



Provision of Assistive Technology and Home Modifications

Procedural Requirements

1. Purpose

The Procedural Requirements support [MP 0168/21 Provision of Assistive Technology and Home Modifications Policy](#) and outlines the procedures to be followed by Health Service Providers that provide clinical services in the assessment, prescription and provision of assistive technology for domestic use and home modifications to eligible patients.

These Procedural Requirements, in conjunction with the *Provision of Assistive Technology and Home Modifications Policy*, supersedes OD 0353/11 *WA Health – Provision of Aids, Assistive Technology and Home Modifications Policy*.

2. Applicability

These Procedural Requirements are applicable to all Health Service Providers that provide publicly funded clinical services.

3. Procedural requirements

The Procedural Requirements must be read in conjunction with [MP 0168/21 Provision of Assistive Technology and Home Modifications Policy](#) which sets out the mandatory requirements for Health Service Providers that provide clinical services, inclusive of the provision of assistive technology for domestic use and home modifications to eligible patients.

3.1 Range of assistive technology and home modifications provided

The categories of assistive technology and home modifications able to be provided is outlined in section 3.2 of [MP 0168/21 Provision of Assistive Technology and Home Modifications Policy](#). It includes standard, bariatric or customised versions.

Health Service Providers must develop and implement procedures that outline the situations where a Staff Member with the relevant delegated authority may approve the provision of an item outside the defined range of assistive technology/home modifications provided.

3.2 Residential circumstances

Health Service Providers must develop and implement local procedures that address the conditions outlined below, for eligible patients that reside at premises that are not privately owned, mortgaged or rented.

3.2.1 State government or non-government hostel, or group home resident

- Provision of personal use or customised items only
- Excludes home modifications

3.2.2 Residential aged care facility

Approved aged care providers are required in accordance with the *Aged Care Act 1997, Quality of Care Principles 2014* to provide certain types of assistive technology to residents.

- Provision of personal use items at the discretion of the relevant Staff Member where the item is assessed as essential for discharge from admitted or non-admitted care and is customised for use by the individual patient.
- Excludes home modifications

3.2.3 Social Housing resident

Social Housing providers have a responsibility to make reasonable adjustments to their housing stock as part of their obligation to provide appropriate and accessible housing for people with a disability

- Eligible for assistive technology provision
- Liaison with the Social Housing provider regarding the coordination of prescribed home modifications

3.3 Assessment and prescription

3.3.1 Assistive technology

Health Service Providers must develop and implement procedures that ensure the assessment and prescription of assistive technology occurs by an appropriate Staff Member and addresses the following considerations:

- assistive technology is the correct fit for the patient
- assistive technology meets specifications
- assistive technology is in good working order
- appropriate education/training in the safe and effective use of the assistive technology and its maintenance and cleaning is provided to the patient/carer
- adequate trial of the assistive technology is undertaken prior to prescription wherever possible.

3.3.2 Home Modifications

Health Service Providers must develop and implement procedures that ensure the assessment and prescription of home modifications, occurs by an appropriate Staff Member and addresses the following considerations:

- the dwelling requiring home modifications is a domestic residence (owned, mortgaged or rented), and not an institution or group home
- the dwelling requiring home modifications is the patient's primary residence
- permission is obtained to carry out home modifications from the owner of the dwelling, including consideration of any required strata title approvals
- the dwelling complies with minimum building standards
- alternative options are explored prior to funding structural modifications
- only one Western Australian residence receives the required structural modifications at any one time
- funding was not provided for the required structural modifications in the last five years
- there is a reasonable likelihood that the patient will utilise the structural modifications and reside in the dwelling for a period of at least 2 years.

3.4 Assistive technology loan arrangements

Health Service Providers must develop and implement procedures to manage assistive technology loans that address the following considerations:

- length of loan based on clinical need as determined by an appropriate Staff Member
- conditions for review/extension of loan period based on clinical need
- circumstances warranting assistive technology return prior to the end of the loan period based on clinical need and eligibility criteria
- assistive technology returns processes including provision for patients who are unable to return assistive technology
- acceptance and return of assistive technology issued by other Health Service Providers.

Non-returnable assistive technology and installations (such as rails and customised ramps) do not need to be returned.

3.5 Assistive technology and home modifications provision arrangements

Health Service Providers must develop and implement procedures to ensure that arrangements are in place to provide assistive technology and/or home modifications to enable the patient's safe return home including the provision of essential assistive technology to enable safe travel when applicable.

Procedures must address the circumstances under which it is appropriate to negotiate with a health service that services the geographical location in which the patient resides, to arrange for the assessment and provision of assistive technology and home modifications. The following factors must be addressed in these circumstances:

- the availability of local resources including clinicians, contractors and access to required assistive technology items
- the need for timely and safe discharge
- logistics associated with assessment, delivery and set up
- the requirement for in-home assessment to determine need and assistive technology suitability
- overall costs (including transport)
- likely length of assistive technology loan
- the logistics of assistive technology return
- project management and funding of home modifications.

Health Service Providers must develop and implement procedures that address circumstances where assistive technology is to be provided to patients being transferred interstate. Procedures must address the following considerations:

- liaison with interstate health services
- essential assistive technology requirements to enable safe travel.

