 to 2023-24
- 2024-25 to 2025-26 etc.

Claims can be backdated to 1 July 2020.

Wall-mounted split system air conditioners will be considered in the participant's nominated bedroom and in their most frequently used living area.

Claims requiring modification to the home (such as installation of a ceiling fan or air conditioning unit) will only be considered where the home to be modified is the primary residence of the thalidomide survivor. The Program will not be liable for any damage caused to property when goods are installed.

To receive financial support from the EAF for home heating and cooling appliances, survivors must submit a claim to the EAF, accompanied by:

- evidence from a health care practitioner registered in one of the 15 health care professions regulated by a national board (please refer to [Part 4. Supporting documentation](#) for information on registered health care practitioners),
- documentation that provides details about the item/s being claimed, the associated cost and the payment status; and
- information about any reimbursement or subsidy received from Medicare, the PBS, the NDIS and/or other relevant Australian, state or territory government schemes; or private insurance, where appropriate.

Records must be retained for any items claimed under Part 6. for auditing purposes – please refer to [Part 7. Auditing of claims](#).

Meal preparation and delivery

Support for meal preparation and delivery may be covered under the EAF – Assistance with daily living – Service and support: Assistance with the cost of preparation and delivery of meals. The support provided under the EAF claim category will cover the cost incurred by a third party for the preparation for food, including associated labour, equipment, and overhead costs, as well as its delivery. It will not cover the cost of the produce and/or ingredients as these are considered general household expenses and are ineligible to be claimed under the EAF.

If you wish to claim for meal preparation and delivery, you will need to use a service provider that is able to provide a breakdown of the associated costs on your invoice or receipt.

Home modifications

Home modifications are categorised as changes to the structure, layout or fittings of your home that are required to enable you to safely access and move around frequently used areas of your home, as well as to safely and effectively undertake activities of daily living in your home.

It is expected that a home modification would only be considered where the home to be modified is your primary residence and you intend to remain living at the residence. If the property is a rental property, then the written agreement of the owner of the property, as well as a guarantee of ongoing occupancy for a minimum **TWO**-year period post modification, will be required before any modifications take place.

All home modifications must be in line with the relevant building standards and state or territory regulations. Records must be retained for auditing purposes – please refer to [Part 7. Auditing of claims](#).

When determining whether home modifications represent value for money, the following will be considered:

- is a lower cost alternative available, for example the use of assistive technology, which would achieve the same outcome;
- whether the proposed home modification is cost effective when compared to the cost of other supports; and
- the expected length of occupancy in the property and whether this is comparable to the cost of the home modifications.

Vehicle modifications

Vehicle modifications are described as changes to a vehicle, or the installation of equipment in it, to enable you to access it and, in some cases, operate it.

Vehicle modifications may be covered where it is a reasonable and necessary support that will meet your needs. Support under the EAF will not cover the cost of a vehicle, or any associated running costs – but may fund modifications to a vehicle that you regularly use or would use to address your transport needs.

Vehicles aged less than five years, under 80,000kms, are generally considered suitable to modify. However, older vehicles and those with higher mileage may still be considered where there is evidence that their modification would be cost effective.

All vehicle modifications must be installed in line with the relevant standards and state or territory regulations. Records must be retained for auditing purposes – please refer to [Part 7. Auditing of claims](#).

Consideration should be given to the effectiveness of vehicle modifications including whether:

- the modifications have been assessed and recommended by a suitably qualified professional (for example, an Assistive Technology assessor or an Occupational Therapist);
- you own the vehicle, or you regularly use the vehicle for your transport needs (for example, a vehicle owned by a family member); and
- you (or another person) are able to fund the ongoing vehicle running costs, including registration, regular insurance, fuel, repairs and maintenance of the vehicle.

Private health care costs

Costs for health care services accessed through the private system will only be covered if:

- you are covered by relevant private health insurance (including hospital cover) and have elected to be a private patient; or
- the waiting time for a public patient for the relevant health service is unreasonably long or would cause hardship; or
- the distance you would have to travel to receive the health service as a public patient would be unreasonable or would cause hardship.

