

VIETNAM VETERANS ASSOCIATION OF AUSTRALIA Inc
PRODUCTIVITY DRAFT REPORT DECEMBER 2018
INITIAL COMMENTS in *Bold Italics*

DRAFT RECOMMENDATION 4.1 *AGREED*

The overarching objective of the veteran support system should be to improve the wellbeing of veterans and their families (including by minimising the physical, psychological and social harm from service) taking a whole-of-life approach. This should be achieved by:

- preventing or minimising injury and illness
- restoring injured and ill veterans by providing timely and effective rehabilitation and health care so they can participate in work and life
- providing effective transition support as members leave the Australian Defence Force
- enabling opportunities for social integration
- providing adequate and appropriate compensation for veterans (or if the veteran dies, their family) for pain and suffering, and lost income from service-related injury and illness.

The principles that should underpin a future system are:

- wellness focused (ability not disability)
- equity
- veteran centric (including recognising the unique needs of veterans resulting from military service)
- needs based
- evidence based
- administrative efficiency (easy to navigate and achieves timely and consistent assessments and decision making)
- financial sustainability and affordability.

The objectives and underlying principles of the veteran support system should be set out in the relevant legislation.

DRAFT RECOMMENDATION 5.1 *AGREED*

Defence should investigate the feasibility and cost of augmenting the Sentinel database with information from the Defence eHealth System. In the longer term, when Defence commissions the next generation of the Defence eHealth System, it should include in the system requirements ways to facilitate the capture of work health and safety data.

The Departments of Defence and Veterans' Affairs should investigate the feasibility and cost of augmenting the Sentinel database with information from the Department of Veterans' Affairs' datasets, which would provide insights into the cost of particular injuries and illnesses.

DRAFT RECOMMENDATION 5.2 *AGREED*

Defence should use the injury prevention programs being trialled at Lavarack and Holsworthy Barracks as pilots to test the merit of a new approach to injury prevention to apply across the Australian Defence Force (ADF).

Defence should adequately fund and support these programs, and ensure that there is a comprehensive and robust cost–benefit assessment of their outcomes.

If the cost–benefit assessments are substantially positive, injury prevention programs based on the new approach should be rolled out across the ADF by Defence

DRAFT RECOMMENDATION 5.3. *AGREED*

Beginning in 2019, the Australian Government should publish the full annual actuarial report that estimates notional workers’ compensation premiums for Australian Defence Force members (currently produced by the Australian Government Actuary).

DRAFT RECOMMENDATION 6.1 *AGREED*

The Australian Defence Force Joint Health Command should report more extensively on outcomes from the Australian Defence Force Rehabilitation Program in its Annual Review publication.

DRAFT RECOMMENDATION 6.2 *AGREED*

The Department of Veterans’ Affairs should make greater use of the rehabilitation data that it collects and of its reporting and evaluation framework for rehabilitation services. It should:

- evaluate the efficacy of its rehabilitation and medical services in improving client outcomes
- compare its rehabilitation service outcomes with other workers’ compensation schemes (adjusting for variables such as degree of impairment, age, gender and difference in time between point of injury and commencement of rehabilitation) and other international military schemes.

DRAFT RECOMMENDATION 6.3. *NEEDS REVIEW*

Defence and the Department of Veterans’ Affairs need to engage more with rehabilitation providers, including requiring them to provide evidence-based approaches to rehabilitation, and to monitor and report on treatment costs and client outcomes.

Changes are also required to the arrangements for providing and coordinating rehabilitation immediately prior to, and immediately post, discharge from the Australian Defence Force (ADF). Rehabilitation services for transitioning personnel across this interval should be coordinated by Joint Transition Command (draft recommendation 7.1). Consideration should also be given to providing rehabilitation on a non-liability basis across the interval from ADF service to determination of claims post service

DRAFT RECOMMENDATION 6.3 Comments, Rehabilitation providers do not always consider the needs or abilities of the veteran, it is my opinion that needs assessments are

not being finalised, to the detriment of the veteran, to benefit the income stream of rehabilitation providers.

