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Purpose

The purpose of this document is to provide guidance to hospitals and health services with respect to the provision of aids, equipment and home modifications by WA Health for WA Health patients.

Background

WA Health patients (admitted and non-admitted, as defined in Appendix 1) receive aids, equipment and home modifications as an important part of the overall management of their health care for the purposes of effecting safe and timely discharge, maximising rehabilitation outcomes, assisting recovery, assisting unpaid carers in providing care safely and effectively, preventing readmission, reducing the need for hospitalisation and optimising community living viability. The provision of aids, equipment and home modifications by WA Health is based on assessment and prioritisation of clinical need and in accordance with various criteria and conditions as outlined in this document.

Different health professions are involved in the assessment and prescription of aids, equipment and home modifications according to their scope of practice and areas of expertise.

Service model review

A recent review of this service and the WA Health Value for Money Audit identified a number of issues and opportunities to improve the delivery of aids, equipment and home modifications by WA Health.

Issues identified included application of relevant legislation, consistency of service delivery, a lack of appropriate data base systems for tracking equipment, management of the service and convenience for patients. In accordance with the recommendations of these reviews, WA Health will seek to ensure that there will be consistent provision of aids, equipment and home modifications in line with legislative requirements, the pursuit of equity, service based on assessed clinical need, and cost-effective use of WA Health resources.

Scope

Inclusions

This Operational Directive (OD) applies to the following categories of aids, equipment, and home modifications:

<table>
<thead>
<tr>
<th>Bed equipment</th>
<th>Transfer aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication aids</td>
<td>Walking aids</td>
</tr>
<tr>
<td>Daily living</td>
<td>Wheeled mobility devices</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>Home modifications</td>
</tr>
</tbody>
</table>
Postural support seating and chairs
Safety equipment/devices

- Installations
- Structural modifications

The categories listed are consistent with equivalent categories of the Disability Services Commission (DSC) Community Aids and Equipment Program (CAEP), and the items listed in the CAEP Manual and Imprest List.

Exclusions
This OD does not apply to the following categories of items, which are or will be covered under separate ODs:

<table>
<thead>
<tr>
<th>Consumable items</th>
<th>Implantable devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Footwear</td>
<td>Medical/biomedical equipment</td>
</tr>
<tr>
<td>Continence aids</td>
<td>Orthoses and prostheses</td>
</tr>
</tbody>
</table>

Definitions of terms

**Aids** or **equipment** are portable, movable or freestanding items that assist clients in maintaining or improving function or safety in activities of daily living.

**Home modification** is a general term used throughout this document to refer to installations and structural modifications. The terms **installations** or **structural modifications** are used when the issue pertains specifically to either of these.

**Installations** are items that generally require to be fixed in place to a wall, floor or other surface. They are predominantly low-cost items.

**Structural modifications** are structural changes to the layout or fixtures of a home. These are generally low volume but higher cost items.

Refer to Appendix 1 for definitions of other terms used in this policy.

Guiding principles

The provision of aids, equipment and home modifications for patients by WA Health will be guided by the following principles:

- the patient is at the centre of care
- the provision of aids, equipment and home modifications will be consistent with relevant legislation, agreements, programs, policy, and standards of practice in Western Australia
- the assessment for, prescription and/or provision of aids, equipment and home modifications is part of the overall management of a patient’s health care, and will be undertaken accordingly
patients will have equitable access to aids, equipment and home modifications on the basis of clinical need and will be provided with this service within a clinically appropriate time frame regardless of geographical location within WA.

aids, equipment and home modifications provided by WA Health will be the most **basic** (economical) type that meets the assessed **essential** functional need of the patient.

aids and equipment should be those designed for persons with an illness or disability, and not widely used by persons without an illness or disability.

WA Health will foster integrated, accessible and consistent services across the health services and between community providers and other agencies.

**Legislative requirements, agreements, programs and policy**

The administration of aids, equipment and home modifications is governed by a number of Acts relevant to WA, agreements, programs and policy documents (listed below). The implications of these when considered together have been incorporated in the contents of this OD.

