

# Health Care Cover for those with a Disability

**We see many residents in group homes falling into a major service responsibility gap. The special health care needs of those with high support needs fall in this gap so easily. Those responsible, parents, guardians, advocates, service providers, often do not see that people with high support needs, need access to immediate health care - Especially dental !**

There is rightly a big national move towards a NDIS (National Disability Insurance Scheme) - a percentage on the Medicare levy to ensure disability services have a similar entitlement rating to medical services.

Although basic medical services are an entitlement under Medicare, these services are frequently inadequate for those with an intellectual or multiple disability. Their ability to care for themselves is limited. They frequently need a more personalised service. Their supporters seem not to consider, or see their special needs in this regard.

Private health cover should, therefore, be a high priority, especially as most with high support needs have adequate finance, and their financial resources are often not spent, as their ability often limits the range of social activities which are meaningful to them.

Those with limited capacity do not understand, nor should they need to understand why they have to wait for hospital and dental services under Medicare.

As their financial resources are frequently under utilised, we are at a loss to understand why their money is frequently not being used for their better and more immediate health care.

One of the major health concerns for those with limited capacity living in supported accommodation is dental hygiene. Teeth cleaning for those totally dependent on direct care staff support can be quite questionable and spasmodic. Therefore, they need far more, and easier access to dental services - Not have to wait long periods to access dental hospitals under Medicare!

In Victoria, those without private administrators, such as family or friends, become clients of State Trustees. This organisation, together with service providers, especially the DHS, tends to generate a rather clinical bureaucratic restriction when administering a person's finances. A process often not focused on achieving and maintaining their quality of life.

The bureaucratic finance process, the bureaucratic care process and the privacy limitations on the service providers knowing how much money their client has, equals a financial build-up. This is whilst the person with so little in their life anyway, sees little or no real benefit from their finances.

We have seen residents of supported accommodation group homes with shocking bedding, poor towels, poor and cheap clothes and ragged personal activity items, yet sitting on \$40 - 50,000.

If the resident has no caring family, friends, guardian or advocate, there is no one to authorise

the use of their financial resources for their quality of life. At the very least, their resources should be used to purchase good health care, especially dental.

**Extra 1:** [Brain Scan](#) for Autism

**Extra 2:** [Long Bus Trips](#) for those with a disability

**Extra 3:** [A BC Website for disability stories and issues](#) - under construction

**Extra 4:** [NSW Ombudsman's Report](#) 10 Aug 2010, "Quality of Life Care Beyond Institutions"

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**NOTE:** We are always interested in feedback and information; general, specific, good or bad. If you wish anonymously: Our mail address is 73 Nepean Street, Watsonia, 3087