



# PROGRAM RULES

## Dose Administration Aids

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## DOSE ADMINISTRATION AIDS

### 1 INTRODUCTION

This document outlines the Program Rules governing the Dose Administration Aids (DAA) Program. This document must be read in conjunction with the *Pharmacy Programs Administrator General Terms and Conditions* (General Terms), the *Guidelines on Dose Administration Aids and Staged Supply of Dispensed Medicines* by the Pharmacy Board of Australia (Pharmacy Board Guidelines) and the *Standards and Guidelines for Pharmacists Providing a DAA Service* by the Pharmaceutical Society of Australia (PSA Standards).

Definitions in the General Terms apply in these Program Rules.

### 2 BACKGROUND

A DAA is a well-sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule. There are a number of commercially available products on the market.

The DAA Program is designed to assist Patients in the community to better manage their medicines, with the objective of avoiding medication misadventure and improving medication adherence. The DAA Program is funded under the Sixth Community Pharmacy Agreement (6CPA), which aims to:

- Improve adherence and medication management
- Decrease the incidence of adverse events from medication mismanagement
- Decrease hospitalisation due to medicine misadventure.

### 3 PARTICIPATION

#### 3.1 Pharmacy Requirements for Participation

To be eligible to become an Approved DAA Service Provider and participate in the DAA Program, a Pharmacy must:

- Be approved to dispense pharmaceutical benefits as part of the Pharmaceutical Benefits Scheme (PBS) defined in Section 90 of the *National Health Act 1953* (Section 90 Pharmacy)
- Be accredited by an approved Pharmacy Accreditation Program or be in the process of attaining Accreditation within six months of lodging the application to become registered to participate in the Program. The Commonwealth may waive the requirement to hold or be seeking accreditation in order to ensure Patients can access the Program
- Agree to publicly display and comply with the Community Pharmacy Service Charter and Customer Service Statement. A sample Customer Service Statement and a template are available [here](#)
- Abide by the Terms and Conditions available [here](#)
- Undertake to provide DAA services in accordance with these Program Rules and relevant Professional Standards and Pharmacy Board Guidelines
- Undertake to obtain appropriate written consent for provision of the DAA Service prior to providing the service. A consent form is available [here](#)

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- Ensure that the DAA service is carried out by a Registered Pharmacist and any interviews or consultations are undertaken with the Patient and/or Patient's carer with consideration of the Patient's comfort and right to privacy
- Ensure the Registered Pharmacist conducting the DAA interview is not responsible for dispensing or undertaking other professional duties
- Comply with legislative requirements in relation to the storage and access by staff to medicines that are packed in a DAA and that the area where the DAAs are packed is not accessible to the public.

### 3.2 Patient Requirements for Participation

To be eligible for a DAA Service funded under the 6CPA, the Patient must satisfy the following mandatory Eligibility Criteria:

- Holds a Medicare and/or Department of Veterans' Affairs (DVA) card or is a person who is eligible for a Medicare card
- Is living at home in a community setting
- Is a current government issued concession card holder, **and**;
  - Has difficulties managing their medications due to literacy or language issues, physical disability or cognitive difficulties; **or**
  - Is taking five or more prescription medicines and is experiencing difficulties with medication management.

DAA Services funded under this Program are not available to In-Patients of public or private hospitals, day hospital facilities, transitional care facilities, or to residents of an Aged Care Facility or Patients in a correctional facility.

DAA Services funded under this Program are not available to Patients receiving DAA Services funded under other federal or state and territory government programs. Claims cannot be made for DAA Services provided as part of the DVA DAA Program or the 6CPA QUMAX Program.

Where a Patient does not meet the Eligibility Criteria, the DAA Service Provider may offer the service at a Patient's own cost.

### 3.3 Patient Consent

The DAA Service Provider must obtain appropriate written consent from the Patient or the Patient's carer prior to providing the DAA Service. A consent form is available online [here](#).

## 4 DAA PROGRAM ELEMENTS

A DAA Service must be conducted in accordance with the Pharmacy Board Guidelines and PSA Standards; this includes the routine monitoring and assessment of the Patient's use of the DAA.

To be eligible to claim for DAA Services under this Program, information must be collected by the DAA Service Provider to ensure the eligibility requirements of these Program Rules are met as well as the data requirements in Appendix A and the Supporting Documentation outlined in clause 8.3. This includes confirmation from the Patient's prescriber regarding the medicines to be packed in a DAA.

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### 4.1 DAA Services

DAA Service Providers may claim a fee for the provision of weekly DAA Services to Patients that meet the Eligibility Criteria in Clause 3.2. Supporting documentation is required to be retained for each service claimed as per Clause 9.

### 4.2 Health Outcome Data Collection

The DAA Program was redesigned in 2018 to support the collection of information to assist with assessment of the effectiveness of the Program. This data is being collected in order to monitor the DAA Program's delivery of health outcomes for Patients. Data is required at initial Patient registration, and at six-monthly intervals.

DAA Service Providers must collect and provide to the Pharmacy Programs Administrator health outcomes information for five Patients that receive services. Please note: for DAA Service Providers claiming services for less than five Patients, the information must be collected and provided to the Pharmacy Programs Administrator for all Patients.

