



Provision of Assistive Technology and Home Modifications

Procedural Requirements

This procedure supports the application of [MP 0168/21 Provision of Assistive Technology and Home Modifications Policy](#).

Enquiries relating to this document can be directed to: CAHO.CED@health.wa.gov.au.

1. Purpose

To outline the procedures to be followed by Health Service Providers (HSPs) that provide clinical services in the assessment, prescription and provision of assistive technology for domestic use and home modifications to eligible patients.

2. Applicability

These procedural requirements are applicable to all HSPs that provide publicly funded clinical services inclusive of the provision of assistive technology for domestic use and home modifications to eligible patients.

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 HSPs 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 the *Provision of Assistive Technology and Home Modifications Policy*. It includes standard, bariatric or customised versions.

HSPs must develop and implement procedures that outline the situations where an employee 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

HSPs 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

HSPs must develop and implement local procedures that address:

- provision of personal use or customised items only

- excludes home modifications.

3.2.2. Residential aged care facility

HSPs must develop and implement local procedures that address:

- provision of personal use items at the discretion of the relevant employee 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. The Health Service Provider is responsible for:

- provision of assistive technology people residing in social housing
- liaison with the social housing provider regarding the coordination of prescribed home modifications.

3.3. Assessment and prescription

3.3.1. Assistive technology

HSPs must develop and implement procedures that ensure the assessment and prescription of assistive technology occurs by an appropriate employee and addresses the following considerations:

- assistive technology meets patient 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

HSPs must develop and implement procedures that ensure the assessment and prescription of home modifications, occurs by an appropriate employee 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

HSPs 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 employee
- 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 items and installations (such as rails and customised ramps) do not need to be returned.

3.5. Assistive technology and home modifications provision arrangements

The discharging Health Service Provider 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.

HSPs 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 – process and project management

HSPs 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

HSPs 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 that provide assistive technology and home modifications in certain circumstances include:

- [Community Aids and Equipment Program \(CAEP\) | Western Australian Government](#)
- [Aids, equipment and modifications through the Rehabilitation Appliances Program \(RAP\) | Department of Veterans' Affairs](#)
- [My Aged Care – Commonwealth Support at Home Program \(previously Home Care Package and Short-Term Restorative Care Programs\) or Commonwealth Home Support Program \(CHSP\)](#)
- [National Disability Insurance Scheme \(NDIS\)](#)
- [Motor Injury Insurance - Insurance Commission of Western Australia](#)
- [Worker Compensation through WorkCover WA.](#)

3.8. Repairs and Maintenance

3.8.1. Assistive technology

HSPs 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 considered more than normal wear and tear
 - where the patient uses the assistive technology in a manner inconsistent with its intended purpose or design or deliberately causes damage to the device.
- negotiation of repair arrangements with a Health Service Provider operating within a patient's geographical area of residence, in circumstances where it is not feasible or economically viable for the repairs to be undertaken by the issuing Health Service Provider.

3.8.2. Home modifications

HSPs 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 employees for a period of up to six months following completion of work
- responsibility for the execution of works carried out by the contractor shall be subject to, and limited by, the terms and conditions of the contractor's applicable insurance coverage.

3.9. Replacement

HSPs must develop and implement procedures to manage the replacement of assistive technology that addresses the following:

- the patient meets the eligibility criteria
- the original item ceases to function/operate safely, or has reached its end of life
- the prescribed item no longer fits the patient
- where damage is outside of normal wear and tear, and/or there is evidence of intentional damage or misuse contrary to the manufacturer's instructions or the purpose for which the assistive technology was issued.

3.10. Salvage or disposal

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

- when the assistive technology:
 - is no longer safe or functional but may have salvageable parts
 - remains safe and functional, but repair or maintenance is not considered cost effective
 - has been customised for an individual and is unlikely to be reissued again for another patient.
- compliance with local Health Service Provider sustainability policy.

Further information is available in the WA Government [Disposal Guideline](#).

4. Definitions

The following definitions are relevant to these procedural requirements.

Term	Definition
Assistive technology	Assistive technology refers to any item, piece of equipment or product that is used to increase, maintain, or improve the functional capabilities of an individual.
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.
Employee	For the purposes of this policy, employee means – (a) an employee in a Health Service Provider and includes: (i) the chief executive of the Health Service Provider; (ii) a health executive employed in the Health Service Provider; (iii) a person employed in the Health Service Provider under section 140 of the <i>Health Services Act 2016</i>; (iv) a person seconded to the Health Service Provider under section 136 or 142 of the <i>Health Services Act 2016</i>; (b) a person engaged under a contract for services by a Health Service Provider.
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.
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.
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