

Ten Steps to Residential Care Using the Medical Benefits Schedule

Step 1 RACF	Step 2 GP	Step 3 GP	Step 4 GP/Pharm acist	Step 5 GP	Step 6 Allied Health	Step 7 RACF	Step 8 GP	Step 9 RACF/GP	Step 10 RACF/ GP
Assessment and initial care plan	Undertake Comprehensive Medical Assessment (CMA) within two weeks of Admission Provide a summary of the CMA to the RACF	Initiates Residential Medication Management Review (RMMR) referral to the accredited pharmacist	Pharmacists undertakes review, provides a report to the GP including recommendations. GP prepares a medication plan	GP contributes to eligible Resident's Care Plan. Referral to Allied Health and Dental following consultation with RACF and submission of item 731 claim	Up to 5 Allied Health services provided for eligible residents as detailed in residents care plan Dental Care Services 85011-85777 \$4250 over 2 years	Finalise residents care plan with GP input	GP organizes or contributes to case conference for eligible resident's for reasons other than to which a Medicare claim has been made	Undertake CMA review due to change of medical status or RCS review RMMR initiated	GP contributes to care plan at 12 monthly review Refer to Allied Health and Dental
	CMA MBS Item 712 \$196.20	RMMR MBS Item 903 \$96.00	Contribution by a GP to a plan MBS Item 731 \$63.75	MBS items 10950 – 10970 depending on the service \$48.95		MBS items 775, 778, 779, 734, 736, 738 \$62.50 to \$175.10	CMA MBS Item 712 & RMMR MBS item 903	Contribution by a GP to a plan MBS Item 731	
Admission	2 weeks	4 weeks		6 weeks			12 months		

Routine Medical Care

Residents with chronic medical condition (present or likely to be present for 6 months) or terminal illness and complex care needs are eligible for care plan contribution by GP allied health & dental care services and case conference items.