DRAFT RECOMMENDATION 7.1 *AGREED*

The Australian Government should recognise that Defence has primary responsibility for the wellbeing of discharging Australian Defence Force members, and this responsibility may extend beyond the date of discharge. It should formalise this recognition by creating a 'Joint Transition Command' within Defence. Joint Transition Command would consolidate existing transition services in one body, with responsibility for preparing members for, and assisting them with, their transition to civilian life. Functions of Joint Transition Command should include:

- preparing serving members and their families for the transition from military to civilian life
- providing individual support and advice to veterans as they approach transition
- ensuring that transitioning veterans receive holistic services that meet their individual needs, including information about, and access to, Department of Veterans' Affairs' processes and services, and maintaining continuity of rehabilitation supports
- remaining an accessible source of support for a defined period after discharge
- reporting on transition outcomes to drive further improvement.

DRAFT RECOMMENDATION 7.2 *AGREED*

Defence, through Joint Transition Command (draft recommendation 7.1), should:

- require Australian Defence Force members to prepare a career plan that covers both their service and post service career, and to update that plan at least every two years
- prepare members for other aspects of civilian life, including the social and psychological aspects of transition
- reach out to families, so that they can engage more actively in the process of transition.

DRAFT RECOMMENDATION 7.3 *AGREED*

The Department of Veterans' Affairs should support veterans to participate in education and vocational training once they leave the Australian Defence Force. It should trial a veteran education allowance for veterans undertaking full time education or training.

DRAFT RECOMMENDATION 8.1 *AGREED*

The Australian Government should harmonise the initial liability process across the three veteran support Acts. The amendments should include:

- making the heads of liability and the broader liability provisions identical under the Veterans' Entitlements Act 1986 (VEA), the Safety, Rehabilitation and Compensation

(Defence-related Claims) Act 1988 (DRCA) and the Military Rehabilitation and Compensation Act 2004 (MRCA)

- applying the Statements of Principles to all DRCA claims and making them binding, as under the MRCA and VEA
- adopting a single standard of proof for determining causality between a veteran's condition and their service under the VEA, DRCA and MRCA.

DRAFT RECOMMENDATION 8.2 *AGREED*

The Australian Government should amend the Veterans' Entitlements Act 1986 (VEA) to allow the Repatriation Medical Authority (RMA) the legal and financial capacity to fund and guide medical and epidemiological research into unique veteran health issues, such as through a research trust fund.

Following any investigation, the RMA should be required to publish the list of peer reviewed literature or other sound medical scientific evidence used, as well as outline how different pieces of evidence were assessed and weighed against each other. This may require legislative amendments to the VEA.

Additional resources should also be given to the RMA, so that the time taken to conduct reviews and investigations can be reduced to around six months.

DRAFT RECOMMENDATION 9.1 *AGREED*

The Department of Veterans' Affairs should report publicly on its progress in implementing recommendations from recent reviews (including the 2018 reports by the Australian National Audit Office and the Commonwealth Ombudsman) by December 2019.

DRAFT RECOMMENDATION 9.2 *AGREED*

The Department of Veterans' Affairs should ensure that staff, who are required to interact with veterans and their families, undertake specific training to deal with vulnerable people and in particular those experiencing the impacts of trauma.

DRAFT RECOMMENDATION 9.3 *AGREED*

If the Department of Veterans' Affairs' quality assurance process identifies excessive error rates (for example, greater than the Department's internal targets), all claims in the batch from which the sample was obtained should be recalled for reassessment.

DRAFT RECOMMENDATION 10.1 *AGREED*

The Department of Veterans' Affairs (DVA) should ensure that successful reviews of veteran support decisions are brought to the attention of senior management for compensation and rehabilitation claims assessors, and that accuracy of decision making is a focus for senior management in reviewing the performance of staff.

Where the Veterans' Review Board (VRB) identifies an error in the original decision of DVA, it should clearly state that error in its reasons for varying or setting aside the decision on review.

The Australian Government should amend the Veterans' Entitlements Act 1986 to require the VRB to report aggregated statistical and thematic information on claims where DVA's decisions are varied through hearings or alternative dispute resolution processes. This reporting should cover decisions of the Board, as well as variations made with the consent of the parties through an alternative dispute resolution process. This should be collected and provided to DVA on a quarterly basis and published in the VRB's annual report.

DVA should consider this reporting and respond by making appropriate changes to its decision making processes.

DRAFT RECOMMENDATION 10.2 *AGREED*

The Australian Government should introduce a single review pathway for all veterans compensation and rehabilitation decisions. The pathway should include:

- internal reconsideration by the Department of Veterans' Affairs. In this process, a different and more senior officer would clarify the reasons why a claim was not accepted (partially or fully); request any further information the applicant could provide to fix deficiencies in the claim, then make a new decision with all of the available information
- review and resolution by the Veterans' Review Board, in a modified role providing alternative dispute resolution services only (draft recommendation 10.3) ***REJECT***
- merits review by the Administrative Appeals Tribunal
- judicial review in the Federal Court of Australia and High Court of Australia.

