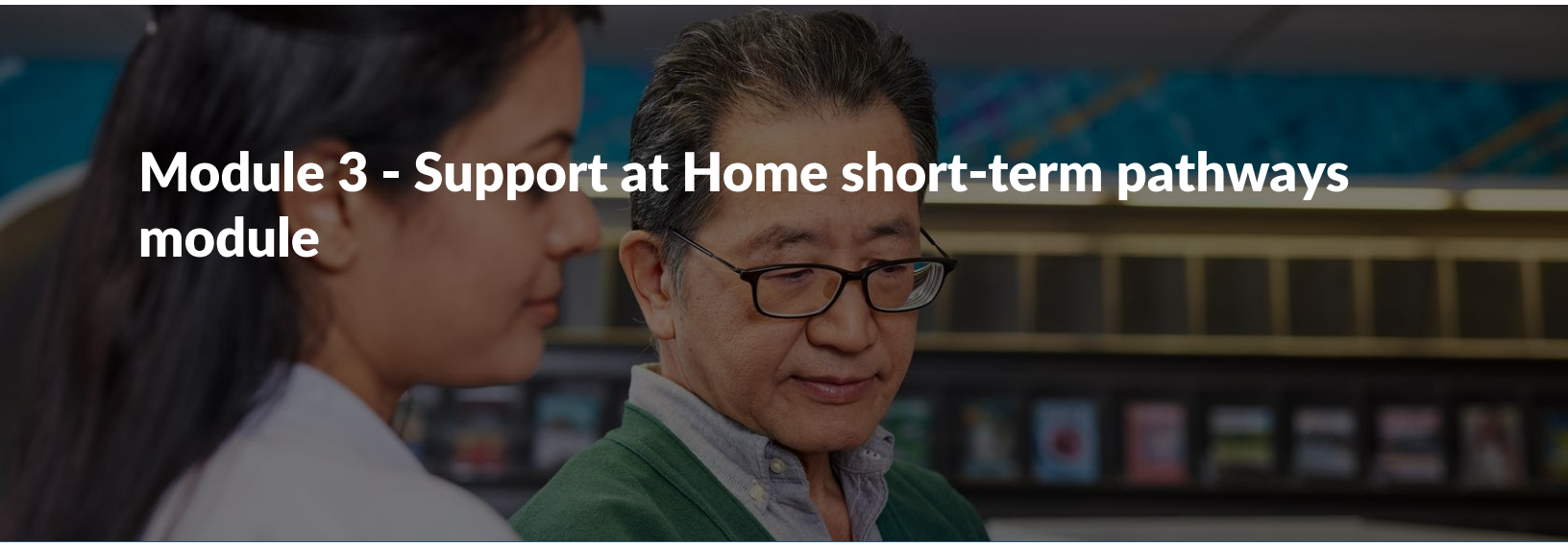


Module 3 - Support at Home short-term pathways module

About

This Support at Home short-term pathways module gives providers a comprehensive view of the Assistive Technology and Home Modifications (AT-HM) scheme, Restorative Care Pathway and End-of-Life Pathway.

The department reserves the right to add and change supplementary information to this training.

Duration

This course will take approximately **30 minutes** to complete. You can access the learning resources at any time.

Start

Select **Start course** above or **select a specific lesson below** to begin.

Welcome

UNDERSTANDING THE SHORT-TERM PATHWAYS

- Role of short-term pathways
- Assistive Technology and Home Modifications scheme
- Restorative Care Pathway
- End-of-Life Pathway

COURSE WRAP-UP

- Knowledge check
- Helpful resources
- Course wrap-up

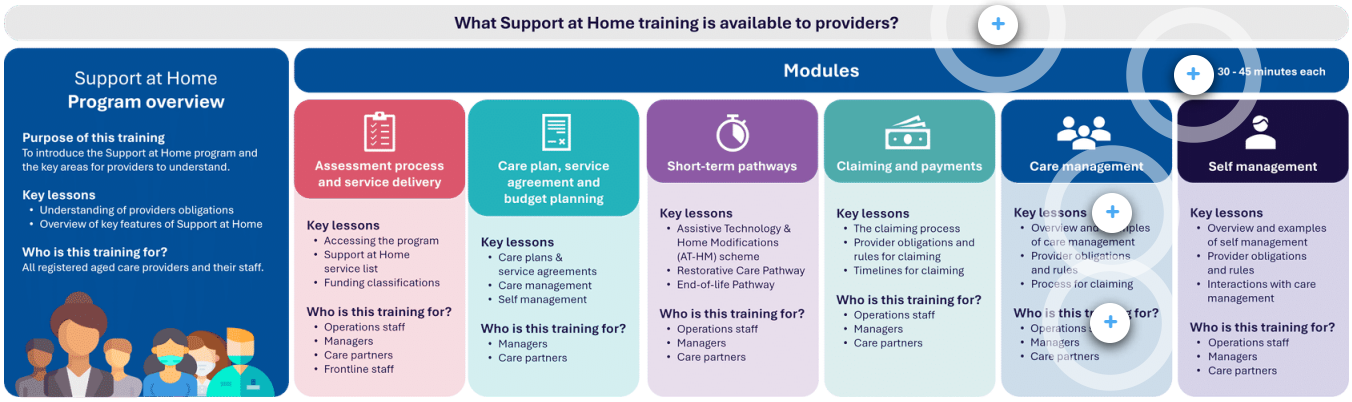
Lesson 1 of 8

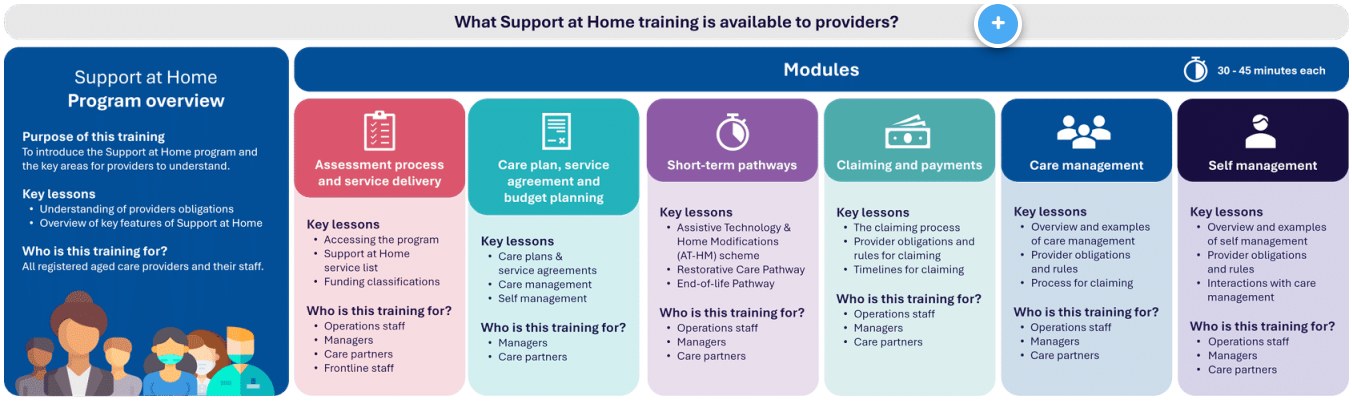
Welcome

The Department of Health, Disability and Ageing acknowledges and pays respect to the Traditional Owners and Custodians of the lands throughout Australia. We recognise the strength and resilience of Aboriginal and Torres Strait Islander people, and their continuing connections to land, sea and community. We pay our respects to Elders past, present and emerging. We also extend our respects to any Aboriginal and Torres Strait Islander people participating in this learning.