**Legislation**

- Aged Care Act 1997
- Hospitals and Health Services Act 1927 (The Hospitals Act)
- Hospitals (Services Charges) Regulations 1984
- Health Insurance Act 1973
- Therapeutic Goods Act 1989 and Regulations (Medical Devices) 2002

**Commonwealth – State Agreements**

- National Healthcare Agreement between the Commonwealth of Australia and the State of Western Australia February 2011
- Hospital Services Arrangement 2005-10 between the Department of Veteran’s Affairs and Western Australia (WA)

**Policy**

- Arrangements for the Provision and Charging of Aids or Equipment, Home Assessment and Home Modification for the Department of Veterans' Affairs (DVA) Entitled Persons (WA Health Operational Directive 0096/08)

**Programs**

- Community Aids and Equipment Program (CAEP), Disability Services Commission
- Home and Community Care (HACC), WA Health
- Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), Extended Aged Care at Home – Dementia (EACH-D), Australian Department of Health and Ageing
- Western Australian Department of Housing (provides assistance for people with disabilities)
• Commonwealth and Commonwealth-State Aged Care Packages
• Palliative Care Services (provided by Silver Chain on behalf of WA Health)
• Friend in Need – Emergency (FINE) Program

Eligibility

A person may be provided with aids, equipment, or home modifications by WA Health, if he or she is:

1. a current or recent WA Health admitted or non-admitted patient; or is a current or recent public patient who occupies/occupied a public bed in a private hospital funded for this purpose

and

2. assessed by an appropriate WA Health health professional as needing one or more items of aids, equipment or home modifications, in relation to the episode of care described above, to:
   - aid recovery and/or achieve maximum independence in core activities of daily living
   - facilitate safe, effective and timely discharge, and prevent readmission
   - prevent presentation or admission, and divert away from hospital services or
   - support the patient continuing to live in the community

and

3. not eligible to obtain the required aids, equipment or home modifications from another service provider or program.

If a patient meets all of the above criteria, then they may be provided with aids, equipment or home modifications by WA Health in accordance with the scope, conditions and guidelines contained in this OD. A patient is regarded as being a recent patient for the purpose of this OD if it is 3 months or less since the conclusion of his or her last relevant episode of care.

If a patient meets the first two criteria above, but is eligible for the required aids, equipment or home modifications from another service provider or program, then the patient needs to be encouraged and assisted to access those from the other service provider or program (see “Access To Other Service Providers and Programs” in this document, page 8). If the required item/s cannot be obtained from the other service provider or program in a timely manner, then WA Health may provide the items on a short term basis only and in accordance with this OD, until the required items are provided by the other service provider/program.
Where a person is **not eligible** for provision of WA Health aids, equipment or modifications, WA Health may advise or refer the person on to other possible sources of funding where such options are known.

**Assessment and prescription**

Aids, equipment and home modifications will only be provided by WA Health after assessment by an appropriate WA Health health professional that indicates clinical need consistent with the content of this OD. Wherever possible, an adequate trial of the aid/equipment should occur prior to prescription.

The health professional will then prescribe items appropriate for the needs of the patient, and determine what can be provided by WA Health in accordance with this OD. The patient may be given assistance or information on other ways of accessing items not provided by WA Health (for example, through an alternative program or funding source, or self-funded by the patient).

All equipment prescription should be consistent with current clinical best practice, be able to be clinically justified, and documented. Service Managers/Heads of Department need to ensure that the prescription of high cost items is undertaken and approved by appropriately senior clinical/departmental staff.

**Range of equipment provided and funding limits**

The range of equipment able to be provided is outlined in the Scope (Inclusions) of this OD, and is consistent with equivalent categories in the CAEP Manual and Imprest List. It includes standard, bariatric, extra-wide, or otherwise specialised, modified or customised versions.

In most cases the provision of aids, equipment and home modifications will adhere to the same funding limits as those outlined in the CAEP Manual and Imprest List. However, structural modifications will be capped in accordance with the discharging hospital’s policy. If there is no established hospital policy, CAEP funding limits will apply.

Where there is sufficient clinical justification, the relevant Service Manager/Head of Department may approve provision of an item that is not on the Imprest list or provision of aids, equipment and installations beyond the funding limit/cap.

**Prescribing criteria, conditions and guidelines**

The prescription and provision of WA Health aids, equipment and home modifications will be consistent with good clinical practice, relevant legislation, and cost-effective and equitable use of resources. To this end, it is recommended that the prescribing health professional follows the prescribing guidelines, conditions and criteria
specified in the CAEP Manual for the specific aid, equipment, installation or structural modification, unless specified otherwise in this OD, or unless approved otherwise on a case-by-case basis by the relevant Service Manager/Head of Department when special circumstances exist.