Travel and accommodation

Reasonable out-of-pocket transport, accommodation and related costs such as parking fees and tolls will be supported through the HCAF to enable you and a support person to attend medical or health care treatment, where the cost of that trip would not otherwise have been incurred. Claims to the HCAF for out-of-pocket transport and accommodation costs must consider:

- domestic air travel costs will be paid at economy flight rates;
- reasonable accommodation costs for you and a support person will be considered, where you live in a different town or region to the health care provider, if the health care provider is located more than 50kms from your home; and
- where accommodation is required for more than ten consecutive days, pre-approval must be obtained.

Please note: any travel claims must provide a certificate of attendance or other evidence that the appointment was attended.

Calculating amount claimable for transport by a private motor vehicle

To work out how much you can claim to attend medical or health care treatments by private vehicle, multiply the total kilometres you travelled to attend the appointment by the cents per kilometre rate, as outlined following.

- 0.88 cents per kilometre for 2024-25
- 0.85 cents per kilometre for 2023-24
- 0.78 cents per kilometre for 2022-23
- 0.72 cents per kilometre for 2020-21 and 2021-22

Please note: these rates are in accordance with the Australian Taxation Office deductions for motor vehicle expenses, further information can be found at: www.ato.gov.au.

Example:

- Claimant's total distance travelled to attend medical or health care treatments by private vehicle is a total of 50km (25km each way from home address to destination).
- The corporate rate per km is 0.88c (for travel undertaken in the 2024-25 financial year).
- The total amount claimable will be \$44.00
 - i.e. 50km (distance travelled) x 0.88c per km (corporate rate) = \$44.00

The kilometres must be confirmed by Services Australia as being correct before the claim can be paid.

Parking and Tolls

Costs incurred for parking costs and tolls incurred due to a medical appointment can be claimed.

Records must be retained for auditing purposes – please refer to [Part 7. Auditing of claims](#).

Complementary / alternative medicines, therapies and treatments

Complementary / alternatives medicines, therapies and treatments include a variety of practices and treatments usually offered outside of evidence-based, conventional medicine and may be described as alternative or holistic. Some popular examples include acupuncture, chiropractic, naturopathy, pilates and yoga.

Support may be available under the HCAF for survivors that wish to claim for complementary / alternate medicines, therapies or treatments that are being used as part of a holistic health care plan and are being provided alongside conventional healthcare or medicines.

Claims for complementary / alternative medicines, therapies or treatments may be considered where the service or product is provided or prescribed by a registered health care practitioner or a qualified health care professional (refer to [Part 5. Registered health care professional](#)).

Any service or product that does not meet the above criteria is ineligible to be claimed under the HCAF.

Registered Assistance Animals

Costs associated with caring for your registered assistance animal may be claimed through the EAF. For each registered assistance animal, you are required to:

- provide evidence from a registered health care practitioner or a qualified health care professional (refer to [Part 5. Registered health care professional](#)) that your registered assistance animal is required as a likely result of your thalidomide-related injuries;
- provide a copy of the registered assistance animal's registration documentation; and
- provide supporting evidence from a veterinarian outlining the animal's requirements, including ongoing medications; vaccination costs; and any other relevant costs and frequency of each item required to care for your assistance animal.

Part 7. Auditing of claims

A random audit of claims made to the EAF or HCAF will be undertaken to ensure payments of the correct amount, for eligible goods and/or services, to eligible participants of the Program, have been made.

If you are making, or have made, a claim to the EAF or the HCAF, you must retain copies of appropriate records for a minimum of five years, to be provided in the case of an audit request.

Where appropriate the Program may consult with relevant Government entities to confirm that other relevant Government schemes have been accessed as appropriate. This includes assessing relevant reimbursements or subsidies such as Medicare, the PBS, the NDIS and/or other relevant Australian State or Territory Government Schemes, or private insurance as appropriate.