DRAFT RECOMMENDATION 10.3 *REJECT*

The Australian Government should amend the role and procedures of the Veterans' Review Board (VRB).

Rather than making decisions under the legislation, it would serve as a review and resolution body to resolve claims for veterans. All current VRB alternative dispute resolution processes would be available (including party conferencing, case appraisal, neutral evaluation and information-gathering processes) together with other mediation and conciliation processes. A single board member could recommend the correct and preferable decision to be made under the legislation, and the Department of Veterans' Affairs and the claimant could consent to that decision being applied in law.

Cases that would require a full board hearing under the current process, or where parties fail to agree on an appropriate alternative dispute resolution process or its outcomes, could be referred to the Administrative Appeals Tribunal.

Parties to the VRB resolution processes should be required to act in good faith.

DRAFT RECOMMENDATION 10.3 Comment, The Veterans Review Board operates well as an independent review of Departmental decisions, to adopt a policy of referral of cases to the AAT would, in my opinion, only assist paid advocates and more likely legal firms to delay cases to obtain maximum financial benefit to themselves through cost and government funding..

DRAFT RECOMMENDATION 10.4. *REJECT*

The Australian Government should conduct a further review in 2025 on the value of the continuing role of the Veterans' Review Board, once significant reforms to the initial claim process for veterans are established. In particular, the review should consider whether reforms have reduced the rate at which initial decisions in the veteran support system are varied on review. If the review finds that the Board is no longer playing a substantial role in the claims process, the Australian Government should bring the alternative dispute resolution functions of the Board into the Department of Veterans' Affairs or its successor agency

DRAFT RECOMMENDATION 10.4, Comment, The current review process within DVA such as Section 31 of the VEA do not produce the results the Veterans Review Board have, I see it as a backward step to remove the VRB and replace with an internal review process that historically has not worked to the benefit of veterans.

DRAFT RECOMMENDATION 11.1 *REJECT*

A new 'Veteran Policy Group', headed by a Deputy Secretary, should be created in Defence with responsibility for veteran support policies and strategic planning.

Ministerial responsibility for veterans' affairs should be vested in a single Minister for Defence Personnel and Veterans within the Defence portfolio.

DRAFT RECOMMENDATION 11.1 Comment, This could be seen as Defence control of DVA decisions, the concept should be rejected and DVA left under supervision of it's own Minister and administration.

DRAFT RECOMMENDATION 11.2 *REJECT*

The Australian Government should establish a new independent Commonwealth statutory authority, the Veteran Services Commission (VSC), to administer the veteran support system. It should report to the Minister for Defence Personnel and Veterans and sit within the Defence portfolio (but not within the Department of Defence).

An independent board should oversee the VSC. The board should be made up of part time Commissioners appointed by the Minister who have a mixture of skills in relevant civilian fields, such as insurance, civilian workers' compensation and project management, as well as

some with an understanding of military life and veteran issues. The board should have the power to appoint the Chief Executive Officer (responsible for the day to-day administration).

The functions of the VSC should be to:

- achieve the objectives of the veteran support system (draft recommendation 4.1) through the efficient and effective administration of all aspects of that system
- manage, advise and report on outcomes and the financial sustainability of the system, in particular, the compensation and rehabilitation schemes
- make claims determinations under all veteran support legislation
- enable opportunities for social integration
- fund, commission or provide services to veterans and their families.

The Australian Government should amend the Veterans' Entitlements Act 1986 and the Military Rehabilitation and Compensation Act 2004 to abolish the Repatriation Commission and Military Rehabilitation and Compensation Commission upon the commencement of the VSC.

DRAFT RECOMMENDATION 11.2 Comment, This could be seen as a renaming of DVA with no benefit to veterans, in my opinion, DVA can do the job required if given adequate resources and any funding designated to the new identity could be better used in further development of DVA structures.

DRAFT RECOMMENDATION 11.3 *AGREED*

The Australian Government should establish a Veterans' Advisory Council to advise the Minister for Defence Personnel and Veterans on veteran issues, including the veteran support system.

The Council should consist of part-time members from a diverse range of experiences, including civilians and veterans with experience in insurance, workers' compensation, public policy and legal fields.