It should be noted that, in keeping with the guiding principles of this OD, aids, equipment and home modifications provided by WA Health should always be the most basic type that meets the assessed essential functional need of the patient.

In the case of installations and structural modifications:

- alternative options need to be explored before WA Health will fund structural modifications
- only one patient residence is eligible for structural modification by WA Health at any one time and the residence must be located within Western Australia
- a patient is not eligible for structural modifications if he or she has received funding for the same from WA Health within the previous five years (unless exceptional circumstances exist, in which case the approval of the relevant Service Manager/Head of Department is required)
- the dwelling for which the installation or structural modification is planned must be a domestic residence (owned, mortgaged or rented), and must not be an institution or group home
- the dwelling for which the installation or structural modification is planned must be the patient’s primary residence, that is, the home in which they spend most of their time (installations and structural modifications to a mobile or temporary home which is the patient’s primary residence need to be referred to the relevant Service Manager/Head of Department)
- WA Health will not fund structural modifications if the patient was aware that the home was not reasonably accessible at the time of purchase, or was aware of a condition that could in the foreseeable future make access to the home difficult
- permission to carry out installations and/or structural modifications is required from the owner of the residence
- major structural modifications will generally only be undertaken if there is reasonable likelihood that the patient will be able to retain use of the structural modifications and remain at home for a period of at least 2 years.

It is the patient's/family’s/carer’s responsibility to ensure that minimum building standards are met prior to home modifications being commenced (for example, where the condition of an existing wall or tiling is not sufficiently secure for a grab rail to be installed the patient needs to make good the area prior to work being commenced).

Aids, equipment and home modifications will not be provided by WA Health if the purpose is to address Occupational Safety and Health issues of paid care workers.
Correct fit/education/training/care instructions

The prescribing health professional is responsible for ensuring the item is the correct fit for the patient, meets the specifications, is in good working order, and that the patient/carer receives appropriate education/training in the safe and effective use of the aid/equipment and its maintenance and cleaning.

Returnable and non-returnable items

The aids and equipment issued to patients by WA Health can be classed as returnable or non-returnable. Returnable items are those which can be cleaned to appropriate infection control standards and reissued to other patients (subject to being declared fit for service). Non-returnable items are those which cannot be cleaned adequately to infection control standards and therefore cannot be reissued, or where the cost of return, cleaning and reissue outweighs the cost of the item. Examples of non-returnable items are a shower hose or foam cushion. Fittings (such as rails) do not need to be returned.

Loan agreement and term of loan

Returnable items will be issued to the patient on loan. A written loan agreement will be signed by the patient and hospital officer, and copies retained by both parties. The loan agreement will specify the item/s on loan, conditions of loan, return or review date, how to return the item/s, and what to do if an item is required for longer than expected or requires repair or maintenance.

The period of the loan is for the anticipated length of clinical need, as determined by the prescribing health professional. Where the patient requests to extend the loan, the prescribing health professional will review the need and may extend the loan period if clinically indicated or ask for the equipment to be returned. Patients who require items for substantial or indefinite periods of time, may be provided items for the life of the equipment; however the item still remains ‘on loan’ from WA Health and remains the property of WA Health.

Provision/supply/delivery

The discharging hospital is responsible for ensuring appropriate arrangements have been put in place to assess the patient’s needs and to ensure the patient has the necessary aids, equipment, installations or structural modifications to ensure his or her safe return home.

Equipment may be provided to the patient or carer, for transport home with the patient (if feasible) at the time of discharge; or delivered to the patient’s home by the hospital, before or after discharge; or a combination of both, depending on what is appropriate in each case.
Generally within metropolitan Perth the discharging hospital will assess for and provide the aids, equipment, and installations. In certain circumstances, arrangements may be made with another hospital for assessment and provision, where the other hospital is closer to where the patient lives, and where there are adequate local resources to undertake this and where it will not delay discharge from the discharging hospital. However generally, the discharging hospital is responsible to assess, project manage and fund structural modifications.

Where a metropolitan hospital discharges a patient to a country area or vice versa, generally the receiving hospital/health service will provide:
- standard aids and equipment items (where an item is of a customised or specialised nature, it may be necessary for the discharging hospital to provide the item if it is not available at the receiving hospital/service)
- installations.

