

Support at Home Service List

| Participant contribution category | Service Type | Services | In Scope | Out of Scope |
|---|---|--|--|---|
| <p>Clinical Supports</p> <p><i>Specialised services to maintain or regain functional and/or cognitive capabilities. Services must be delivered directly, or be supervised, by university qualified or accredited health professionals trained in the use of evidence-based prevention, diagnosis, treatment and management practices to deliver safe and quality care to older people.</i></p> | <p>Nursing care</p> | <ul style="list-style-type: none"> • Registered nurse • Enrolled nurse • Nursing assistant • Nursing care consumables <p>Providers may apply for the supplementary Oxygen Supplement for Aged Care through Services Australia for eligible participants.</p> | <ul style="list-style-type: none"> • Community based nursing care to meet clinical care needs such as: <ul style="list-style-type: none"> ○ assessing, treating and monitoring clinical conditions ○ administration of medications ○ wound care, continence management (clinical) and management of skin integrity ○ education ○ specialist service linkage | <ul style="list-style-type: none"> • Subsidised through other programs: <ul style="list-style-type: none"> ○ services more appropriately funded through other systems (e.g., health or specialist palliative care) |
| | <ul style="list-style-type: none"> • Are services provided by Endorsed Enrolled Nurses included here? • Can nursing services such as education and health literacy be in group setting? Intervention modes, as listed under Allied Health should be listed here – in person, via telehealth, individually and/or in group-based format. • Can treatment program be delivered directly or implemented by an EN/EEN/Nursing assistant or aged care worker under the supervision of the RN where safe and appropriate to do so? • Where does the cost of webster packing of medication come under? • What happened when we have clients under chronic health management plans that go over 3 months e.g. health coaching and telehealth monitoring of vital health signs post-surgery or hospital discharge? • Are clinical services to support clients living with dementia, mental health conditions etc, included under nursing care? And how is this additional support reflected in the Individual Support Plan, as supplements such as dementia and veterans supplements are not listed as part of the new funding arrangements? | | | |
| | <p>Allied health and other therapeutic services</p> | <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander health practitioner | <ul style="list-style-type: none"> • Assistance for an older person to regain or maintain physical, functional and cognitive abilities which | <ul style="list-style-type: none"> • Subsidised through other programs: <ul style="list-style-type: none"> ○ other government programs must be |

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| | | <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander health worker • Allied health therapy assistant • Counsellor or psychotherapist • Dietitian or nutritionist • Exercise physiologist • Music therapist • Occupational therapist • Physiotherapist • Podiatrist • Psychologist • Social worker • Speech pathologist | <p>support them to remain safe and independent at home.</p> <ul style="list-style-type: none"> • Assistance may include a range of clinical interventions, expertise, care and treatment, education including techniques for self-management, and advice and supervision to improve capacity. • Treatment programs should aim to provide the older person the skills and knowledge to manage their own condition and promote independent recovery where appropriate. • Interventions can be provided: <ul style="list-style-type: none"> ○ in person or via telehealth ○ individually or in a group-based format (e.g. clinically supervised group exercise classes). • A treatment program may be delivered directly or implemented by an allied health assistant or aged care worker under the supervision of the health professional where safe and appropriate to do so. • Prescribing and follow-up support for Assistive | <p>accessed in first instance (e.g., Chronic Disease Management Plan, Mental Health Plan)</p> <ul style="list-style-type: none"> ○ services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing, psychiatry, dental care) ○ management of conditions unrelated to age/disability related decline (e.g., acute mental health) |