Aboriginal and Torres Strait Islander people should be aware that this training may contain images of deceased persons in photographs.

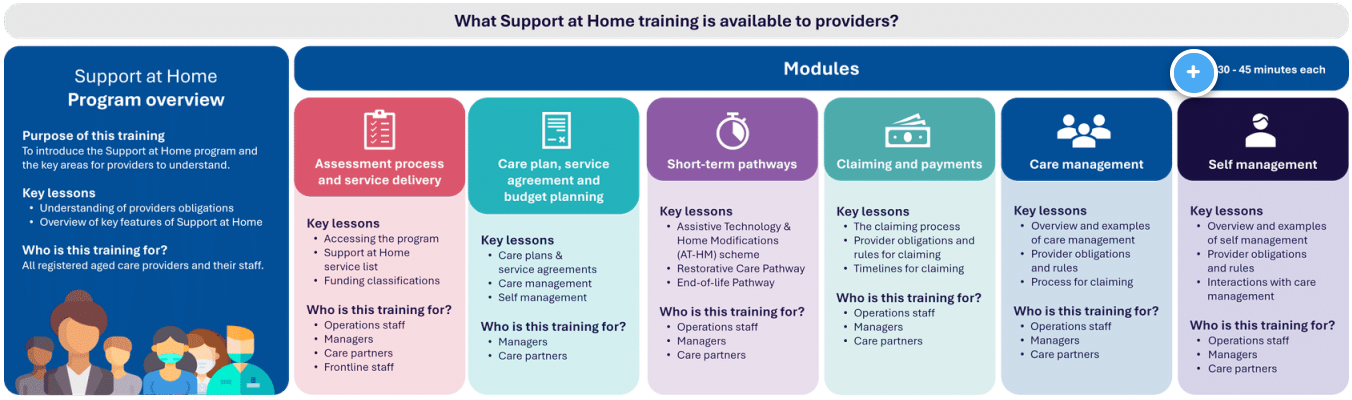
The diagram below provides an overview of the Support at Home training modules available.





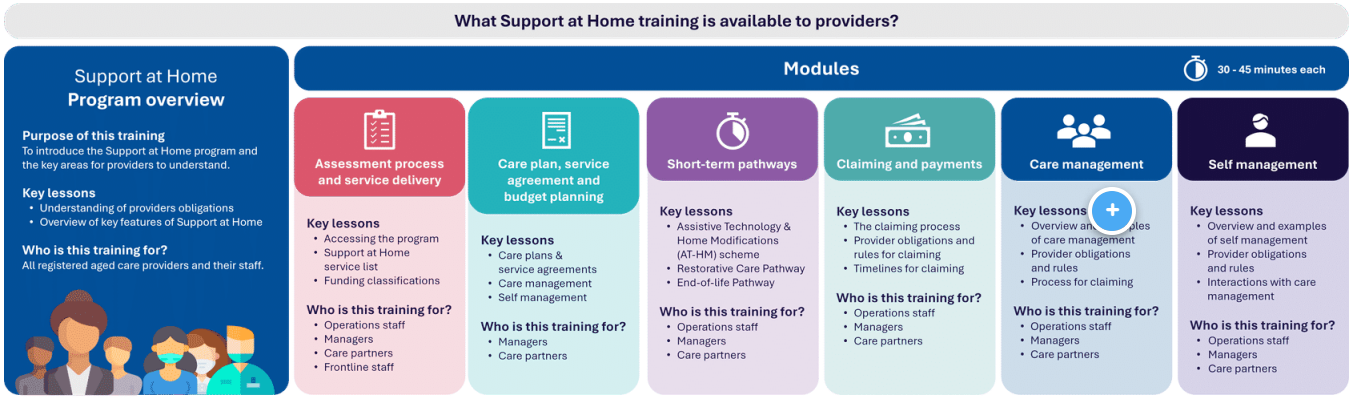
Is this training mandatory?

No, but this training is strongly recommended. This training will help providers understand the Support at Home program prior to the changes taking effect when Support at Home commences.



How long will it take to complete this training?

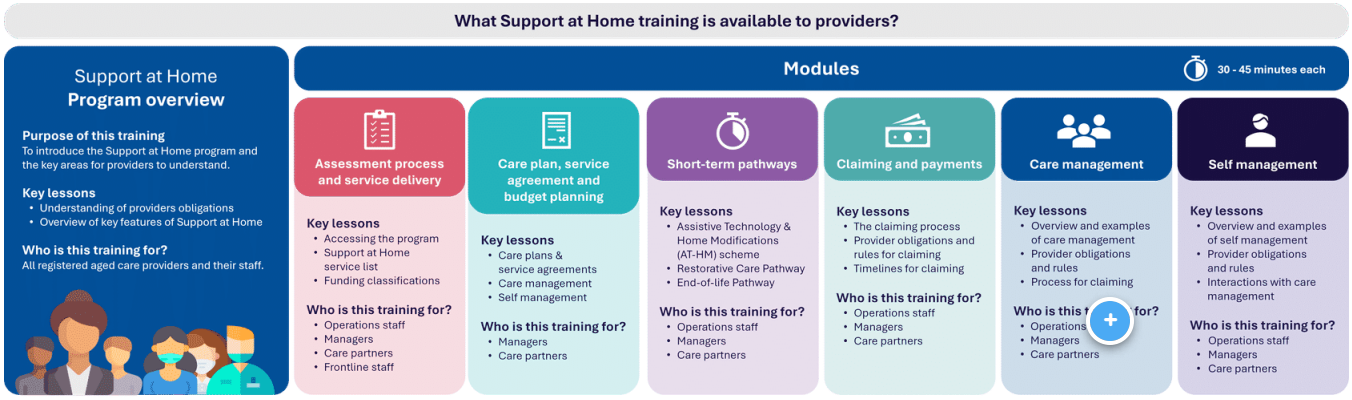
About 30 minutes.



