

9 Inclusions and exclusions

This section outlines the ageing related care and services that can and cannot be included in a Home Care Agreement, care plan and individualised budget. It gives providers information and tools to use when working with care recipients to develop a care plan that optimises health and wellbeing in accordance with their assessed ageing related care needs, care goals and preferences, and helps them to maintain their capabilities as they age.

Under a CDC service delivery model, care recipients have choice over the types of ageing related care and services they access and how these are delivered. Decisions on what is included or excluded in the care plan need to reflect that they have a 'dignity of risk' (under the Charter of Aged Care Rights) to accept the personal risks associated with making these choices. Providers need to balance this with their ongoing accountability for what each package budget is being spent on, and for delivering quality of care. This is necessary to ensure providers are compliant with the Aged Care Quality Standards and any relevant Australian Government or State and Territory laws.

To meet these obligations, providers may need to have challenging conversations with care recipients and their carers about whether a type of care, service or item can be included. A framework of considerations is included in Section 9.5 to support these discussions. It is also important that providers document and retain records of the reasons why a service or item is included or excluded.



Key legislation, instruments and determinations that give rise to responsibilities for providers related to this section

Note, this summary is not an exhaustive statement of all relevant laws. Providers will need to review the legislation, instruments and determinations to ensure their compliance.

- Section 54-1 of the *Aged Care Act 1997*
- *Quality of Care Principles 2014*.

The Aged Care Quality Standards are relevant throughout this manual. Providers should familiarise themselves with the obligations required of them. See **Appendix E** for further detail on specific provider responsibilities.

Providers will need to act in compliance with all relevant State, Territory and Australian Government laws. A list of relevant Australian Government laws can be found at [this link](#), or by searching "Legislation" at www.agedcarequality.gov.au/. The Aged Care Quality Standards can be found at [this link](#) or by searching "Quality Standards" at www.agedcarequality.gov.au/. Please consult your State or Territory register of legislation for information on relevant State or Territory laws.

9.1 How do I work out what services can be included in a care recipient's care plan?

The HCP Program is designed to provide a mix of services and supports that are customised to meet the individual care needs and goals of each eligible person. As discussed at Section 7, that mix is determined through care planning. Care planning involves:

- collaborating with the care recipient to discuss their assessed care needs and care goals;
- deciding which care and service types will best assist them to meet these needs and goals; and
- detailing these care and services types in the care plan.

When working with each person to clarify their assessed care needs and care goals, providers should encourage them to think about what supports will optimise their health and wellbeing. Their

priorities and preferences are a key part of the discussion to co-produce their care plan. Care and services included in the care plan that will be purchased using the package budget should be drawn, for the most part, from the legislated inclusions, and must not include any legislated exclusions (see Section 9.2).

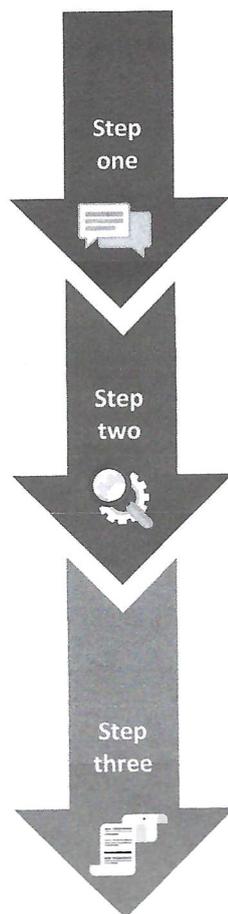
Sometimes a care recipient will seek a care or service type that is not specified as an inclusion or exclusion in the legislation. This means that you will need to work with care recipients to determine if the service, support or purchase:

- is directly linked to their identified care needs and goals;
- supports for daily living that is important for the care recipient's health and wellbeing;
- is necessary for them to support functional safety in their home;
- can be delivered within their available package budget; and
- would be considered an acceptable use of Government funds.

You will also need to consider whether you have the capacity and capability to deliver, or source, the proposed support.