3.6 Structural modifications – processes and project management

Health Service Providers must develop and implement procedures that ensure home modifications are managed and coordinated in a manner that results in:

- maximum cost-benefit in relation to the patient's assessed essential needs
- value for money
- sound building work
- minimal disruption to patients

3.7 Access to another service or programs

Health Service Providers must develop and implement procedures that address the following considerations before providing assistive technology and/or home modifications to eligible patients who are also eligible to receive, or are currently receiving assistance from another service or program:

- action taken to obtain assistive technology from another service provider or program
- provision of additional assistive technology when:
 - the assistive technology is relevant to the primary reason for accessing health services and,
 - is required to facilitate a safe discharge from the health service and,
 - cannot be obtained in a timely manner or,
 - is not consistent with the criteria of another service or programs.
- replacement, or review of assistive technology provided through another service or program:
 - if the assistive technology is relevant to the primary reason for accessing health services and,
 - it is established that the patient is no longer eligible to receive assistive technology from another service or program.

Other services or programs which provide assistive technology and home modifications in certain circumstances include:

- Community Aids and Equipment Program (CAEP), WA Department of Communities
- Department of Veterans Affairs (DVA) Rehabilitation Appliances Program
- My Aged Care - Commonwealth Home Support Program, Goods Equipment and Assistive Technology Program, and Home Care Packages Program
- National Disability Insurance Scheme (NDIS)
- Motor Vehicle Accident/Motor Vehicle Insurance Trust (MVA/MVIT)
- Workers Compensation

3.8 Repairs and Maintenance

3.8.1 Assistive technology

Health Service Providers must develop and implement procedures to manage the repair and maintenance of assistive technology that addresses the following considerations:

- utilisation of other services or programs to undertake assistive technology repairs and maintenance where the patient meets service/program eligibility criteria.

- undertaking repairs where it is economical to do so and where the assistive technology has a problem which impacts on patient safety, infection control, or function
- undertaking maintenance on high-cost loan assistive technology items to maintain the safety, viability and useable life of the item
- not undertaking maintenance or repairs in the following circumstances:
 - cosmetic reasons only
 - where the maintenance or repairs required is considerably or consistently in excess of normal wear and tear
 - where the patient uses the assistive technology for purposes for which it has not been issued or designed, or intentionally damages the assistive technology
- negotiation of repairs with a Health Service Provider that services the geographical location in which the patient resides, where it is not feasible or cost effective for the repairs to be undertaken by the issuing Health Service Provider

3.8.2 Home Modifications

Health Service Providers must develop and implement procedures to manage the repair and maintenance of home modifications that address the following considerations:

- quality of installations and structural modifications undertaken by Staff Members for a period of up to six months following completion of work
- responsibility for work undertaken by contractors covered under the terms of the contractor's insurance cover.

3.9 Replacement

Health Service Providers must develop and implement procedures to manage the replacement of assistive technology that addresses the following considerations:

- the patient meets eligibility criteria
- the original item ceases to function/operate safely, or has reached its end of life
- the patient (child) has outgrown the prescribed item
- non-replacement of assistive technology items where damage is 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 assistive technology was issued

3.10 Salvage or Disposal

Health Service Providers must develop and implement procedures to manage the salvage or disposal of assistive technology that address the following considerations:

- assistive technology that is no longer safe or functional but may have salvageable parts
- assistive technology that remains safe and functional, but repair or maintenance is not considered cost effective
- assistive technology that has been customised for an individual and is unlikely to be reissued again for another patient.

4. Compliance monitoring

Compliance monitoring details are outlined in [MP 0168/21 Assistive Technology and Home Modifications Policy](#).

5. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [Assistive Technology Categories – example inclusions](#)
- [State Supply Commission Disposal of Goods Policy](#)

6. Definitions

The following definitions are relevant to these Procedural Requirements.

Term	Definition
Assistive Technology	Generally portable, movable or freestanding items that assist a person in maintaining or improving function or safety in activities of daily living. 'Aids and equipment' may also be referred to as 'Assistive Technology'.
Bariatric	Assistive technology designed for larger or obese people featuring heavier weight/width capacities, higher durability and larger in size than standard assistive technology
Customised	Modified or fabricated for the sole use of a particular patient to meet the individual clinical needs of that patient.
Home modification	Includes: Home installations - Items that generally require to be fixed in place to a wall, floor or other surface. Structural modifications - Structural changes to the layout or fixtures of a home.
Non-returnable assistive technology items	Items 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.
Returnable assistive technology items	Items which can be cleaned to appropriate infection control standards and reissued to other patients (subject to being declared fit for service).
Social Housing	Includes: Publicly funded Housing Authority homes also known as Department of Communities (Housing) Community Housing Organisations which provide subcontracted Housing Authority and private subsidised rentals.

Staff Member	Staff Member has the same meaning as provided for in Part 1 section 6 of the <i>Health Services Act 2016</i> (a) an employee in the Health Service Provider; (b) a person engaged under a contract for services by the Health Service Provider.
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7. Document owner

The owner of this document is the Assistant Director General, Clinical Excellence Division.

Enquiries relating to this document may be directed to:

CAHO.CED@health.wa.gov.au

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