Purpose of this training

This training supports providers to deliver government-funded aged care services.

This training will cover the Support at Home short-term pathways and their relevant funding classifications.



Who is this training for?

This training has been developed for all registered aged care providers and their staff.

This module may be more relevant to operations staff, managers and care partners within provider organisations. This includes staff members who need a comprehensive understanding of the services and funding under Support at Home.

This training may also be relevant to other groups such as independent aged care advocates and third-party providers.

Accessibility

This training has been developed to meet accessibility standards. Learners who are using assistive technologies (such as Job Access with Speech) will also be able to complete the training.

The department is committed to inclusion, and we are aware that each of us experience inclusion differently. Please let us know what we can do to make this course accessible and inclusive for you. If you would like to request a different reasonable adjustment or to provide accessibility feedback please email learning.and.capability@health.gov.au.

NEXT LESSON: ROLE OF SHORT-TERM PATHWAYS

Role of short-term pathways

The Support at Home short-term pathways provide funding for older people to access additional products, equipment and support.

In addition to the ongoing Support at Home funding classifications, there are 3 short-term Support at Home pathways available to older people.

These short-term pathways are designed to meet specific short-term needs of older people to assist and support them to achieve their goals in their own home.

- The AT-HM scheme and Restorative Care Pathway can be accessed separately or concurrently to ongoing funding.
- The End-of-Life Pathway must be accessed separately and not concurrently to ongoing funding or the Restorative Care Pathway.

Support at Home program

Older people approved to receive Support at Home will be assigned a classification.

8 ongoing classifications

Classification	Quarterly Budget	Annual Amount
1	$2,674.18	$10,696.72
2	$3,995.42	$15,981.68
3	$5,479.94	$21,919.77
4	$7,386.33	$29,545.33
5	$9,883.76	$39,535.04
6	$11,989.35	$47,957.41
7	$14,530.53	$58,122.13
8	$19,427.25	$77,709.00

3 short-term pathways

Assistive Technology and/or Home Modifications (AT-HM) scheme

Restorative Care Pathway

End-of-Life Pathway

Structure of the Support at Home Program, where there are 8 ongoing classifications and 3 short-term pathways

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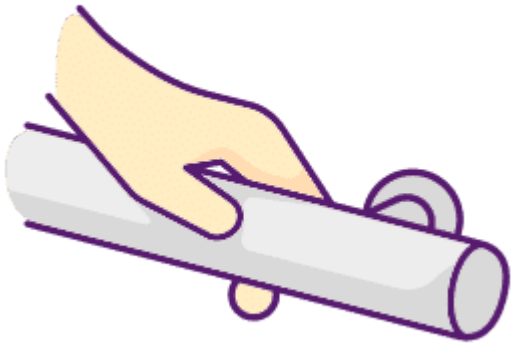
Select the tabs below to learn more about the 3 Support at Home short-term pathways.

AT-HM SCHEME | RESTORATIVE CARE PATHWAY | END-OF-LIFE PATHWAY

The Assistive Technology and Home Modifications (AT-HM) scheme provides targeted assistance to older persons to access products, equipment or home modifications that will assist them to remain independent in their own home for longer.

It offers separate funding to a participant's ongoing Support at Home budget for the products, equipment and home modifications that they need.



AT-HM SCHEME | RESTORATIVE CARE PATHWAY | END-OF-LIFE PATHWAY

The Restorative Care Pathway focuses on early intervention to support an older person. This is to enable the older person to maintain or regain function, reduce or prevent functional decline and delay the need for ongoing care or entry into higher levels of care.

AT-HM SCHEME | RESTORATIVE CARE PATHWAY | END-OF-LIFE PATHWAY

The End-of-Life Pathway will help older people pass away with dignity and comfort in their own home.

NEXT LESSON: ASSISTIVE TECHNOLOGY AND HOME MODIFICATIONS SCHEME

Assistive Technology and Home Modifications scheme

The Assistive Technology and Home Modifications (AT-HM) scheme helps older people live independently within their community.

The AT-HM scheme offers separate funding to a participant's ongoing Support at Home budget for the products, equipment and home modifications that they need.

Older people may be assessed for the AT-HM scheme as part of their aged care assessment.

If approved, a funding tier for assistive technology and / or home modifications will be **outlined in their Notice of Decision and support plan**. Participants may receive an AT funding tier (low, medium, high), HM funding tier (low, medium, high), or both.

Apply for aged care services

If you've looked at available government-subsidised aged care services and want to know how to get assessed and what's involved, there are a few key steps to follow.

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Assistive technology (AT) includes equipment and products that helps people perform tasks more easily or maintain independence in daily activities.

This can range from mobility equipment to toileting support products.

Home modifications (HM) involve changes to a participant's home environment.

These changes improve safety and accessibility, and allow older people to continue living more independently.

Examples include installing grab rails, modifying door locks, and removing shower hobs

The AT-HM list outlines the products, equipment and home modifications that eligible participants can access through the Assistive Technology and Home Modifications Scheme.

The AT-HM list is based on internationally recognised standards. This includes the Australian-adopted Assistive Product Classification and Terminology Standard (AS/NZS ISO 9999:2022). The AT-HM list has been developed with input from subject matter experts.


Assistive Technology and Home Modifications List (AT-HM List)

Assistive Technology and Home Modifications List (AT-HM List)

This document outlines the products, equipment and home modifications that eligible participants can access through the Assistive Technology and Home Modifications (AT-HM) Scheme.

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AT-HM funding is required to be spent within 12 months in most cases.

For new participants and those receiving ongoing Support at Home funding, the funding period commences when the provider notifies the Department that the participant has started with them.

After this 12-month period, any unused funds expire and can no longer be accessed by the older person. Providers will need to submit claims within 60 days after the 12-month period ends.

View the table below for the AT-HM funding tiers:

Funding tier	Funding allocation	Funding period
Assistive technology		
Low	$500	12 months
Medium	$2,000	12 months
High	$15,000[1] (nominal)	12 months
[1] Participants who have assistive technology costs above $15,000 can access additional funding with evidence, such as a valid prescription.		
Home modifications		
Low	$500	12 months
Medium	$2,000	12 months
High	$15,000	12 months[2]
[2] Funding may be extended for an additional 12 months to complete complex home modifications (24 months in total) if evidence of progress is provided to Services		

Australia.		
Other funding		
Assistance dog maintenance	$2,000 per year	Ongoing[3]
[3] Funding for assistance dog maintenance will be automatically allocated every 12 months; however, the funding cannot accrue or rollover.		

Participants receiving services under the Restorative Care Pathway can access assistive technology funding and low and medium tier home modifications funding.