The decision as to which hospital provides the equipment needs to be made on a case-by-case basis, taking into account the need for timely and safe discharge, logistics of delivery and set up, the requirement for in-home assessment to determine need and equipment suitability, overall costs including transport costs, available resources, likely length of loan, and the logistics of equipment return. Common sense and the needs of the patient should prevail.

Where a patient is discharged from a metropolitan hospital to a country area or vice versa, structural modifications need to be assessed for, project managed, and overseen by the receiving hospital/health service, with support provided by the discharging hospital. Funding for a structural modification would normally be provided within the area in which the patient is resident.

For patients discharged to interstate locations, liaison between WA Health professionals and interstate health services should occur to ensure smooth and safe discharge of patients and prescription of appropriate aids, equipment or home modifications. In most cases, provision will be limited to aids and/or equipment which enable safe travel. Service provision to this patient group may be conducted at the discretion of the Service Manager/Head of Department and in keeping with the provisions of this OD.

In all cases where a discharging hospital makes arrangements with another hospital to undertake service provision, the discharging hospital needs to liaise with the local hospital as far as possible in advance of the impending discharge and provide relevant, comprehensive and timely information to the local hospital to enable the local hospital to provide the service effectively.
Structural modifications – processes and project management

Structural modifications will be managed and coordinated in such a way as to ensure maximum cost-benefit in relation to the patient’s assessed essential needs, value for money, sound building work, minimal disruption to patients, and accountability. It is recommended that the general processes as outlined in the CAEP Manual are followed, with required authorisations/approval being referred according to the relevant health service delegation levels.

Access to other service providers and programs

The prescribing health professional needs to make reasonable effort to obtain aids and equipment from other existing/known formal programs/providers (as outlined in next paragraph) according to their criteria/guidelines, before providing the required item/s by DoH. However commonsense should prevail in terms of cost-benefit and the process should not compromise safe, effective and timely discharge.

Other formal service providers/programs which provide aids, equipment and home modifications in certain circumstances include the Community Aids and Equipment Program (CAEP), Department of Veterans’ Affairs (DVA), Home and Community Care (HACC), Community Aged Care Packages (CACP), Extended Aged Care At Home (EACH), Extended Aged Care At Home-Dementia (EACH-D), Palliative Care Services and the Friend In Need - Emergency (FINE) Program. Appendix 2 provides information on many service providers/programs, although it should be noted that this list is not exhaustive.

WA Health will provide additional aids and equipment to WA Health patients who are already in receipt of items funded under other programs, only if they are required because of the current service/treatment being received, and cannot be obtained in a timely manner through other programs or are not consistent with other programs’ criteria.

WA Health will not replace or review aids and equipment items already provided by other programs, unless these items are relevant to the primary reason for the patient attending WA Health services, and it is established that the patient is no longer eligible for these items under the other program/s.

Residential circumstances

A patient residing in a State government or non-government hostel, or group home

Such a patient is eligible for items for personal use only; individuals are not eligible for communal use items (unless they have been individually customised making them unsuitable for others) and are not eligible for home modifications.
**A patient residing in a residential aged care facility**

Approved aged care providers are required in accordance with the *Aged Care Act 1997* and the *Residential Care Manual 2009* to provide certain types of aids and equipment to residents in low-care and high-care aged care facilities.

WA Health may provide aids and equipment to patients residing in low-care or high-care residential aged care facilities in special circumstances only, at the discretion of the relevant Service Manager/Head of Department, where the item is regarded as essential for discharge from admitted or non-admitted care, is for individual use only (not communal use) and is relatively non-standard or customised.

Where an item is relatively standard, and would reasonably be expected for an aged care facility to provide for a patient’s sole use, but the aged care facility is not able to provide the equipment at the time of discharge, the item may be provided for a specified short-term loan period by WA Health (until it can be provided by the residential aged care facility).

WA Health will not provide home modifications to a patient living in a residential aged care facility.

**A patient residing in a Department of Housing residence**

A patient residing in a Department of Housing residence is eligible for WA Health aids and equipment.

WA Health will prescribe home modifications required for patients discharged to Department of Housing residences, and will liaise with the Department of Housing to coordinate any home modifications required for such patients.

**Charges/fees**

In accordance with the *Western Australian Health Services Patient Fees and Charges Manual* (August 2011, section 6.5), WA Health patients will not be charged any fees for aids, equipment and home modifications, or associated costs (administration, transport, damages, repairs, maintenance, cleaning, or other).