DRAFT RECOMMENDATION 11.4 *REJECT*

The Australian War Memorial (AWM) already plays a significant and successful role in commemoration activities. As a consequence of the proposed governance and administrative reforms, the Australian Government should transfer primary responsibility for all commemoration functions to the AWM, including responsibility for the Office of Australian War Graves.

DRAFT RECOMMENDATION 11.4 Comment, This would require a massive restructure of the AWM management and facilities, in my opinion DVA is best suited to this role.

DRAFT RECOMMENDATION 11.5 *REJECT*

Once the new governance arrangements in draft recommendations 11.1 and 11.2 have commenced, the Australian Government should make the veteran support system a fully funded compensation system going forward. This would involve levying an annual premium on Defence to enable the Veteran Services Commission to fund the expected future costs of the veteran support system due to service-related injuries and illnesses incurred during the year.

DRAFT RECOMMENDATION 11.5 Comment, The veteran support structure under DVA is fully funded, to redirect funds from Defence, even with an increased budget to cover the need, can be seen as double handling with additional administrative costs at no benefit to the veterans.

DRAFT RECOMMENDATION 12.1 *REJECT*

The Australian Government should harmonise the compensation available through the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA) with that available through the Military Rehabilitation and Compensation Act 2004. This would include harmonising the processes for assessing permanent impairment, incapacity and dependant benefits, as well as the range of allowances and supplements.

Existing recipients of DRCA permanent impairment compensation and dependant benefits should not have their permanent impairment entitlements recalculated. Access to the Gold Card should not be extended to those eligible for benefits under the DRCA.

DRAFT RECOMMENDATION 12.1 Comment, The DRCA and MRCA cover different periods of service and conditions of service, the cost and confusion caused by “harmonising” the two would, in my opinion, again add to costs with little benefit to DRCA clients, considering the small number of potential new DRCA claims the cost of change is, in my opinion, not warranted.

DRAFT RECOMMENDATION 12.2 *AGREED*

The Department of Veterans' Affairs (DVA) and the Commonwealth Superannuation Corporation (CSC) should work together to streamline the administration of superannuation invalidity pensions and veteran compensation, including by:

- moving to a single ‘front door’ for invalidity pensions and veteran compensation
- moving to a single medical assessment process for invalidity pensions and veteran compensation
- developing information technology systems to facilitate more automatic sharing of information between DVA and CSC.

With the establishment of the proposed Veteran Services Commission (draft recommendation 11.2), consideration should be given to whether it should administer the CSC invalidity pensions.

DRAFT RECOMMENDATION 13.1 *FOR FURTHER DISCUSSION*

The Australian Government should amend the Military Rehabilitation and Compensation Act 2004 to remove the requirement that veterans with impairments relating to warlike and non-

warlike service receive different rates of permanent impairment compensation from those with peacetime service.

The Department of Veterans' Affairs should amend tables 23.1 and 23.2 of the Guide to Determining Impairment and Compensation to specify one rate of compensation to apply to veterans with warlike, non-warlike and peacetime service.

DRAFT RECOMMENDATION 13.1 Comment, it would be more effective to revoke GARP (M) and handle the definition of warlike, non-warlike and peacetime service separately, the V.V.A.A is not effected by this as all our service was warlike.

DRAFT RECOMMENDATION 13.2 *AGREED*

The Australian Government should amend the Military Rehabilitation and Compensation Act 2004 to remove the option of taking interim permanent impairment compensation as a lump-sum payment. The Act should be amended to allow interim compensation to be adjusted if the impairment stabilises at a lower or higher level of impairment than what is expected within the determination period.

DRAFT RECOMMENDATION 13.3 *AGREED*

The Australian Government should amend the Military Rehabilitation and Compensation Act 2004 to allow the Department of Veterans' Affairs the discretion to offer veterans final permanent impairment compensation if two years have passed since the date of the permanent impairment claim, but the impairment is expected to lead to a permanent effect, even if the impairment is considered unstable at that time. This should be subject to the veteran undertaking all reasonable rehabilitation and treatment for the impairment.

DRAFT RECOMMENDATION 13.4 *AGREED*

The Australian Government should amend the Military Rehabilitation and Compensation Act 2004 to remove the permanent impairment lump sum payments to the veteran for dependent children and other eligible young persons.

DRAFT RECOMMENDATION 13.5 *AGREED*

The Department of Veterans' Affairs should review its administration of lifestyle ratings in the Military Rehabilitation and Compensation Act 2004 (MRCA), to assess whether the use of lifestyle ratings could be improved.