Participants receiving services through the End-of-Life Pathway can access low and medium tier assistive technology.

Reallocation to a higher funding tier

Where a participant's allocated funding tier is insufficient to meet their needs, **providers can request a Support Plan Review** to request the allocation of a higher funding tier.

Providers are required to submit evidence to support their request.

Extensions to assistive technology

Older people with **specific progressive conditions** may be approved to access a range of assistive technology over a 24-month period. This is to support them to live independently at home.

AT or HM clients eligible for one or more **progressive conditions** will be allocated a funding tier (medium or high) at assessment to cover the **progressive condition** plus any additional needs of the participant.

- The **allocated funding** tier (medium or high) will be available for **24 months** to allow the funding to be utilised
- This can be **extended** for a further 24 months (**48 months** in total) when the service provider **confirms ongoing / prescribed need**, no support plan review will be required
- Funding **will not increase** if extension has been granted.

Extensions for home modifications

In some cases, there may be a delay in home modifications. This may prevent the funding from being spent within the required timeframe.

If it is a complex modification, the funding **may be extended for an additional 12 months** (up to a total of 24 months). Funding will not increase if an extension has been granted.

Providers need to ensure that **evidence of progress is submitted to Services Australia within the first 12 months**.

Lifetime caps will be monitored

For high-tier home modifications, funding is capped at **$15,000 per lifetime**. This does not include any additional supplements a participant may be eligible for.

Services Australia will monitor these lifetime caps to ensure compliance.

Assistance dogs

Participants requiring assistance dogs will be identified and approved for funding through their aged care assessment.

A dog must meet the definition of an assistance dog used by Health Direct and be required to enable participation in activities of domestic life.

Funding for assistance dogs is a specific need with separate funding. Funding for assistance dogs is capped at $2,000 per year. This funding can be approved in isolation or in addition to an AT-HM funding tier.

In some cases, some of the costs associated with essential assistance dog maintenance may be included under the AT-HM scheme. The services must directly relate to the upkeep of the dog.

Some participants may be required to contribute towards their assistive technology or home modifications.

- Participant contribution arrangements apply for AT-HM services and items. The participant contribution rate for AT-HM is equivalent to the independence category.
- For both AT and HM, prescriptions and clinical support services will attract the Support at Home 'clinical' category rates. This means all participants will contribute 0% to these services.
- Prescription and wrap-around services (where required) fall under the clinical supports category. No participant contributions are required as this category is fully funded by the government for all participants.

The participants with approved AT-HM funding may access supplements including:

- the remote supplement for participants living in an area in the Modified Monash Model (MMM) 6 or 7
- the fee reduction supplement for participants experiencing genuine financial hardship

Care management, wrap around services, administration and coordination costs in AT-HM.

CARE MANAGEMENT AND AT-HM | WRAP AROUND SERVICES | ADMINISTRATION AND COORDINATION COSTS

Providers may use their 10% care management funding to cover the broader care planning and service planning discussions with the older person on how AT-HM funding may be used.

This includes engaging with any relevant professionals about the participant's service needs.

The cost that the provider incurs to source the equipment, products and home modifications that their participant needs is drawn from their AT-HM funding.

CARE MANAGEMENT AND AT-HM | WRAP AROUND SERVICES | ADMINISTRATION AND COORDINATION COSTS

For assistive technology and home modifications, the participant may require additional services or training to ensure the equipment is fit-for-purpose and can be used safely. This is referred to as 'Wrap-around services'

Wrap around services are claimed out of the AT-HM funding allocation.

- **Delivery** and/or **set up** of assistive technology equipment.

- **Training and education** on the safe use of assistive technology or home modifications
- **Follow up visits** from health professionals to check whether assistive technology or home modifications effectively meet the needs of the older person
- **Repairs** or **maintenance**.

CARE MANAGEMENT AND AT-HM	WRAP AROUND SERVICES	ADMINISTRATION AND COORDINATION COSTS

Providers will incur administration costs associated with the provision of assistive technology (AT) to their participants.

These activities, such as **sourcing and ordering items**, **scheduling** wrap-around services and submitting claims to Services Australia, will be compensated by and drawn from the **participant's AT funding tier.**

In order to ensure that **most of a participant's AT funding goes towards the cost of items** and wrap-around services, providers may **charge up to 10% of the cost of the item** or item bundle or **up to $500** (whichever is lower).

For the provision of **home modifications (HM),** coordination and project management activities incurred by the provider will be compensated by and drawn from the participant's HM funding tier.

Providers **may charge up to 15% of the total quoted cost** of the home modification, or up to $1,500 (whichever is lower).

Providers will be able to claim for administration and coordination costs through the **Aged Care Provider Portal.**

Subsidies for a provider's AT administration or HM coordination costs do not cover any care management tasks, business overheads or costs, marketing costs, or direct service charges (as per current HCP package management rules).

Providers will need to follow the AT-HM claiming rules when submitting claims for payment.

Providers need to follow these rules in addition to the claiming rules that apply to all claims in chapter 16.4 of the Support at Home program manual.

The AT-HM claiming rules in chapter 16.4.2 of the manual include that:

- Funding for assistive technology will be drawn from the Assistive Technology fund account, and funding for home modifications will be drawn from the Home Modification fund account
- The prescription needs to be from a suitably qualified health professional that recommends particular items from the AT-HM list.
- Claims for AT-HM can include prescription, wrap-around services, AT administration and home modification coordination costs.
- Providers need to ensure the timeframe they issue payment claims is any time during the period, and up to 60 days post the 12-month allocation period ending.
- Providers need to ensure that the price claimed for the AT items match the invoice or other evidence provided.
- Providers should submit an invoice for home modifications at the time of claiming, and can submit claims for progress payments as needed.

- Providers can claim for repairs and maintenance from the relevant AT-HM funding source.

Learn more about the AT-HM Scheme

Image of a magnifying glass

- View Chapter 13 of the Support at Home program manual.

NEXT LESSON: RESTORATIVE CARE PATHWAY

Restorative Care Pathway

The Restorative Care Pathway focuses on early intervention to support an older person.

The Restorative Care Pathway is an approach to care that focuses on early intervention through intensive clinical care, support and monitoring. The aim of this is to maintain or regain function, reduce or prevent functional decline and delay the need for ongoing care or entry into higher levels of care.

Eligibility to access the Restorative Care Pathway is determined through an aged care assessment, which will indicate if a Restorative Care episode is appropriate.

If required, at the end of the Restorative Care episode participants will be assessed to determine if ongoing Support at Home services are required.

