



Home Care Package Purchasing Procedure

1. Purpose

All Kimberley Aged Care Service (KACS) staff undertake a consistent process for the purchase, maintenance and return of equipment and consumables for a consumer with an approved Home Care Package (HCP) that follows the program guidelines: [Home Care Packages Program Operational Manual - A guide for home care providers](#).

The intent of the HCP Program is to support senior Australians to optimise health and wellbeing in accordance with their needs, goals and preferences, and to help them to live safely and independently at home. Home care packages ('packages') deliver co-ordinated packages of care and services to meet people's assessed care needs within the limits of their individual home care budget and the scope of the Program. How care and services are identified and delivered should reflect and respect the individual, their care needs, consumer's situation and preferences.

All packages are delivered using a Consumer Directed Care model. The aim of this approach to planning and managing care and services is to give consumers choice and flexibility in the supports they access, based on need, and how they are delivered within HCP Program Operation Manual guidelines.

2. Procedure

Team member identifies the equipment and / or consumable required / requested by the consumer and ensures this is clearly reflected in the consumer's wellness support plan.

Equipment / aid:

- Once the Remote Care Coordinator (RCC) or Clinician identifies a potential equipment need, they refer the consumer to the relevant Allied Health professional for assessment for the item.
- RCC to review request for equipment against the questions in [Appendix A – Inclusions and Exclusions Framework](#)
- The RCC or Clinician discusses the recommended equipment and cost to the HCP with the consumer.
- The equipment is ordered if the consumer has the funds available in the HCP.
- RCC accesses a quote, generates a purchase order, orders the equipment.
- RCC to ensure equipment is delivered to and set up safely for the consumer.
- The approved provider along with the consumer is responsible for adequately maintaining the equipment.
- RCC and Clinician check equipment regularly and when they become aware that equipment requires repair or replacement, they arrange this in a timely way.
- For replacement items, follow the same process as for purchasing, if the consumer's care needs have not changed. If they have, refer them for another Allied Health assessment.
- If there are inadequate HCP funds in a consumer's budget for required equipment RCC/ Clinician discuss with the Team Leader to determine a plan to purchase necessary equipment.

For further information, refer to:

- [Home Care Packages Program Inclusions and Exclusions – FAQs for Providers – version 1 | Australian Government Department of Health and Aged Care](#) (see p.19 Alternative Supports)
- [Home Care Packages – access to \\$2,500 for urgent goods, equipment, and assistive technology | Australian Government Department of Health and Aged Care](#)

Other items (consumables):

- General household items are not to be purchased as HCP is not to replace normal home management or income.
- If a general household item is identified as required for the consumer to remain at home and unable to be purchased by the consumer, this must be discussed at consumer meeting to allow for problem solving including identifying alternative funding, referrals, and supports. For example, Community Care Service to be requested to support through community care service or community supports.
- If unable to be resolved through non-HCP funding, Team Leader to send request to KACS Manager for consideration and approval.

Assets management

The practice of consumers selling assets purchased with HCP funds and keeping the proceeds of sale is not in accordance with the program intent and all efforts should be made to avoid this by managing assets.

If a care recipient purchases equipment through their HCP, then the care recipient owns the equipment. The exception would be if the care recipient has entered a leasing arrangement with either the provider or a third-party organisation.

The following items are specifically **excluded** as per the [Home Care Packages Program Inclusions and Exclusions – FAQs for Providers – version 1](#):

- use of the package funds as a source of general income for the care recipient
- purchase of food, except as part of enteral feeding requirement
- payment for permanent accommodation, including assistance with home purchase, mortgage payments or rent
- payment of home care fees
- payment of fees or charges for other types of care funded or jointly funded by the Australian Government
- home modifications or capital items that are not related to the care recipient's care needs
- travel and accommodation for holidays
- cost of entertainment activities, such as club memberships and tickets to sporting events
- gambling activities
- payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme.