If the use of lifestyle ratings cannot be improved, the Australian Government should amend the MRCA and the Guide to Determining Impairment and Compensation to remove the use of lifestyle ratings and provide veterans permanent impairment compensation consistent with the lifestyle ratings that are currently usually assigned for a given level of impairment. Existing recipients of permanent impairment compensation should not have their compensation reassessed.

DRAFT RECOMMENDATION 13.6 *REJECT*

The Australian Government should amend the Military Rehabilitation and Compensation Act 2004 to remove the option of taking the special rate disability pension. Veterans that have already elected to receive the special rate disability pension should continue to receive the payment.

DRAFT RECOMMENDATIONS 13.6 Comment, this would create two levels of entitlement within the one act based on when you lodged a claim? A dangerous precedent.

DRAFT RECOMMENDATION 13.7 *REJECT*

The Australian Government should amend the Military Rehabilitation and Compensation Act 2004 (MRCA) to remove automatic eligibility for benefits for those dependants whose partner died while they had permanent impairments of more than 80 points or who were eligible for the MRCA Special Rate Disability Pension.

DRAFT RECOMMENDATION 13.8 *AGREED*

The Australian Government should amend the Military Rehabilitation and Compensation Act 2004 to remove the additional lump sum payable to wholly dependent partners of veterans who died as a result of their service. The Australian Government should increase the wholly dependent partner compensation by the equivalent value of the lump sum payment (currently about \$115 per week) for partners of veterans where the Department of Veterans' Affairs has accepted liability for the veteran's death.

DRAFT RECOMMENDATION 14.1 *AGREED*

The Australian Government should amend the Social Security Act 1991 and relevant arrangements to exempt Department of Veterans' Affairs adjusted disability pensions from income tests for income support payments that are currently covered by the Defence Force Income Support Allowance (DFISA), DFISA Bonus and DFISA like payments. The Australian Government should remove the DFISA, DFISA Bonus and DFISA like payments from the Veterans' Entitlements Act 1986.

DRAFT RECOMMENDATION 14.2 *AGREED*

To align education payments across the veteran support system, the Australian Government should amend the Veterans' Entitlements Act 1986 and the Military Rehabilitation and Compensation Act 2004 to remove education payments for those older than 16 years of age. Those who pass a means test will still be eligible for the same payment rates under the Youth Allowance.

To extend education payments for those under 16 years of age, the Australian Government should amend the Safety, Rehabilitation and Compensation (Defence related Claims) Act 1988 to adopt the Military Rehabilitation and Compensation Act Education and Training Scheme.

DRAFT RECOMMENDATION 14.3 *AGREED*

To help simplify the system, smaller payments should be consolidated where possible or removed where there is no clear rationale.

The Australian Government should remove the DRCA Supplement, MRCA Supplement and Veteran Supplement, and increase clients' payments by the equivalent amount of the supplement.

The Australian Government should remove the Energy Supplement attached to Department of Veterans' Affairs' impairment compensation, but other payments should remain consistent with broader Energy Supplement eligibility.

DRAFT RECOMMENDATION 14.4 *AGREED*

To streamline and simplify outdated payments made to only a few clients, they should be paid out and removed. The Australian Government should amend the Veterans' Entitlements Act 1986 to remove the recreation transport allowance, the clothing allowance and the decoration allowance and pay out those currently on the allowances with an age adjusted lump sum.

DRAFT RECOMMENDATION 14.5 *AGREED*

The Australian Government should amend the Veterans' Entitlements Act 1986 (VEA) to remove the attendant allowance and provide the same household and attendant services that are available under the Military Rehabilitation and Compensation Act 2004 (MRCA).

Current recipients of the VEA allowance should be automatically put on the same rate under the new attendant services program. Any further changes or claims would follow the same needs based assessment and review as under the MRCA.

DRAFT RECOMMENDATION 14.6 *AGREED*

The Australian Government should amend the Veterans' Entitlements Act 1986 Vehicle Assistance Scheme and section 39(1)(d) (the relevant vehicle modification section) in the Safety, Rehabilitation and Compensation (Defence related Claims) Act 1988 so that they reflect the Military Rehabilitation and Compensation Act 2004 Motor Vehicle Compensation Scheme.

DRAFT RECOMMENDATION 15.1 *AGREED*

Eligibility for the Gold Card should not be extended to any new categories of veterans or dependants that are not currently eligible for such a card. No current Gold Card holder or person who is entitled to a Gold Card under current legislation would be affected.