An outpatient fee for the allied health outpatient occasion/s of service that relate/s to the assessment and provision of aids, equipment or home modifications, will be raised for:

- **non-admitted Compensable** (other than Motor Vehicle Accidents (MVA) or DVA) patients
- **non-admitted MVA cases from other States**, or where out of court settlements have been awarded
- **non-admitted ineligible patients** for whom allied health outpatient occasion/s of service have been provided (relating to the assessment and provision of aids, equipment or home modifications).

WA Health will invoice the Department of Veterans’ Affairs as required in relation to admitted and non-admitted Eligible War Service Veterans in accordance with OD
Repairs and maintenance

Aids and equipment
WA Health will undertake repair of loan items where economical, and where the item has a problem which impacts on patient safety, infection control, or function. Repair of equipment for cosmetic purposes will not be undertaken.

WA Health will undertake maintenance on high-cost loan items where required to maintain the safety, viability and useable life of the item.

Patients and/or carers are required to undertake routine care and cleaning of items to help prolong the items safety and functionality and should be provided with information on how to do this.

WA Health may choose to not maintain or repair an item if the maintenance or repairs required is considerably or consistently in excess of normal wear and tear, or where the patient uses the item for purposes for which it has not been issued or designed, or intentionally damages the equipment.

Maintenance and repairs of aids/equipment are generally the responsibility of the hospital that issued the aids/equipment. In circumstances where this is not feasible or cost effective, it may be more appropriate for the local hospital to arrange repairs and maintenance.

There are circumstances where CAEP will fund repairs or maintenance to WA Health equipment (refer to CAEP Manual) and this option should be utilised where appropriate.

Home modifications
WA Health is responsible for the maintenance and repairs relating to quality of installations and structural modifications undertaken by WA Health employees for a period of up to six months post completion of work. For installations or structural modifications undertaken by contractors employed by WA Health, contractors are responsible for the work they undertake under the terms of their insurance cover.

WA Health will not be responsible for the ongoing repair or maintenance of installations or home modifications in excess of these periods of time.

Replacement
WA Health may replace the original item of equipment where there is clinical need and:
the item requires replacement because the original item prematurely ceased to function/operate safely
or
the item has reached its natural end of life, and the patient is a current eligible WA Health patient.

WA Health will not fund replacement items outside of normal wear and tear, where there is evidence of intentional damage or misuse contrary to manufacturer’s instructions or the purpose for which the equipment was issued.

If the item has reached its end of life and the patient is no longer an eligible WA Health patient, the client may be eligible for replacement items from other programs, and WA Health will assist the patient by referring to these programs.

**Return of loan items**

Loan items should be returned to WA Health at the end of the loan period, or:
- when the item is no longer required by the patient on the basis of clinical need
- if the patient has moved into an aged care facility
- if the patient moves out of WA
  or
- if the patient dies.

Non-returnable items do not need to be returned.

Patients should be encouraged to return loan item(s) to the issuing hospital/health service. However for patient convenience all hospitals/health services will accept returned items. If items cannot be delivered back to WA Health by the patient, then WA Health will arrange for the equipment to be collected if economical to do so.

Where the equipment is returned to a different hospital or health service, the receiving service will liaise with the issuing service to advise of the equipment return (so that loan records may be updated), and arrange return of the equipment to the issuing hospital or health service if economical or another arrangement as appropriate (for example, item may be retained by receiving service and re-used for local patients). While a certain amount of equipment sent from metropolitan to country areas, and vice versa, does not get returned to the issuing hospital, it will remain in use in the WA Health system.

**Standards and legislation**

The provision of aids, equipment and home modifications will comply with relevant clinical and other standards/legislation, including Infection Control standards, the requirements of the *Therapeutic Goods Act 1989* and Regulations (Medical Devices) 2002 and the Building Code of Australia.


**Purchase of aids, equipment and home modifications**

Purchase of aids, equipment and home modifications by hospitals/health services will be subject to usual Area Health Service financial delegations and WA Health supply policies and practices.

Wherever possible, Government-contracted suppliers should be used for the purchase of aids, equipment and items for home modification ([HCNS 213606:- Supply of Patient Aids and Appliances to Western Australian Public Health Care Units](#)).

**Retrospectivity of funding**

WA Health will not retrospectively fund or reimburse patients, carers or a third party for aids, equipment, installations or structural modifications purchased or undertaken privately by a patient, carer or third party.