The HCP Guidelines include a **framework to support decision making** when it comes to determining what can and cannot be included as part of a package. This is described in the three steps below:

- Consider and understand the consumer's care needs and care goals to support them in living independently in their own home (in the short and medium term). The consumer's care needs, and care goals must be clearly understood by both the provider and the consumer, noting that these care needs and care goals can change over time. Information provided in the ACAT assessment and discussions with the consumer will provide the basis for understanding this.
- For each care and service type the questions listed on pp 61-64 need to be considered (the questions are listed as an appendix to this WI for ease). These questions have been developed to help providers determine with consumers if a care or service type should be included as part of their package. The questions have been grouped by category. To draw a conclusion, it is important that all the questions are considered on balance of each other.
- Document all discussions about the inclusion or exclusion. All discussions surrounding inclusions and exclusions for each consumer should be clearly documented. Care and services to be included in the package should be clearly documented in the care plan and package budget. Where a provider is unable to give effect to the consumer's preferences or request for services, the reasons must be clearly explained to the consumer and documented. Documenting these discussions provides justification for the decisions regarding inclusions and exclusions of a package. Providers may be required to produce this documentation as evidence for the Aged Care Quality and Safety Commission or the Department.

3. Roles and Responsibilities

Team Leaders are responsible for approving all HCP purchases within these guidelines and educating/mentoring teams members.

RCC and Clinicians are responsible for maintaining up to date HCP assessment and Wellness Support Plans that reflect client needs and follow the HCP guidelines.

Allied Health Professionals are responsible for assessment that identifies equipment and consumable needs based on aged related conditions.

Program Support Officer HCP is responsible for inputting of data and claiming to Services Australia monthly.

Accounts Clerical Officer is responsible for ensuring invoices are processed within a month of PO creation.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring of compliance with this procedure is to occur via feedback received at KACS Leadership/Governance monthly committee meetings from PSO HCP.

4.2 Evaluation

This policy will be formally reviewed every two years (or as required) by KACS Leadership Governance Committee for correct content and articulation of processes. Continuous evaluation will occur against the monitoring program through trends identified and to ensure alignment with updated program guidelines.

5. Compliance

This procedure is aligned with the Aged Care Act 1997.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Australian Government Department of Health and Ageing, Aged Care Act 1997, Australian Government, 1997

7. Definitions

Term	Definition
Home Care Package	Home Care Packages are a co-ordinated package of care and services that meet people's assessed aged care needs within the limits of their individual home care budget and the scope of the Program.
Consumer	A person receiving care and services under a Home Care Package funded by the Australian Government. In the Aged Care Act 1997, this consumer is referred to as a care recipient.
Equipment / aid	Items used to assist a consumer or carer with care needs, for example continence, mobility, technology and/or activity of daily living needs. (Often prescribed by a health professional.)
Consumable	Items to assist a consumer or carer with care needs that have not been prescribed by a health professional.

8. Document Summary

Coverage	WACHS Kimberley
Audience	KACS Manager, Team Leaders, RCC, PSO-HCP, Business Manager
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	Aged Care Act 1997
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> MP 0168/21 Provision of Assistive Technology and Home Modifications Policy Clinical Services Planning and Programs
Related WACHS Policy Documents	<ul style="list-style-type: none"> Consumer & Carer Engagement Policy
Other Related Documents	<ul style="list-style-type: none"> Home Care Packages Program Inclusions and Exclusions – FAQs for Providers – version 1 Australian Government Department of Health and Aged Care WACHS Cleaning of Returned Equipment
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2752
National Safety and Quality Health Service (NSQHS) Standards	5.03a, 5.04c, 5.06
Aged Care Quality Standards	4(3) a-g
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	20 November 2023	20 November 2023	New procedure

10. Approval

Policy Owner	Executive Director Kimberley
Co-approver	Nil
Contact	KACS Area Team Leader
Business Unit	Kimberley
EDRMS #	ED-CO-23-337213
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This document can be made available in alternative formats on request.

Appendix A: HCP Inclusions and Exclusions Framework

The following questions have been adapted from the Inclusion/Exclusion Framework – Template in the [Home Care Packages Program Operational Manual – A guide for home care providers](#). Permission to use this material is covered under the Creative Commons Attribution 4.0 International Licence.