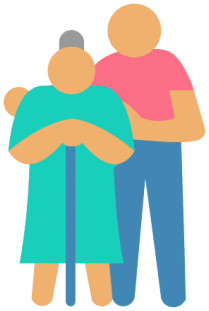
An episode of restorative care provides **up to 16 consecutive weeks** of allied health and/or nursing services aligned to a participant's assessed needs. Each restorative care episode provides **a unit of funding of up to $6,000**.

A **maximum of two episodes** of Restorative Care may be available in each **12-month** period.

These episodes **cannot be consecutive**. Participants will need to **wait at least 90 days** from completion of one episode before being eligible to receive a second episode within the 12-month period.

Providers will deliver coordinated clinical services to help older people achieve their goals, stay at home for longer, and delay entry into higher levels of care.

Restorative Care Pathway for ongoing Support at Home participants



Existing Support at Home participants can access a restorative care episode at the same time as ongoing Support at Home services.

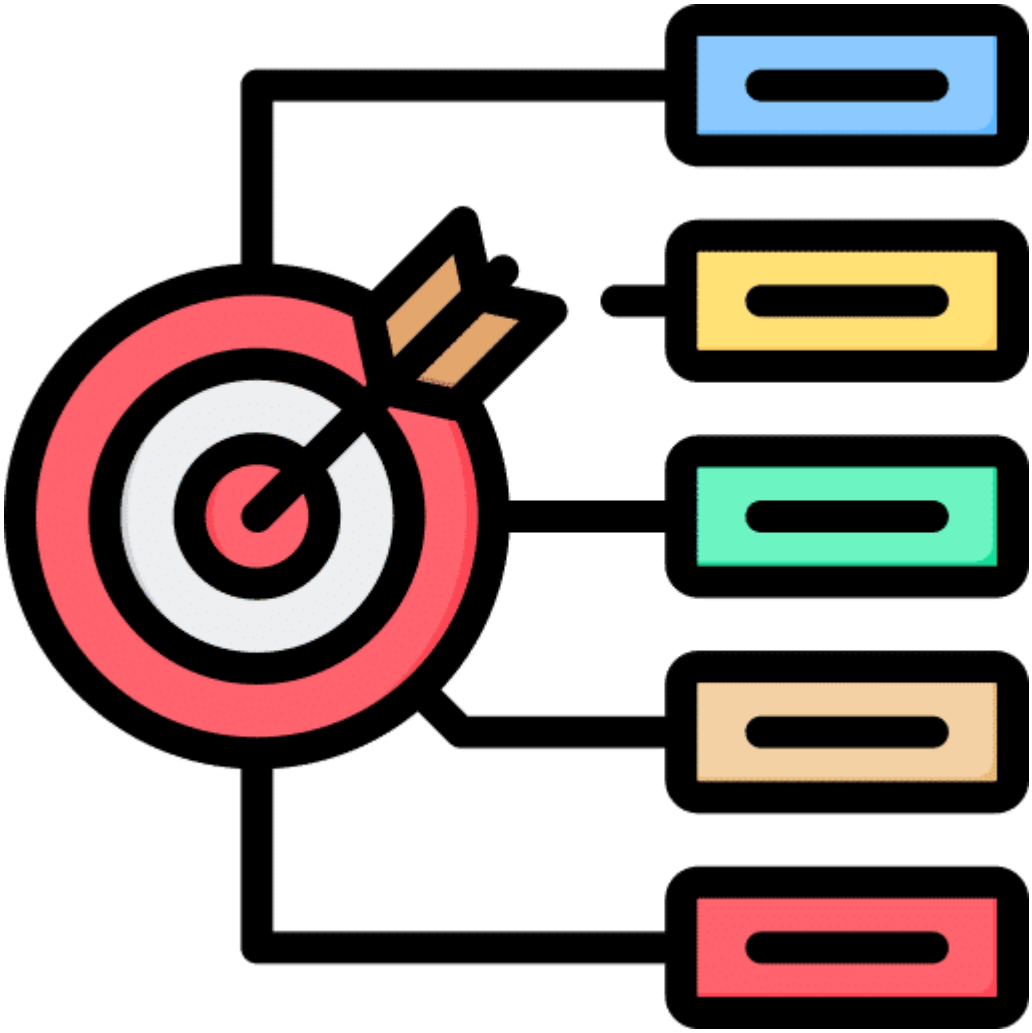
This means that the participant can continue to use their ongoing quarterly budget to access ongoing services at the same time as their restorative care funding to access additional services

Services through the Restorative Care Pathway should be clinically focused and different to the ongoing services being delivered.

GOALS OF RESTORATIVE CARE | MULTIDISCIPLINARY APPROACH | SERVICE LIST

The Restorative Care Pathway provides an intensive short-term period of care designed to:

- support participants to regain their ability to carry out daily activities
- help participants to manage new or changing age-related conditions
- prevent or delay the need for ongoing in-home care services or the need to access higher levels of ongoing care
- provide reablement education and skills to participants on how they can retain better function as they age for longer independent living.



Restorative care involves a team of allied health and/or nursing professionals from different disciplines working together to provide care.

For example, a physiotherapist, occupational therapist and dietician can form a multidisciplinary team. This team provides a participant with a comprehensive, outcome-focused treatment plan and clinical support.

Participants receiving restorative care must access services from the **Support at Home service list**. The services must align with the assessed needs in the Notice of Decision and support plan.

Assistive technology and / or home modifications may also be delivered during an episode of restorative care, if the aged care assessor determines this is required.

Where participants are accessing a restorative care episode and receiving ongoing Support at Home services at the same time, providers should avoid duplicating services.

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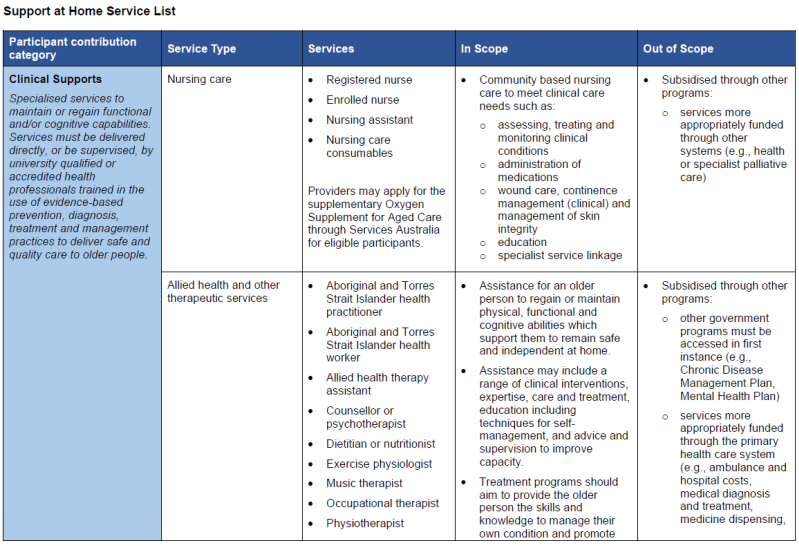