**Salvage or disposal**


In considering disposal of equipment there should be a distinction made between equipment that is no longer safe or functional (but may or may not have salvageable parts), and equipment that is still safe and functional (but where repair or maintenance is not considered viable or the item has been customised to the individual needs of a particular person and is unlikely to be reissued again for another patient).

**Records and asset management**

The issuing hospital or health service is responsible for maintaining appropriate records regarding items issued to and returned from patients, installations and home modifications undertaken, repairs and maintenance, and disposed items.
## Appendix 1: Definitions

<table>
<thead>
<tr>
<th>Term(s)</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Items included under this Operational Directive (“Inclusions”)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Aid, equipment</strong></td>
<td>A portable, movable or free standing item that assists in maintaining or improving function or safety in activities of daily living.</td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td>The most cost effective option or the simplest solution required to address the clinical need whilst taking safety and standards into account.</td>
</tr>
<tr>
<td><strong>Custom made (medical) device</strong></td>
<td>A medical device manufactured for a patient from components not registered on the Australian Register of Therapeutic Goods (for example, custom seating systems).</td>
</tr>
<tr>
<td><strong>Customised (medical) device</strong></td>
<td>A medical device manufactured for a patient from components registered on the Australian Register of Therapeutic Goods in accordance with manufacturer’s directions (for example, prosthetics and orthotics).</td>
</tr>
<tr>
<td><strong>Essential</strong></td>
<td>The minimum required to address the basic functional needs of the patient within their home.</td>
</tr>
<tr>
<td><strong>Home modifications</strong></td>
<td>This is a general term used throughout this document to cover all installations and structural modifications. The terms ‘installations’ or ‘structural modifications’ are used when the issue pertains specifically to either of these.</td>
</tr>
<tr>
<td><strong>Installation</strong></td>
<td>Item that is generally required to be fixed in place to a wall, floor or other surface, by a tradesperson (for example, grab rails). They are predominantly low-cost items.</td>
</tr>
</tbody>
</table>
| **Medical Device**            | Any instrument, apparatus, appliance, material or other article (including software used in its application) intended to be used for human beings for the purpose of:   
|                               | • diagnosis, prevention, monitoring, treatment or alleviation of disease  
|                               | • diagnosis monitoring treatment alleviation of or compensation for an injury or handicap  
|                               | • investigation, replacement of modification of the anatomy or of a physiological process  
<p>|                               | • an accessory to such an instrument (see Therapeutic Goods Act 1989). |
| <strong>Structural modification</strong>   | Structural changes to the layout or fixtures of a home (for example, major bathroom modification with new layout and fixtures, new doorways). These range in price and are generally higher cost items. |
| <strong>Items not included under this Operational Directive (“Exclusions”)</strong> |                                                                                                                                              |
| <strong>Consumables</strong>               | Consumable items are considered to be single use items such as wound care dressings and other items, bandages, needles, syringes, items for monitors or devices (for example, batteries, light globes, testing strips or paper), and which are not covered under other categories. |</p>
<table>
<thead>
<tr>
<th>Term(s)</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continence aids</td>
<td>Products and/or items which assist a person to manage continence problems.</td>
</tr>
<tr>
<td>Footwear</td>
<td>Any type of footwear (for example, specialised or customised shoes, shoe modifications or shoe inserts).</td>
</tr>
<tr>
<td>Implantable devices</td>
<td>Items implanted with the intention to either reconstruct facial or body contours which have been damaged by trauma or disease or to correct a deformity which has been pathologically caused.</td>
</tr>
<tr>
<td>Medical/biomedical equipment</td>
<td>Items which are used to deliver medical or therapeutic treatment, or support physiological functions, such as nebulisers, ventilators, CPAP machines, renal dialysis machines, electrical stimulation and ultrasound.</td>
</tr>
<tr>
<td>Orthosis</td>
<td>An orthosis is an externally applied device used to modify the structural and/or functional characteristics of the neuromuscular skeletal systems. Examples include splints, braces, callipers, supports and compression garments. May be off-the-shelf or customised.</td>
</tr>
<tr>
<td>Prosthesis</td>
<td>A prosthesis is an item that replaces or partially replaces a body part. It may or may not require surgical implantation. Examples include joint prostheses, artificial limbs, eye prosthesis, ear prosthesis, breast prosthesis and wigs. May be off-the-shelf or customised.</td>
</tr>
</tbody>
</table>

**Types of WA Health patients**

<table>
<thead>
<tr>
<th>Patient</th>
<th>&quot;A person for whom a health service accepts responsibility for treatment and/or care&quot; (National health data dictionary, Version 15, 2010). A 'patient' may be further defined as 'admitted' or 'non-admitted'.</th>
</tr>
</thead>
</table>
| Admitted patient            | "A patient who undergoes a hospital’s admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person’s home (for hospital-in-the-home patients)” (National health data dictionary, Version 15, 2010). It includes all overnight stay patients (inpatients) and same day patients.  