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| | | | Technology and Home Modifications | |
| | Nutrition | <ul style="list-style-type: none"> Prescribed nutrition <p>Providers may apply for the supplementary Enteral Feeding for Aged Care Supplement through Services Australia for eligible participants.</p> | <ul style="list-style-type: none"> Prescribed supplementary dietary products (enteral and oral) and aids required for conditions related to functional decline or impairment. | <ul style="list-style-type: none"> General expenses: <ul style="list-style-type: none"> Products that are not prescribed for age related needs (e.g., weight loss) |
| | <ul style="list-style-type: none"> Can we please some clarification in relation to aids related to functional decline when looking at nutrition? Will prescribed dietary supplements listed under Clinical Supports be fully subsidised under Support at Home? | | | |
| | Care management | <ul style="list-style-type: none"> Home support care management | <ul style="list-style-type: none"> Activities that ensure aged care services contribute to the overall wellbeing of an older person (e.g., care planning; service coordination; monitoring, review and evaluation; advocacy; and support and education). Care partners will hold clinical qualifications or be supervised by a clinician dependent on consumer complexity. | <ul style="list-style-type: none"> Administrative costs funded through prices on services. |
| | <ul style="list-style-type: none"> The list of activities defined in Table 5 of the Support at Home Handbook is time consuming and the 10% of client budget is not sufficient for the services, especially when considering the effort under HIHP and SIRS requirements, in addition to clinical oversight. | | | |
| Restorative care management | <ul style="list-style-type: none"> Home support restorative care management | <ul style="list-style-type: none"> Restorative care partners provide specialist coordination services for older people | <ul style="list-style-type: none"> Administrative costs funded through prices on services. | |

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| | | | undergoing the time-limited Restorative Care Pathway. <ul style="list-style-type: none"> Care partners will hold clinical qualifications. | |
| | <ul style="list-style-type: none"> If the type of services under this is similar to STRC, it needs to be clarified so that clients, providers and assessors are clear about what is in scope – some examples would be helpful. | | | |
| Independence <i>Support delivered to older people to help them manage activities of daily living and the loss of skills required to live independently.</i> | Personal care | <ul style="list-style-type: none"> Assistance with self-care and activities of daily living Assistance with the self-administration of medication Continence management (non-clinical) | <ul style="list-style-type: none"> Attendant care to meet essential and on-going needs (e.g., mobility, eating, hygiene). Support with self-administration of medication activities (e.g., arrange for a pharmacist to prepare Webster packs). Attendant care to manage continence needs (e.g., support to access advice/funding, assistance changing aids) | <ul style="list-style-type: none"> General expenses: <ul style="list-style-type: none"> professional services that would usually be paid for (e.g., waxing, hairdressing). Subsidised through other programs: <ul style="list-style-type: none"> services more appropriately funded through the health system (e.g., pharmaceuticals, dose administration aids). |
| <ul style="list-style-type: none"> The Aged Care Quality Standards consistently link medication support and personal care services with clinical oversight, and it is unusual to see them separated out under 'clinical' and 'independence' and we are unsure if this will have any unintended consequences. There is a range of activities under Medication Support that are currently carried out by a Personal Care Worker (PCW), such as medication prompting, support clients with dose administration aid, ear drops, eye drops/ointments, inhalers, creams and patches. As these are more than 'assistance with self-administration of medication' do these support activities require RN/EEN/EN to do them? Or a PCW with Cert 3 medication training? Are non-clinical (RN) personal able to be trained and delegated to provide wound care, physiotherapy, etc? Why would a PCW support clients access advice/funding instead of a care partner? Where does the cost of webster packing of medication come under? | | | | |

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| | Social support and community engagement | <ul style="list-style-type: none"> • Group social support • Individual social support • Accompanied activities • Cultural support • Digital education and support • Assistance to maintain personal affairs • Expenses to maintain personal affairs | <ul style="list-style-type: none"> • Services that support a person's need for social connection and participation in community life. Support may include: <ul style="list-style-type: none"> ○ service and activity identification and linkage ○ assistance to participate in social interactions (in-person or online) ○ visiting services, telephone and web-based check-in services ○ accompanied activities (e.g., support to attend appointments). • Support to engage in cultural activities for people with diverse backgrounds and life experiences. This includes older Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender and/or intersex people. Support may include: <ul style="list-style-type: none"> ○ assistance to access translating and interpreting services and translation of information into the older person's chosen language | <ul style="list-style-type: none"> • General expenses: <ul style="list-style-type: none"> ○ costs to participate in an activity (e.g., tickets, accommodation, membership fees.) ○ the purchase of smart devices for the purpose of online engagement ○ service fees (e.g., funeral plans, accountant fees). • Subsidised through other programs: <ul style="list-style-type: none"> ○ the delivery of digital education where the need can be met through the Be Connected program delivered through the Department of Social Services. |