Support at Home Service List

Participant contribution category	Service Type	Services	In Scope	Out of Scope
Clinical Supports *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.*	Nursing care	• Registered nurse • Enrolled nurse • Nursing assistant • Nursing care consumables Providers may apply for the supplementary Oxygen Supplement for Aged Care through Services Australia for eligible participants.	• Community based nursing care to meet clinical care needs such as: ○ assessing, treating and monitoring clinical conditions ○ administration of medications ○ wound care, continence management (clinical) and management of skin integrity ○ education ○ specialist service linkage	• Subsidised through other programs: ○ services more appropriately funded through other systems (e.g., health or specialist palliative care)
	Allied health and other therapeutic services	• Aboriginal and Torres Strait Islander health practitioner • Aboriginal and Torres Strait Islander health worker • Allied health therapy assistant • Counsellor or psychotherapist • Dietitian or nutritionist • Exercise physiologist • Music therapist • Occupational therapist • Physiotherapist	• Assistance for an older person to regain or maintain physical, functional and cognitive abilities which support them to remain safe and independent at home. • 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	• Subsidised through other programs: ○ other government programs must be accessed in first instance (e.g., Chronic Disease Management Plan, Mental Health Plan) ○ services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing,

Support at Home service list

This document outlines the services that participants can access under the Support at Home program.

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Eligibility to access the Restorative Care Pathway is determined through an aged care assessment.

When are participants eligible for restorative care?

The aged care assessment takes into consideration:

When are participants not eligible for restorative care?

Participants cannot access restorative care if they:

if the participant demonstrates a need for short-term targeted support

if intensive clinical and/or allied health services are likely to address the issues

if the participant is motivated and wants to actively engage in short-term interventions to increase their independence

are receiving or eligible to access the End-of-Life Pathway

have accessed an episode of restorative care within the past 90 days

have accessed 2 separate episodes of restorative care pathway within the past 12-month period

are receiving or are eligible to receive services through the Transition Care Program

are receiving permanent residential care

Existing Support at Home participants with ongoing services can access the Restorative Care Pathway at the same time.

Participants accessing the Restorative Care Pathway can also access supports through the Assistive Technology or Home Modification (AT-HM) scheme, where these supports will contribute to the overall outcomes of the restorative care episode.

An episode of restorative care provides up to $6,000 of funding for up to 16 consecutive weeks of allied health and/or nursing services.

It is expected that a majority of a participant's budget is spent on clinical supports (for example, allied health and / or nursing) designed to restore function and improve independence.

Participants can access a maximum of 2 units of restorative care funding over a 12-month period at different periods within the year (non-consecutive) with a minimum of 90 days between episodes.

Participant contribution arrangements apply for independence and everyday living services accessed under the Restorative Care Pathway.

This is consistent with ongoing Support at Home services.

For services in the clinical supports category (for example, nursing), no participant contribution is required as these services are fully funded by government.

Older people receiving restorative care services must also receive care management services delivered by a restorative care partner.

Restorative care management

Restorative care management activities may be intensive and involve assessing progress on a weekly or more regular basis.

Unlike Support at Home ongoing services, which have a 10% care management limit, restorative care has no specific limit or amount deducted from the budget for care management.

Restorative care partners

Restorative care partners provide coordination and oversight of all clinical services outlined in the participant's Goal Plan.

Restorative care partners should hold qualifications in nursing or allied health, preferably at the university level and be able to work independently. Other relevant clinical qualifications may be held noting providers will need to meet the strengthened Quality Standards (Outcome 5.1 will apply).

The care management budget will be determined by the provider and participant.

Providers will ensure that the care management costs are proportionate and in the best interests of the participant.

Restorative care partners must work closely with participants to define an individualised goal plan

A goal plan in line with the participant's aged care assessment must be established for the length of the restorative care episode, up to the maximum 16-week timeframe. This goal plan is in addition to the service agreement and is a mandatory component. Care plans are not essential in restorative care pathways but may be updated as needed for ongoing Support at Home services.

Goal Plan _

A goal plan must include:

- the **start date and estimated end date**
- the participant's **needs, specific goals, preferences and existing supports**. This can be drawn from the participant's support plan

any **other services or supports** the participant is receiving to help support meeting the goal

any **risks** identified. This can be through an assessment of the participant or their home

the **budget** and **specified services to be delivered**. This needs to include how often and when

the **process for monitoring and evaluating**. This can include what assessment tools and measures will be used and when the participant will be evaluated

Progress Reviews

Goal planning should include regular progress reviews.

This will help determine how the participant is tracking towards reaching their goals and what supports (if any) may be required following the end of the episode to inform the exit plan.

An exit plan is mandatory for the Restorative Care Pathway.

The restorative care partner must work with participants to plan and coordinate their care, including exiting from a restorative care episode and obtaining access to ongoing care, if required.

Exit plans should be based on the goal plan which has been completed and reviewed throughout the episode. Due to the short-term nature of the pathway, exit planning should ideally begin at the start of the restorative care episode.

Providers need to follow these rules in addition to the claiming rules that apply to all claims in chapter 16.4 of the Support at

Home program manual.

The Restorative Care Pathway claiming rules in chapter 16.4.3 of the manual include that:

- funding for restorative care services can only be claimed from the **Restorative Care Pathway Payments account.**
- restorative care pathway claims cannot be made to the care management pooled account (used only for care management services for ongoing Support at Home classifications).
- while there is no cap on claims for care management services for the restorative care pathway, providers will ensure that claims are reasonable, proportionate to the budget and in the best interests of the older person.
- providers need to ensure claims are finalised within 60 days of completing the restorative care episode.

Providers will need to follow the restorative care claiming rules when submitting claims for payment.

Learn more about the Restorative Care Pathway

Image of a magnifying glass

View Chapter 14 of the Support at Home program manual.

End-of-Life Pathway

End-of-Life Pathway

The End-of-Life Pathway will help older people pass away with dignity and comfort in their own home.

The End-of-Life Pathway is intended to provide additional in-home aged care services (such as personal care, domestic assistance and general nursing care) to complement services available under state and territory-based palliative care schemes.

ELIGIBILITY CRITERIA | ACCESSING THE PATHWAY | SERVICE LIST

The End-of-Life Pathway is available to participants already receiving Support at Home, as well as those not currently accessing the program.

An older person is eligible to access the End-of-Life Pathway if they meet the following criteria:

1. A doctor or nurse practitioner provides an estimated life expectancy of 3 months or less to live, and
2. a score of 40 or less on the Australian-modified Karnofsky Performance Status (AKPS) score (mobility/frailty indicator). The AKPS is measures an individual's ability to perform their daily activities. The score is assigned by a clinician who has observed the participant's ability to perform common tasks relating to activity, work and self-care.