DAA Service Providers will receive a fee for the collection and provision of this data to the Pharmacy Programs Administrator. DAA Service Providers will also receive a fee for each DAA Service they provide to eligible Patients (including the five Patients for which data is being provided).

#### 4.2.1 Initial Patient registration

Initial Patient registration data for five Patients must be collected in accordance with Appendix A of these Program Rules. An approved DAA Patient Registration template is available [here](#).

#### 4.2.2 Six Month Follow Up

DAA Service Providers are required to collect and provide to the Pharmacy Programs Administrator follow up data registered at six-monthly intervals on each of the five Patients for which initial Patient registration data was collected, in accordance with Appendix A of these Program Rules. An approved DAA six month follow up template and claiming instructions is available [here](#).

## 5 FEES

The following fees are payable by the Pharmacy Programs Administrator for provision of a DAA Service. Approved DAA Service Providers may apply an additional Patient charge for a DAA service at their own discretion, except if the DAA service is being provided through a Remote Area Aboriginal Health Service.

**Table 5-1: Provision of DAA Service Fee**

Fee (per Patient)	Description
<b>\$6.17</b>	Provision of weekly DAA Service (including regular follow up with Patient) for all eligible Patients who receive a DAA Service.

*Note: Patients will still be required to pay to obtain the medicines that will be packed into the DAA, including the PBS co-payment (if applicable) when medications are dispensed. From 1 February 2019, Approved DAA Service providers may claim additional fees for the collection and provision of*

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health outcomes data provided to the Pharmacy Programs Administrator in accordance with Appendix A.

**Table 5-2: Health Outcome Data Collection Fees**

Fee (per Patient)	Description
<b>\$31.90</b>	Collection of data at Patient registration.
<b>\$31.90</b>	Collection of data at follow up service.

*Note: No additional Patient charges for the collection of data may be levied. Forms to aid with the collection of this information are available [here](#).*

## 6 FUNDING AVAILABILITY

Funding of \$85 million is available in the 2019/20 financial year to allow DAA Service Providers to provide services. A weekly cap on the number of services that will be paid per eligible Pharmacy is in place. To ensure the funding remains within the budget allocation, the following measures were applied, effective 1 July 2018:

- a. Base cap increased to 30 DAA Patients per week
- b. Increases to existing caps of 20%, up to a maximum of 200 DAA Patients per week (with the exception of the 'special capping arrangement')
- c. Existing 'special capping arrangements' reduced by 10%. However, if the reduced cap is below the number of DAA services currently being provided by a Pharmacy, an exemption could be sought from the 6CPA Administrator (the previous program administrator) to allow the Pharmacy to continue to provide the current (at July 2018) number of DAA services per week for its existing Patients.

**Caps will be monitored and may be modified to ensure the funding does not exceed \$85 million.**

## 7 REGISTRATION

To register as an Approved DAA Service Provider, a Community Pharmacy must register via the Pharmacy Programs Administrator [Portal](#).

An Approved DAA Service Provider will not be registered until the Approved DAA Service Provider receives email notification from the Pharmacy Programs Administrator confirming that registration has been successful.

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### 8 CLAIMS

#### 8.1 Claims Submission

An Approved DAA Service Provider may submit claims on a monthly basis for providing DAA Services that meet the Patient Eligibility Criteria and the following criteria:

- a. The Patient's medicine/s in the DAA are dispensed and packed in the Pharmacy by the claiming Approved DAA Service Provider in accordance with the relevant quality standard; **or**
- b. The Patient's medicine/s in the DAA are dispensed by the claiming Approved DAA Service Provider but are packed at another site (DAA packing warehouse, another Pharmacy, etc.) that meets the Pharmacy approval authority requirements in the relevant state or territory as well as the relevant quality standard.

Claims must be submitted online via the Pharmacy Programs Administrator [Portal](#).

DAA Services must be claimed by the end of the next calendar month after the Service was provided, e.g. DAA Services undertaken in March must be claimed by 30 April. Claims submitted outside this time frame will not be paid and cannot be resubmitted.

All information entered on the Claim must be correct as any inconsistencies will prevent claim submission.

A Patient may continue to receive a DAA Service if they no longer meet the Patient Eligibility Criteria for a maximum of four weeks.

#### 8.2 Claim Data

The following information must be provided to the Pharmacy Programs Administrator in order to claim a payment under this Program for the provision of a weekly DAA Service:

- a. Section 90 number (collected at Program registration)
- b. Pharmacy Accreditation ID (collected at Program registration)
- c. Patient's Medicare/DVA Card Number (collected monthly)
- d. Date(s) of provision of the DAA (collected monthly)
- e. A declaration by the claiming Approved DAA Service Provider that the Patient satisfies the Eligibility Criteria outlined in clause 3.2 of these Program Rules (collected monthly).

All information detailed in Appendix A must be provided to the Pharmacy Programs Administrator, in order to claim a payment under this Program for the collection of data for five Patients at Patient registration and the six month follow up.