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| | | | <ul style="list-style-type: none"> ○ referral pathways to advocacy or community organisations ○ assistance in attending cultural and community events. ● Access to training or direct assistance in the use of technologies to improve digital literacy where the support aids independence and participation (e.g., paying bills online, accessing telehealth services, connecting with digital social programs). ● Internet and/or phone bills where the older person is at risk of, or is homeless, and support is needed to maintain connection to services | |
| | <ul style="list-style-type: none"> ● What is the definition of 'personal affairs'? If it is helping clients with wills and advance care planning, that is best delivered by RNs (Nursing) and Social Workers (Allied Health) and not Personal Care Worker (PCW). ● Expenses to maintain personal affairs – is this to pay those bills for the clients or help clients with paying their bills from their own money – this needs to be clear so that client/provider and assessor understanding is consistent. ● In cases where interventions combine services across Social Support & Community Engagement (SS-CE) and Assistive Technology & Home Modifications (AT-HM), and the assessor is unaware of these options, how can the provider quickly work with the assessor to enable this for the client? | | | |
| | Therapeutic services for independent living | <ul style="list-style-type: none"> ● Acupuncturist ● Chiropractor ● Diversional therapist ● Remedial masseuse | <ul style="list-style-type: none"> ● Assistance (e.g., treatment, education, advice) provided by university qualified or accredited health professionals using evidence-based techniques to manage | <ul style="list-style-type: none"> ● Subsidised through other programs: <ul style="list-style-type: none"> ○ other government programs must be accessed in first instance (e.g., |

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| | | <ul style="list-style-type: none"> • Art therapist • Osteopath | <p>social, mental and physical wellbeing in support of the older person remaining safe and independent at home.</p> <ul style="list-style-type: none"> • Treatment programs should aim to provide the older person the skills and knowledge to manage their own condition and promote independent recovery where appropriate. • Interventions can be provided: <ul style="list-style-type: none"> ○ in-person or via telehealth ○ individually or in a group-based format (e.g., diversional therapist led recreation program). • A treatment program may be delivered directly or implemented by an allied health assistant or aged care worker under the supervision of the health professional, where safe and appropriate to do so. • Remedial massage may only be delivered by an accredited therapist, where included in a prescribed allied health treatment plan to address functional decline. • Engagement of a diversional therapist to design and/or facilitate recreation programs | <p>Chronic Disease Management Plan)</p> <ul style="list-style-type: none"> ○ services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing, psychiatry, dental care) ○ management of conditions unrelated to age/disability related decline (e.g., acute mental health) ○ services from a Chinese Medicine Practitioner, such as herbal medicine dispensing, are out of scope for aged care (see description for acupuncture exception). • General expenses: <ul style="list-style-type: none"> ○ massage for relaxation ○ costs to participate in recreation programs (e.g., tickets, accommodation, membership fees, |

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| | | | that promote social, psychological and physical well-being for older people who live with age or disability related impairments that will benefit from a tailored program to enable and maintain participation. | supplies to participate like craft materials). |
| | <ul style="list-style-type: none"> Where does the cost of hydrotherapy and pool entry fees sit – in or out of scope? | | | |
| | Respite | <ul style="list-style-type: none"> Respite care | <ul style="list-style-type: none"> Supervision and assistance of an older person by a person other than their usual informal carer, delivered on an individual or group basis, in the home or community. | <ul style="list-style-type: none"> Subsidised through other programs: <ul style="list-style-type: none"> residential respite is funded through the Australian National Aged Care Classification funding model (AN-ACC). |
| Transport | <ul style="list-style-type: none"> Direct transport (driver and car provided) Indirect transport (taxi or rideshare service vouchers) | <ul style="list-style-type: none"> Group and individual transport assistance to connect an older person with their usual activities. | <ul style="list-style-type: none"> General expenses: <ul style="list-style-type: none"> purchase of an individual's car and an individual's vehicle running costs licence costs professional transit services (e.g., public transport, flight, ferry) claiming transport costs where state-based or local government travel assistance programs are available | |