Mandatory criterion
<p>Is the support specifically excluded under the Aged Care legislation?</p> <p>This question prompts providers and consumers to think about whether the care or service is prohibited by the legislation. If the care or service is on the list of excluded items, it must not be included in a package.</p>
Consumer's assessed care needs
<p>Does the support directly align with the intent and scope of the HCP Program?</p> <p>This question helps providers and consumers to think about whether the care or service is an appropriate and acceptable use of the package budget. If the care or service does not align with the intent and scope of the HCP Program, it should not be funded from the package budget.</p>
<p>How does the support align with the assessed care needs as documented in the ACAT assessment, the providers' own assessment of the consumer's needs or an assessment by a health care professional?</p> <p>This question helps providers and consumers think about other clinicians' and allied health practitioners' assessment of their care needs. The care needs may have changed between the time of the original ACAT assessment and the assignment of the package. It is important to consider all assessments relevant to the consumer's current care needs and goals.</p>
<p>How does the support assist the consumer to achieve their ageing related care goals, now and in the short to medium term? Is the support necessary to meet the care recipient's ageing related assessed care needs and care goals?</p> <p>This question helps providers and consumers think about the appropriateness of the care or service for the individual consumer. When answering this question, consider the immediate impacts of the care or service on the package budget. Providers and consumers should also think about how the care or service impacts on whether the package budget will still meet their assessed care needs and care goals in the short to medium term.</p>
<p>Has the evidence-base for the use of the support in addressing the particular assessed care need been considered?</p> <p>This question helps providers and consumers think about the clinical appropriateness of a care or service to meet the consumer's assessed care needs or care goals. While many variations of care and service types can help meet these, in some circumstances, there may be no supporting clinical evidence. In these instances, providers can use the clinical skills and expertise available to them to determine whether the care or service is appropriate to meeting the consumer's care needs and goals.</p>
Quality and safety
<p>Does the support pose a risk to the health and safety of the consumer?</p> <p>This question asks providers and consumers to consider the risks associated with the care or service. Providers can then make an informed conclusion about its safety for the consumer.</p> <p>While people have the right to dignity of risk regarding their choices, the provider's team (those supporting the consumer), and the approved provider, have professional obligations to provide safe services and supports to consumers. If providers form the view that the care or service poses an unacceptable risk to their safety, then the item should be excluded from the package.</p>

Does the support pose a risk to the health and safety of staff and the community?

This question asks providers to consider whether they believe the care or service can safely be delivered by their staff (or other consumers who they engage to deliver the package). It also asks providers and consumers to think about any broader implications of the care or service on the community. This might include, for example, the safety of providing a mobility scooter to a particular consumer if they may pose a risk to the public whilst travelling on footpaths.

Does the support require maintenance to ensure the safe use of the item that represents a significant portion of the budget? Is it difficult to provide the maintenance required?

This question asks providers to consider the financial feasibility of maintaining the item purchased in the short-term and into the future. It is closely linked to the assessment of the opportunity cost associated with the care or service, which is considered in the next question.

Financial**Is there an opportunity cost associated with the support?**

This question asks providers and consumers to think about the trade-offs the consumer will be making if they would like to include a care or service in their package. Given a package provides a set amount of funding, the request may be at the expense of receiving other care and services that would better meet the assessed care needs and care goals to keep them living independently in their home.

Will the care recipient miss out on a support identified in their assessment if package funding is used for a large purchase?

This question is a more detailed consideration of the question above, however, this question focusses on assessed care needs only. It requires providers to think about whether they will be able to deliver safe and clinically necessary care with the remaining funds in the package budget, if a large purchase is funded. If the provider cannot deliver the required care with the remaining package budget, this is a strong indicator that the purchase should not be made.

Does the support represent value for money to meet the consumer's assessed care needs?

This question asks providers to consider the appropriateness of the expenditure, noting the cost of the care or service, and the expected benefits. When making this assessment it is useful to remember that, although a package is for use by the consumer, the bulk of the home care budget is a government subsidy funded by taxpayers to be used appropriately.

For example, where a consumer needs kitchen modifications (e.g. easy access taps) to assist in the preparation of meals, a full kitchen refurbishment (beyond minor modifications) is not an appropriate use of Government funding.

Other**Can the support be provided informally through the community?**

This question asks providers and consumers to think about whether there are alternate, feasible ways the consumer could get the same benefits without using their package budget.

This might include, for example, considering whether the consumer can use transport that is free from their local club to access the club, rather than paying for transport from their package.

Does the support directly support the consumer, or does it have significant benefits for others that do not directly benefit the consumer?

This question helps providers and consumers to think about who the care or service would benefit the most. If something can be related back to the consumer's care goals, but primarily benefits someone other than the consumer without directly benefiting them, it should not be included under a package, particularly if there is a direct or implied monetary benefit. For example, purchasing a car for a family member so they can transport the consumer.

Respite care is an acceptable and important support, as it directly benefits the consumer by ensuring their carer is capable to continue supporting them to live in their own home.