To assess eligibility, the **End-of-Life Pathway Form** must be completed and submitted.

This form asks for medical information about the participant's condition and evidence of end-of-life.

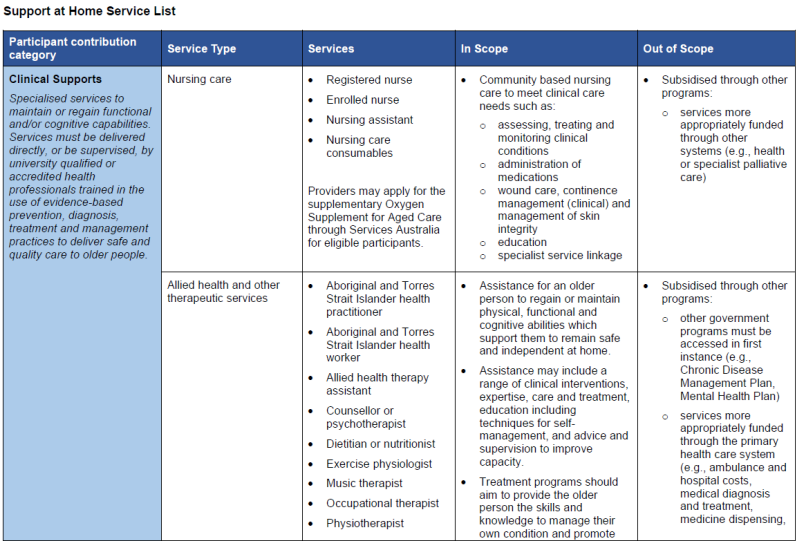
The participant, their supporter or substitute decision maker, or the provider must download the form and provide this to the appropriate medical practitioner (their GP, non-GP specialist or nurse practitioner) for completion.

Once filled in, the form will need to be submitted for consideration by the aged care assessment process.

Refer to the department's website for more information on the End-of-Life Pathway form.

End-of-Life Pathway participants can access services from the Support at Home service list.

The available End-of-Life Pathway services are determined on a needs-basis in accordance with their high-priority aged care assessment or high-priority Support Plan Review in accordance with the Aged Care assessment process.



Support at Home Service List

Participant contribution category	Service Type	Services	In Scope	Out of Scope
Clinical Supports *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.*	Nursing care	• Registered nurse • Enrolled nurse • Nursing assistant • Nursing care consumables Providers may apply for the supplementary Oxygen Supplement for Aged Care through Services Australia for eligible participants.	• Community based nursing care to meet clinical care needs such as: ○ assessing, treating and monitoring clinical conditions ○ administration of medications ○ wound care, continence management (clinical) and management of skin integrity ○ education ○ specialist service linkage	• Subsidised through other programs: ○ services more appropriately funded through other systems (e.g., health or specialist palliative care)
	Allied health and other therapeutic services	• Aboriginal and Torres Strait Islander health practitioner • Aboriginal and Torres Strait Islander health worker • Allied health therapy assistant • Counsellor or psychotherapist • Dietitian or nutritionist • Exercise physiologist • Music therapist • Occupational therapist • Physiotherapist	• Assistance for an older person to regain or maintain physical, functional and cognitive abilities which support them to remain safe and independent at home. • 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	• Subsidised through other programs: ○ other government programs must be accessed in first instance (e.g., Chronic Disease Management Plan, Mental Health Plan) ○ services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing,

Support at Home service list

This document outlines the services that participants can access under the Support at Home program.

UNDEFINED AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGED CARE ›

A one-off budget of $25,000 over a 12-week period is available for participants through the End-of-Life Pathway.

Funding can be used to access the participant's approved services from the Support at Home service list, including care management.

Unspent funds from the End-of-Life Pathway do not roll over and cannot be saved. This means if a participant lives beyond 12 weeks and moves to an ongoing classification, any unspent funds won't carry over.

If more than 12 weeks of care is needed, participants can:

- continue to use the remaining $25,000 budget up to 16 weeks (if funding is still available)
- access HCP unspent funds (if available)
- work with their provider to request a Support Plan Review to move to an ongoing Support at Home classification.

Access to funding from the Assistive Technology and Home Modifications (AT-HM) scheme

Participants in the End-of-Life Pathway can access low and medium tier assistive technology.

However, participants are not eligible to receive any funding for home modifications. The only exception to this is if home modifications were already underway for an existing participant

prior to entering the End-of-Life Pathway.

If eligible, primary supplements will also apply to participants.

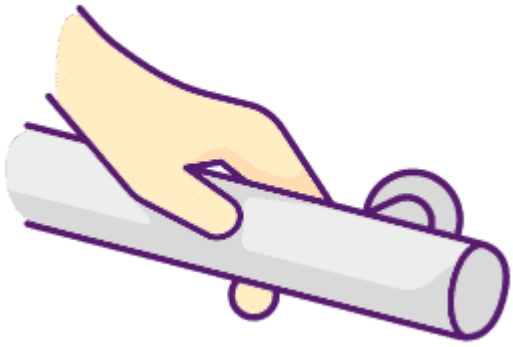


Image of hand on grab rail

Participant contribution arrangements apply for independence and everyday living services accessed under the End-of-Life pathway.

This is consistent with ongoing Support at Home services.

For services in the clinical supports category (for example, nursing), no participant contribution is required as these services are fully funded by government.

Older people receiving end-of-life services must also receive care management services delivered by a care partner.

Care Management

Participants on the End-of-Life Pathway must receive care management delivered by the care partner.

Care partners are expected to develop a care plan that covers liaison and care coordination with the participant’s doctor, medical team and/or any state or territory palliative care services

Providers should claim the cost of care management directly from the participant's End-of-Life Pathway budget.

End-of-Life Pathway claims cannot be made to the Care Management pooled account.

