



Appendix 1 – AT-HM prescription framework

Some assistive technology may benefit from prescription, and all home modifications require prescription to make sure that they meet the needs of AT-HM scheme participants. Providers need to ensure that all home modifications and assistive technology meet participants assessed needs to ensure it is safe and where possible that it is used the right way.

Unit pricing for allied health/ health professionals under the AT-HM scheme

Allied health/health professionals providing AT-HM services under the AT-HM scheme may charge for in person consultation time as well as the time it takes for planning/researching/other non-face to face tasks to facilitate AT-HM prescription and wrap around services.

Non-face-to-face tasks may include drafting and planning home modifications, interaction with builders and tradespeople for home modifications, researching AT and HM solutions, consulting with other health professionals on complex assistive technology requirements, writing home assessment reports and AT prescriptions.

Health professional unit prices may be provided using a range which incorporate face to face consultation and travel expenses, and separate non-face-to-face tasks associated with the provision of assistive technology and home modifications.

Example unit pricing range: \$220 - \$280

\$250: within 50km of service outlet: in person consultation

\$280: within 100km of service outlet: in person consultation

\$220: non-face-to-face tasks

What details should be in an AT-HM prescription?

An AT-HM prescription for an item or product must be for an item/s on the AT-HM list and associated services and/or wrap around services. They should include:

1. Participant information:

- name
- contact details

- relevant medical information
 - any progressive condition or disabilities.
2. Prescriber information:
 - name
 - qualifications
 - contact details of the professional recommending the AT or HM.
 3. Description of the specific AT or HM recommended:
 - this includes the type of product, equipment or home modification from the AT-HM list and associated services for home modifications, their features, and any specific modifications or customizations needed.
 4. Justification for the recommendation:
 - a brief explanation of how the AT or HM will help the participant with their specific needs and challenges. This may include a home environment assessment if required and any home safety and access issues, mobility and transfer considerations, functional decline and disability needs.
 5. Wraparound services required:
 - required set up of assistive technology products/equipment
 - if education/review is required and by whom.
 6. Signatures and dates:
 - the prescriber and potentially the participant receiving the AT will sign and date the prescription.

Prescription example

Health professionals may provide prescriptions in any format they choose. For an example, see Appendix 3 – AT-HM prescription example.