An inpatient means a patient who is admitted to a hospital for the purpose of receiving treatment in a hospital bed (Hospitals (Services Charges) Regulations 1984, Regulation 4).

A same day patient is “a person who is admitted to and discharged from a hospital, not being a day hospital, nursing home or a nursing post, between midnight on one day and midnight on the next succeeding day for the purpose of receiving treatment” (Hospitals (Services Charges) Regulations 1984, Regulation 6(d)).

There are various classes of admitted patients, namely Public, Private, Eligible War Service Veterans, Compensable (other than MVTP), Motor Vehicle Third Party Insurance patients, and Ineligible patients (Western Australian Health Services Patient Fees and Charges Manual, February 2011).
<table>
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| Non-admitted patient | "A non-admitted patient is a patient who does not undergo a hospital’s formal admission process”, and which includes patients utilising outpatient services or other non-admitted patient services (Western Australian Health Services Patient Fees and Charges Manual, February 2011, Section 4.1). An outpatient is a person who attends at a hospital and receives treatment or goods under an out-patient service provided by the hospital or in respect of whom a hospital provides a service elsewhere than at the hospital (Hospitals (Services Charges) Regulations 1984, Regulation 6(c)). An outpatient clinic service is described as "an examination, consultation, treatment or other service provided [to non-admitted non-emergency patients] in a specialty unit or under an organisational arrangement administered by a hospital.” (National health data dictionary, Version 15, 2010). "Outpatient clinic services should be interpreted as encompassing services provided through specific organisational units staffed to administer and provide a certain range of outpatient care:  
  • in defined locations  
  • at regular or irregular times  
  • where one or more specialist providers deliver care to booked patients. Generally, in such clinics, a booking system is administered and patient records are maintained to document patient attendances and care provided”. (National health data dictionary, Version 15, 2010) Outreach outpatient services may be provided in the patient’s home, place of work or other non-hospital site or via telecommunications systems (National health data dictionary, Version 15, 2010). Emergency department (ED) patients are non-admitted patients registered for care in EDs unless they become admitted to an ED ’Observation Ward’, in which case they become an admitted patient. An ED is “the dedicated area in a hospital that is organised and administered to provide a high standard of emergency care to those in the community who perceive the need for, or are in need of acute or urgent care, including hospital admission” (National Healthcare Agreement between the Commonwealth of Australia and the State of Western Australia, 2011). There are various classes of non-admitted patients, namely Public, Private, Eligible War Service Veterans, Compensable (other than MVTP), Motor Vehicle Third Party Insurance patients, and Ineligible patients (refer to Western Australian Health Services Patient Fees and Charges Manual, July 2010).
# Appendix 2: Service providers and programs