#### 8.3 Supporting Documentation

The following information must be retained by the Approved DAA Service Provider for seven years to support any Claim for payment made under these Program Rules:

- a. Section 90 number at the time of the provision of the DAA service
- b. Pharmacy Accreditation ID at the time of the provision of the DAA service
- c. Registered Pharmacist Identifier (e.g. AHPRA registration number)

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- d. Copy of the Patient consent form, where relevant
- e. Patient's name and address
- f. Patient's Medicare/DVA Card number
- g. Patient's concession card number
- h. How the Patient has satisfied the other Eligibility Criteria
- i. List of all prescription and non-prescription medicines the Patient is taking at the time the DAA service is provided
- j. List of all prescription and non-prescription medicines packed in to the DAA
- k. Date(s) of provision of the DAA.

Either an electronic or paper-based system may be used to record the Supporting Documentation.

## 9 AUDIT REQUIREMENTS

DAA Service Providers must retain all records for seven years to demonstrate that they have complied with the General Terms and these Program Rules when providing and claiming for a DAA Service.

DAA Service Providers may be subject to audits by the Pharmacy Programs Administrator to ensure DAA Services are provided in accordance with the General Terms and these Program Rules. DAA Service Providers that do not provide DAA Services in accordance with the General Terms and these Program Rules may no longer be able to participate in the DAA Program or be eligible to receive DAA Program payments, and repayment may be required. Under section 137.1 of the *Criminal Code Act 1995*, giving false and misleading information is a serious offence.

If an audit is to be conducted, DAA Service Providers will be required to produce documentation within a specified time frame.

## 10 RESOURCES

DAA Program resources are available for download from the [PPA website](#).



**CONTACT THE SUPPORT CENTRE:** 1800 951 285 | [support@ppaonline.com.au](mailto:support@ppaonline.com.au)



## APPENDIX A HEALTH OUTCOMES DATA

In addition to the requirements outlined in the DAA Program Rules, from 1 February 2018, DAA Service Providers must collect and provide to the Pharmacy Programs Administrator health outcomes information for five Patients that receive services. (Please note: for DAA Service Providers claiming services for less than five Patients, the information must be collected and provided to the Pharmacy Programs Administrator for all Patients). These data are being collected in order to monitor the DAA Program's delivery of health outcomes for Patients. Data will be required to be provided at initial Patient registration, and at six-monthly intervals.

- 1. To be captured at time of PHARMACY REGISTRATION with 6CPA Programs for DAA:**
  - a. Date of registration
  - b. Section 90 number
  - c. Pharmacy Accreditation ID
  - d. Pharmacy Name
  - e. Pharmacy Address
  - f. Pharmacy Postcode
- 2. PATIENT REGISTRATION DATA - To be collected from Patient/s on commencement of participation in the DAA Program:**
  - a. Patient's Medicare Number or Department of Veterans' Affairs file number
  - b. What is the referral source for the DAA?
  - c. What was the date the referral/plan was made?
  - d. Is the Patient a Concession Card Holder?
  - e. Total number of prescription medicines
  - f. Total number of non-prescription medicines
  - g. Does the Patient have a history of non-adherence?
  - h. Is the Patient experiencing difficulties with medication management?
  - i. Does the Patient have a disability that makes them eligible for a DAA?
  - j. Patient's date of birth
  - k. Patient's gender
  - l. Patient's postcode of residence
  - m. What health conditions/co-morbidities is the Patient taking medications for?
  - n. Does the Patient have support with managing medicines?
  - o. Is English the Patient's primary language at home?
  - p. Does the Patient identify as Aboriginal and/or Torres Strait Islander?
  - q. Date of initial contact?

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- r. Number of DAA packs packed per week?
- s. Frequency of Collection
- t. How will the Patient mainly obtain the DAA?
- u. What is the Patient's average MedsIndex score?
- v. In the last six months, did the Patient go to their GP, or hospital, because of problems with their medicine?
- w. Was the Patient using a DAA prior to this visit?
- x. Type of DAA packed by Pharmacy?

**3. To be collected at 6 Month FOLLOW-UP CONTACT with CONSUMER (or at ceasing of DAA service):**

- a. Date of follow-up service
- b. Total number of prescription medicines
- c. Total number of non-prescription medicines
- d. How many times have there been changes to the DAA in the previous six months?
- e. What was the reason for the change?
- f. During the past six months, what are your observations of the Patient's medicine use?
- g. What activities have been undertaken by the Pharmacy to support the DAA service?
- h. What is the Patient's average MedsIndex score?
- i. In the last six months, did the Patient go to their GP, or hospital, because of problems with their medicine?
- j. Is continuation of the DAA services recommended for this Patient?
- k. If the DAA services is not recommended for continuation, what is the reason?

**4. Medication Profile for Patient at time of FIRST & FOLLOW-UP Contact with PATIENT**

- a. Brand name
- b. Generic Name
- c. Form
- d. Strength
- e. Dose and dosage regimen.

**5. In order to Claim the fees outlined in clause 5, all data collected at paragraphs 1, 2, 3 and 4 above must be provided to the Pharmacy Programs Administrator.**

Forms to aid with the collection of this information are available [here](#).