DRAFT RECOMMENDATION 15.2 *AGREED*

The Department of Veterans' Affairs should amend the payments for the Coordinated Veterans' Care program so that they reflect the risk rating of the patient that they are paid for — higher payments for higher risk patients and lower payments for lower risk patients. Doctors should be able to request a review of a patient's risk rating, based on clinical evidence.

DRAFT RECOMMENDATION 15.3 *AGREED*

The current (2013–2023) Veteran Mental Health Strategy has not been very effective and should be updated in light of recent policy changes (such as non-liability access) and research findings on emerging needs.

The Department of Veterans' Affairs (DVA) (in consultation with the Departments of Health and Defence) should urgently update the Veteran Mental Health Strategy, so that it guides policy development and implementation over the medium term. It should:

- be evidence based, including outcomes from policy trials and other research on veterans' mental health needs
- set out clear priorities, actions and ways to measure progress
- commit DVA to publicly report on its progress.

The Strategy should include ways to promote access to high quality mental health care, and to facilitate coordinated care for veterans with complex needs. It should also have suicide prevention as a focus area and explicitly take into account the mental health impacts of military life on veterans' families.

DRAFT RECOMMENDATION 15.4 *AGREED*

The Department of Veterans' Affairs (DVA) should monitor and routinely report on Open Arms' outcomes and develop outcome measures that can be compared with other mental health services.

Once outcome measures are established, DVA should review Open Arms' performance, including whether it is providing adequate, accessible and high-quality services to families of veterans.

DRAFT RECOMMENDATION 16.1 *AGREED*

The Department of Veterans' Affairs should develop outcomes and performance frameworks that provide robust measures of the effectiveness of services. This should include:

- identifying data needs and gaps
- setting up processes to collect data where not already in place (while also seeking to minimise the costs of data collection)
- using data dictionaries to improve the consistency and reliability of data
- analysing the data and using this analysis to improve service performance.

DRAFT RECOMMENDATION 16.2 *AGREED*

The Department of Veterans' Affairs should conduct more high-quality trials and reviews of its services and policies for veterans and their families by:

- evaluating services and programs (in ways that are commensurate with their size and complexity)
- publishing reviews, evaluations and policy trials, or lessons learned
- incorporating findings into future service design and delivery.

DRAFT RECOMMENDATION 16.3 *AGREED*

The Department of Veterans' Affairs should set research priorities, publish the priorities in a research plan and update the research plan annually.

DRAFT RECOMMENDATION 17.1 *AGREE WITH RESERVATIONS*

By 2025, the Australian Government should create two schemes for veteran support — the current Veterans' Entitlements Act 1986 (VEA) with some modifications ('scheme 1') and a modified Military Rehabilitation and Compensation Act 2004 (MRCA) that incorporates the

Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA) ('scheme 2').

Eligibility for the schemes should be modified so that:

- veterans who only have a current or accepted VEA claim for liability at the implementation date will have all their future claims processed under scheme 1. Veterans on the VEA Special Rate of Disability Pension would also have their future claims covered by scheme 1. Veterans under 55 years of age as at the implementation date should be given the option to switch their current benefits and future claims to scheme 2
- veterans who only have a current or accepted MRCA and/or DRCA claim, (or who do not have a current or accepted liability claim under VEA) as at the implementation date will have their future claims covered under scheme 2. Other veterans on MRCA or DRCA incapacity payments would have their future claims covered by scheme 2
- remaining veterans with benefits under the VEA and one (or two) of the other Acts would have their coverage determined by the scheme which is the predominant source of their current benefits, or their age, at the implementation date.

Dependants of deceased veterans would receive benefits under the scheme in which the relevant veteran was covered by. If the veteran did not have an existing or successful claim under VEA as at the implementation date, the dependants would be covered by scheme 2.

Veterans who would currently have their claims covered by the pre-1988 Commonwealth workers' compensation schemes should remain covered by those arrangements through the modified MRCA legislation.

DRAFT RECOMMENDATION 17.1 Comment, there is some merit in this recommendation, however, in my opinion, the differentials will work themselves out in the next few years.

Another option would be to have a process where entitlements under the various acts can be grouped under the predominant act in a similar way that financial offsetting is managed between acts.

If DVA further develop the process for a single claim form and have the applicant, advocate and delegate agree on the most appropriate act a condition is accepted under the need for further administrative changes will not be needed.