



Mercy Health

Care first

Mercy Health Home Care

Home Care Package Decision Making Tool

What is the Purpose?

The decision-making tool is to assist you (the Client) your nominated representative or your Care Advisor to determine if an expenditure aligns with the intention of the HCP program.

The decision-making tool should be used when the expenditure is;

- Not included in your care plan and/or
- Listed as 'Provisional' in the Mercy Health HCP expenditure Inclusions and Exclusion Guide

The tool aims to:

- Empower you to make choices that best meet your assessed care needs;
- Allows you to understand whether Home Care Package spending requests align with Home Care Package program objectives to stay independent; and improve your health, wellbeing and quality of life and
- Help minimise risks posed with purchases that may not be safe or suitable for your care need. E.g. purchasing equipment not recommended by a health professional

For further information 'The Department of Health Home Care Package Operational Manual' and the Mercy Health HCP expenditure Inclusions and Exclusion Guide includes information on how government funds can be spent.

Who can complete the tool?

The tool can be completed by you or your nominated representative individually or in collaboration with your Care Advisor to show that there is a reason for spending government funds on the purchase. You must ensure that you:

- Clearly document all discussions about the decision making
- Answer every question to show that there is a good reason for the purchase

All purchases must be reviewed and approved by a Senior Care Advisor or Regional Manager before making the purchase or payment will not occur.

In most cases, you can expect an outcome of the decision within 3 business days.

Please note, there may be delays if further information or supporting assessments/quotes are required



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Department of Health Home Care Package Inclusions Lists

Service types	Typical services
Personal Services	Bathing, showering, toileting, dressing/undressing, getting in and out of bed, washing and drying hair, shaving, and reminding you to take your medication.
Nursing	Wound care and management, medication administration such as assisting you to take medication, general health and other assessments, certain medical tests.
Allied Health & Therapy Services	This may include speech therapy, podiatry, occupational or physiotherapy services and other clinical services such as hearing and vision services.
Nutrition, Hydration, Meal Preparation & Diet	Assistance with preparing meals, including special diets for health, religious, cultural or other reasons, assistance with using eating utensils and assistance with feeding.
Continence Management	Assessment for, providing, and assistance in using continence aids and appliances such as disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances, and enemas.
Mobility & Dexterity	Providing crutches, quadruped walkers, walking frames, walking sticks, mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, pressure-relieving mattresses and assistance using these aids.
Transport & Personal Assistance	Assistance with shopping, cleaning and household tasks, visiting health practitioners, emotional support, social support and attending social activities.
Management of Skin Integrity	Providing bandages, dressings and skin emollients.
Support for Cognitive Impairment	Individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support
Cleaning & Household Tasks	Help with making beds, ironing, laundry, dusting, vacuuming, and mopping.
Home Maintenance	Minor home maintenance, minor modifications to the home, assistance with accessing technical assistance for major modifications to the home and advising you of areas of concern regarding the safety of your home.
Light Gardening	Light weeding, light pruning, lawn mowing, or minor garden maintenance.
A Home Care Package May Also Support the Use Of:	<ul style="list-style-type: none"> - Telehealth: video conferencing and digital technology (including remote monitoring) to increase access to timely and appropriate care. - Assistive technology: such as devices that help with mobility, communication and personal safety. - Aids and equipment: especially those that assist a person to perform daily living tasks



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Department of Health Home Care Package Exclusions Lists

Excluded Items - The following items must not be included in the package of care and services under the HCP Program:

Source of General Income	Use of the package funds as a source of general income for the care recipient. For example, any day to day purchases that other people are expected to pay for independently, such as (but not limited to) household bills, routine repairs to your home, purchase of general furniture and appliances, the purchase of a car or petrol, funeral cover and so forth
Food	Purchase of food, except as part of enteral feeding requirements (e.g. client has a nasogastric feeding tube)
Permanent Accommodation	Payment of home care fees. For example, basic daily fee, income-tested care fee and additional fees
Home Modifications	Capital Items that are not related to care - Home modifications or capital items that are not related to the care recipient's care needs. For example, house renovations that exceed what is necessary for safety, independence, wellness and reablement.
Travel & Accommodation	Travel and accommodation for holidays
Cost of Entertainment Activities	Cost of entertainment activities, such as club memberships and tickets to sporting events
Gambling Activities	Gambling activities
Payment for Fees, Services, Items & Charges.	Payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme. Dental care and dentures, optical care and hearing aids. These purchases should be funded by Government funding (eligibility criteria), the public health system or privately by the client. Subsidised care for Commonwealth funded residential respite care and transition care fees



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Note: This form is to be completed by the client or in collaboration with the client using their own words

Client Details		
Client Name:		
Date:		
Care Advisor Details		
Care Advisor Name:		
Who has been involved in this decision making?		
1. Proposed Purchase & Mandatory Criteria		
Proposed Purchase #1	<p>Does this support directly align with the intent and scope of the HCP Program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Outline the care need identified</p> <p>If the answer to this question is <u>NO</u>, do not proceed with this form</p>	<p>Estimated Cost:</p> <p>\$</p> <p>Current available Unspent Funds balance</p> <p>\$</p> <p>If you do not currently have enough available funds <u>do not proceed with this form</u></p>
	<p>Is this item specifically excluded under the Aged Care legislation Refer to Exclusions List?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is <u>YES</u>, do not proceed with this form</p>	<p>If requested by family – does the client consent to the purchase</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is <u>NO</u>, do not proceed with this form</p>



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2. Care Needs Assessment	Response – (Provide Details to Support Your Response if Possible)
How does this support help me with my <u>assessed care need</u> and my goals in my care plan?	
Has the support been clinically assessed for appropriateness? Provide clinical/OT assessment information	<input type="checkbox"/> Yes <input type="checkbox"/> No Attach recommendation If no, justify why assessment not required
3. Quality and safety	
Would this expenditure compromise my current and future care needs?'	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe how:
Is there a potential risk to me if I do not, make this purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Will the expenditure pose a risk to my health & safety? Dignity of risk explored (consider if this an unacceptable risk)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Would this support pose a risk to the health & safety of the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Will this support require ongoing maintenance to ensure its safe use? Who will arrange and fund the ongoing maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe how this will be maintained:
4. Financial	
Will another assessed care need not be supported with this purchase? Consider how large purchases impact on other care needs	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Is another quote required to compare cost effectiveness?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, justify why a 2 nd quote not required:



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Outline options explored, sharing the costs, other government funding sources etc.	
Are there enough funds in my budget right now?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: if there are not enough funds, the purchase cannot go ahead until funds are available.
Can the support be provided informally through family or the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe support system:

To be completed by Senior Care Advisor and/or Regional Manager (Reviewer)

Approval Details	Reviewed By: Date Application Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: If no, reason why declined (this is to be communicated to the client)
If No, what alternative or interim supports have been considered or provided?	