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| Aged Care Packages  
Commonwealth Aged Care Packages (CACP)  
Extended Aged Care at Home (EACH)  
Extended Aged Care at Home with Dementia (EACH-D) | CACPs, EACH and EACH-D packages are funded by the Australian Government and are designed to assist frail older people to remain in their homes. Aged care clients in receipt of Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home with Dementia (EACH-D) should receive assistance with aids, equipment and home modification as part of their package. Clients needing aids and equipment should be referred to the package provider. For more information contact the Aged Care Policy Directorate, Department of Health on (08) 9222 4061, email: haccwa@health.wa.gov.au or website: www.health.wa.gov.au/HACC. |
| Residential Aged Care Facility (RACF) | The term used to describe a residential aged care home or facility operated by an approved provider. It replaces the older terms ‘nursing home’ and ‘hostel’. |
| Approved provider (Residential Aged Care Facility) | A person or organisation approved by the Australian Department of Health and Ageing to provide Australian Government-subsidised residential aged care. This may be residential, community or flexible care or a combination of these care types (Residential Care Manual 2009, edition 1, update 1 http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-manuals-rcm-rcmindx1-update1.htm Commonwealth of Australia). |
| Community Aids and Equipment Program (CAEP) | A program of the WA Disability Services Commission (DSC). The core purpose of CAEP is to provide equipment for people with a long term disability who meet the CAEP eligibility criteria. Access to CAEP-funded equipment is determined by the CAEP Manual and Imprest List, which outlines the policies, procedures and available equipment. Aids and equipment from the CAEP Imprest List and home modifications will be funded by CAEP for people who meet all of the criteria below:  
- have a disability which is permanent or likely to be permanent (as defined in the Disability Services Act 1993)  
- are not currently hospital patients, that is, inpatients, day patients or outpatients of a hospital  
- are holders of one of the following cards issued by the Australian Government  
  - a Pensioner Concession Card (Centrelink or Department of Veterans’ Affairs), or Health Care Card, Carer Payment or Commonwealth Seniors’ Health Card (Centrelink or Department of Veterans’ Affairs)  
  or  
- are able to demonstrate financial hardship and are made eligible having been reviewed by the CAEP Clinical Sub-committee;  
- are in a residential situation that is structured to encourage independent living and live in the community for the majority of the time; and  
- are resident in a private home (owned, mortgaged or rented) to be eligible for home modifications; and  
- have not received a compensation settlement. |
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| Note:                                                              | • Inpatients, outpatients and day patients may be eligible for CAEP services if the reason for their intervention in the hospital is not related to the equipment need or they are only attending for review/maintenance purpose; that is not an active or therapeutic intervention.  
• A person living in a State government or non-government hostel, group home or Homeswest accommodation is eligible for personalised items only, not communal use items (unless they have been individually customised making them unsuitable for others), home modifications or to address Occupational Health and Safety issues of paid care workers.  
• Residents in care facilities who receive both State and Commonwealth government funding are only CAEP-eligible if the primary source of funding is from the State Government.  

The Department of Health is a key service provider for CAEP. Heads of Department/Service Managers at each site should have access to the current CAEP Manual and Imprest List, on-line or in hard-copy.  

For more information about CAEP contact the DSC via telephone (08) 9426 9200, TTY (08) 9426 9315, freecall 1800 998 214, email: caep@dsc.wa.gov.au or website: www.disability.wa.gov.au. |
| Department of Veterans’ Affairs (DVA) - Rehabilitation Appliances Program (RAP) | The Rehabilitation Appliances Program (RAP) assists entitled war veterans, war widows and widowers, and dependants to be as independent and self-reliant as possible in their own homes. Appropriate health care assessment and subsequent provision of aids and appliances may minimise the impact of disabilities, enhance quality of life and maximise independence when undertaking daily living activities.  

For more information about the DVA RAP, contact the DVA on 133 254 (metropolitan callers) or 1800 555 254 (country callers) or access www.dva.gov.au. |
| Department of Housing                                                | The Department of Housing provides funding for home modifications for persons with disabilities who reside in premises owned by the Department of Housing. Further information is available from: http://www.dhw.wa.gov.au/404_452.asp#addl. |
| Friend In Need – Emergency (FINE) Program                           | The Friend In Need – Emergency (FINE) program aims to assist older and chronically-ill patients by providing them with an alternative to an ED presentation or admission to hospital. In addition FINE funded programs contribute to timely, safe and effective discharge of patients from public hospitals. FINE includes a range of services including Silver Chain Home Hospital, the Residential Care Line, ED care coordination and community-focused complex care coordination. The Silver Chain Home Hospital incorporates Hospital at the Home, Post Acute Care and Community Nursing (not HACC) and Priority Response Assessment service. |
| **Home and Community Care (HACC)** | This program is jointly funded by the WA Government and the Australian Government, and is administered by WA Health. HACC services are provided by a range of Government and non-Government organisations to support people who live at home and whose capacity for independent living is at risk of premature or inappropriate admission to long-term residential care. Services provided include aids, equipment and home modifications. |
| **Palliative Care Services** | Silver Chain provides Palliative Care Services on behalf of WA Health to people with a progressive terminal illness. Care is planned and coordinated in consultation with the client and family to achieve the best possible quality of life for both the client and their family. The service is provided by an interdisciplinary team of health care professionals including Allied Health professionals, doctors, nurse practitioners, registered nurses, care aides, chaplains, counsellors and trained volunteers. |