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| | | | | <ul style="list-style-type: none"> ○ travel for holidays. |
| | <ul style="list-style-type: none"> • How will co-contribution for Independence services such as transport for clients' medical appointments, dialysis etc, impact client's access to medical services? This a metro and rural and regional issue. | | | |
| | Assistive technology and home modifications | <ul style="list-style-type: none"> • Assistive technology • Home modifications | <ul style="list-style-type: none"> • Assistive technology and home modifications by the Assistive Technology and Home Modifications Scheme list, including wrap-around services, maintenance, and repair. | |
| | <ul style="list-style-type: none"> • Some examples will be helpful, and we need to have the ability to be innovative in how we use AT to improve access to care and services to clients especially those living in rural and remote communities. | | | |
| <p>Everyday living</p> <p><i>Support to assist older people to keep their home in a liveable state in order to enable them to stay independent in their homes.</i></p> | Domestic assistance | <ul style="list-style-type: none"> • General house cleaning • Laundry services • Shopping assistance <p>Note: 52 hours annual cap on cleaning.</p> | <ul style="list-style-type: none"> • Essential light cleaning (e.g., mopping, vacuuming, washing dishes). • Launder and iron clothing. • Accompanied or unaccompanied shopping. | <ul style="list-style-type: none"> • General expenses: <ul style="list-style-type: none"> ○ professional cleaning services that would usually be paid for (e.g., pest control, carpet cleaning, dry cleaning) ○ pet care ○ cost of groceries and other purchased items. |
| <ul style="list-style-type: none"> • Will be good to link general house cleaning to infection control of the client's immediate living area and client wellbeing. • Include in out-of-scope - removalist or packing and unpacking for relocation, cleaning of other family member's living area, etc • How will laundry and linen services be treated? • Will the capped 52 hours per annum be monitored by the assessors when developing the Individual Support Plan and budget? | | | | |

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| | <ul style="list-style-type: none"> • Will unaccompanied shopping be included in the capped 52 hours of cleaning? • What is these caps result in clients living in squalor – how will the client be supported to treat that? | | | |
| | Home maintenance and repairs | <ul style="list-style-type: none"> • Gardening • Assistance with home maintenance and repairs • Expenses for home maintenance and repairs <p>Note: 18 hours annual cap on gardening.</p> | <ul style="list-style-type: none"> • Essential light gardening (e.g., lawn mowing, pruning and yard clearance for safe access). • Essential minor repairs and maintenance where the activity is something the person used to be able to do themselves or where required to maintain safety (e.g., clean gutters, replace lightbulbs and repair broken door handle). | <ul style="list-style-type: none"> • General expenses: <ul style="list-style-type: none"> ○ professional gardening services that would usually be paid for such (e.g., tree removal, landscaping, farm or water feature maintenance). ○ gardening services that relate to visual appeal rather than safety/accessibility (e.g., installation and maintaining plants, garden beds and compost). ○ professional maintenance and repair services that would usually be paid for (e.g., professional pest extermination, installing cabinetry, replacing carpets due to usual wear and tear) except if there is an imminent age-related safety risk (e.g., repairing uneven flooring that poses a falls risk or section of carpet |

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| | | | | <p>damaged by a wheelchair)</p> <ul style="list-style-type: none"> ○ services that are responsibility of other parties (e.g., landlords, government housing authorities, generally covered by private insurance). |
| | <ul style="list-style-type: none"> • Need to be clear that gardening is for only immediate lawn and surrounds for WHS purposes, not large properties, even if clients like to walk in their large properties. • Will the 18 hours annual cap include Repairs and Maintenance services? | | | |
| | Meals | <ul style="list-style-type: none"> • Meal preparation • Meal delivery | <ul style="list-style-type: none"> • Support to prepare meals in the home. • Pre-prepared meals. | <ul style="list-style-type: none"> • General expenses: <ul style="list-style-type: none"> ○ cost of ingredients ○ takeaway food delivery ○ meal delivery for other members of the household. |