There is no limit to the amount of care management that can be claimed. Providers need to ensure claims are reasonable and in the best interests of the older person

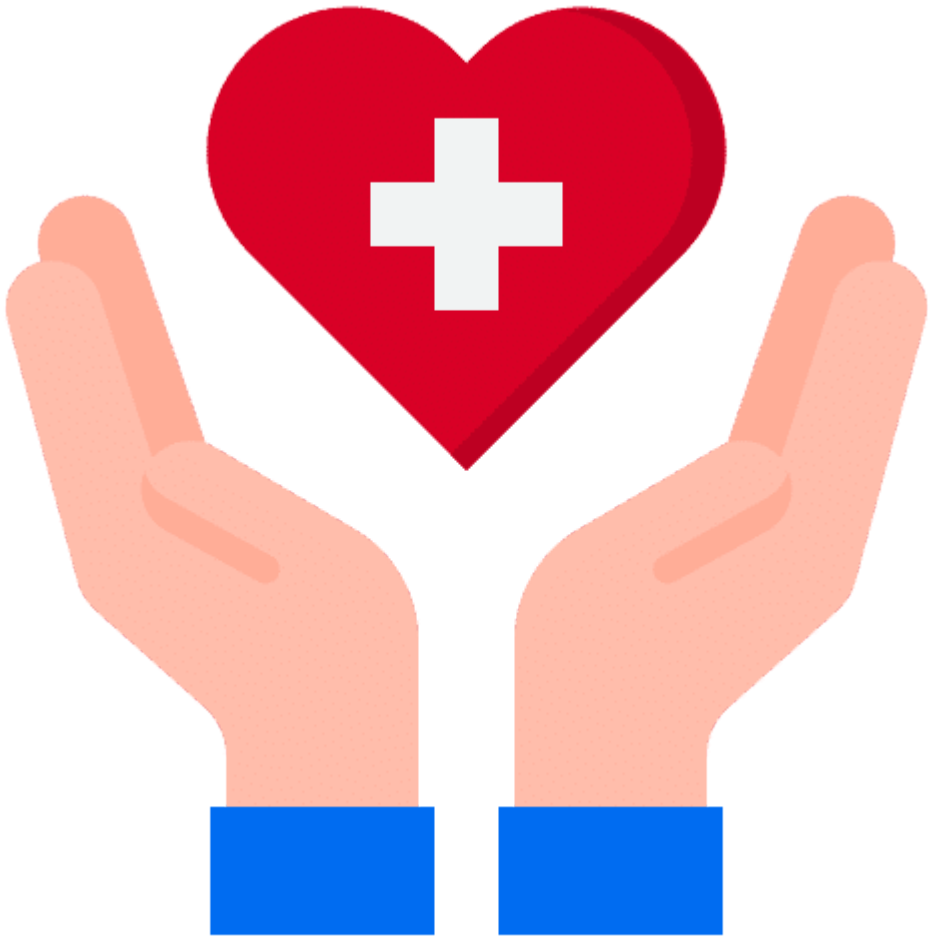


Image of hand supporting heart

Providers will need to follow the End-of-Life claiming rules when submitting claims for payment.

Providers need to follow these rules in addition to the claiming rules that apply to all claims in chapter 16.4 of the Support at Home program manual.

The End-of-Life Pathway claiming rules in chapter 16.4.4 of the manual include that:

> funding for end-of-life services will be drawn from the End-of-Life budget account.
>
> providers need to ensure all claims are finalised within 60 days of completing the end-of-life episode.
>
> providers need to claim care management services from the End-of-Life budget account. There is no cap on claims for care management services for the End-of-Life Pathway.
>
> for participants receiving ongoing Support at Home services who enter the End-of-Life pathway, that providers cannot claim for ongoing services during the end-of-life episode.

Learn more about end-of-life care for older Aboriginal and Torres Strait Islander persons

Palliative care services for Aboriginal and Torres Strait Islander participants include:

Aboriginal and Torres Strait Islander Peoples Palliative Care Resources - Palliative Care Australia

Gwandalan National Palliative Care Project

Indigenous Program of Experience in the Palliative Approach (IPEPA)

Aboriginal and Torres Strait Islander participants are also able to access Aboriginal or Torres Strait Islander Health Practitioner and Health Workers under the service list, in addition to cultural support.

Learn more about the End-of-Life Pathway

Image of a magnifying glass

View Chapter 15 of the Support at Home program manual.

NEXT: KNOWLEDGE CHECK

Knowledge check

Test your knowledge by answering the questions below.

Question

01/06

How many funding tiers are there for AT-HM?
(Select 1 option)

- ○ 1
- ○ 2
- ○ 3

Question

02/06

What determines whether participants are approved to access Assistive Technology and Home Modifications (AT-HM) scheme?
(Select 1 option)

- ◯ Medical referral
- ◯ Aged care assessment
- ◯ Personal referral

Question

03/06

An episode of restorative care provides a short-term period of care of up to how many weeks for older people?
(Select 1 option)

- 2
- 6
- 16
- 20

Question

04/06

Eligibility to access the Restorative Care Pathway is determined through an aged care assessment. A participant is ineligible to receive Restorative Care if they?
(Select 1 option)

- ○ Are receiving or eligible to receive the End-of-Life Pathway
- ○ Are in permanent residential care
- ○ Have already accessed 2 episodes or units of funding of the Restorative Care Pathway within the past 12 months
- ○ All of the above

Question

05/06

What is the eligibility criteria to access the End-of-Life Pathway?
(Select 2 options)

- [ ] A doctor or nurse practitioner provides an estimated life expectancy of 3 months or less to live
- [ ] Not receiving any other Support at Home funding
- [ ] Receive a score of 40 or less on the Australian-modified Karnofsky Performance Status (AKPS) score (mobility/frailty indicator)
- [ ] Being an existing Support at Home participant

Question

06/06

True or False?

Providers will need to ensure that the older person's dignity is preserved, and the older person has access to palliative and end-of-life care when required.
(Select 1 option)

- ◯ True
- ◯ False

Helpful resources

The links below will open in a new window. Links are regularly reviewed, however if a link is not working please search for the information directly within the department's website.

Webpages

1. Support at Home program webpage
2. Support at Home provider training webpage
3. My Aged Care webpage
4. New Aged Care Act webpage

Guidelines and procedures

1. Support at Home program manual – A guide for registered providers
2. Support at Home Program Provider Transition Guide
3. Support at Home: Claims and Payments Business Rules Guidance
4. Support at Home service list
5. Assistive Technology and Home Modifications List (AT-HM List)

Fact Sheets

1. Guidance for setting Support at Home prices – fact sheet for providers
2. Summary of indicative Support at Home prices

Existing Home Care Package care recipients

Existing Home Care Package (HCP) and Short-Term Restorative Care (STRC) care recipients will transition to the Support at Home program.

Providers will continue to support and deliver services to these transitioned care recipients.

Refer to the Support at Home provider transition guide for detailed information on supporting transitioning existing HCP and STRC care recipients.

NEXT: COURSE WRAP-UP

Course wrap-up

Thank you for completing the Support at Home short-term pathways module.

We appreciate the time and effort you dedicated to completing this training, engaging with the information, and applying your knowledge.

You should now understand your responsibilities and obligations as a Support at Home provider.

We'd love your feedback!

To help us continue improving this training, please take a moment to complete a short survey about your experience in completing the Support at Home module into short-term pathways. This survey will take no more than 1-2 minutes to complete.