The framework supports providers to take a flexible and responsive approach to working with care recipients on whether to provide proposed care and services that are not identified in the legislated inclusions. It allows providers to take a person-centred approach to care planning that supports a balance between assessed care needs, care goals and individual preferences, and considers individual circumstances such as financial and social position, cultural diversity and location.

The following framework has been designed to support decision making when it comes to determining what can and cannot be included as part of a package:



Consider and understand the care recipient’s care needs and care goals to support them in living independently in their own home (in the short and medium term).

The care recipient’s care needs and care goals must be clearly understood by both the provider and the care recipient, noting that these care needs and care goals can change over time. Information provided in the ACAT assessment and discussions with the care recipient will provide the basis for understanding this.

For each care and service type the questions on the next page will need to be considered.

These questions have been developed to help providers determine with care recipients 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 care recipient 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 care recipient’s preferences or request for services, the reasons must be clearly explained to the care recipient 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.

9.2 Specified Inclusions

As outlined in the above framework, the legislation provides guidance about specific items that can be included or must be excluded. It is worth remembering, however, that the care or service is only included when it meets assessed care needs and care goals.

This guidance is outlined in the *Quality of Care Principles 2014*.

The inclusions have been extracted below:

9.2.1 Care services

Service inclusions	Content
Personal services	<p>Personal assistance, including individual attention, supervision and physical assistance, with:</p> <ul style="list-style-type: none"> • Bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids • Toileting • Mobility • Transfer (including in and out of bed).

Service inclusions	Content
Activities of daily living	Personal assistance, including individual attention, individual supervision and physical assistance, with communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance using the telephone.
Nutrition, hydration, meal preparation and diet	<p>Includes:</p> <ul style="list-style-type: none"> • Assistance with preparing meals • Assistance with special diet for health, religious, cultural or other reasons • Assistance with using eating utensils and eating aids and assistance with actual feeding, if necessary • Providing enteral feeding formula and equipment.
Management of skin integrity	Includes providing bandages, dressings, and skin emollients.
Continence management	<p>Includes:</p> <ul style="list-style-type: none"> • Assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas • Assistance in using continence aids and appliances and managing continence.
Mobility and dexterity	<p>Includes:</p> <ul style="list-style-type: none"> • Providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs • Providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses • Assistance in using the above aids.

9.2.2 Support services

Service inclusions	Content
Support services	<p>Includes:</p> <ul style="list-style-type: none"> • Cleaning • Personal laundry services, including laundering of care recipient’s clothing and bedding that can be machine-washed, and ironing • Arranging for dry-cleaning of care recipient’s clothing and bedding that cannot be machine-washed • Light gardening • Medication management • Rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need • Emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the care recipient and carer, if appropriate • Support for care recipients with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support • Providing 24-hour on-call access to emergency assistance including access to an emergency call system if the care recipient is assessed as requiring it • Transport and personal assistance to help the care recipient shop, visit health practitioners or attend social activities • Respite care • Home maintenance, reasonably required to maintain the home and garden in a condition of functional safety and provide an adequate level of security, such as cleaning gutters • Modifications to the home, such as easy access taps, shower hose or bath rails • Assisting the care recipient, and the homeowner if the homeowner is not the care recipient, to access technical advice on major home modifications • Advising the care recipient on areas of concern in their home that pose safety risks and ways to mitigate the risks • Arranging social activities and providing or co-ordinating transport to social functions, entertainment activities and other out of home services • Assistance to access support services to maintain personal affairs.
Leisure, interests and activities	Includes encouragement to take part in social and community activities that promote and protect the care recipient’s lifestyle, interests and wellbeing.

Service inclusions	Content
Care management	<p>Includes ongoing assessment and planning undertaken on at least a monthly basis to ensure that the care recipient receives the care and services they need. This includes:</p> <ul style="list-style-type: none"> regularly assessing the care recipient's needs, goals and preferences reviewing the care recipient's home care agreement and care plan ensuring the care recipient's care and services are aligned with other supports partnering with the care recipient and the care recipient's representatives about the care recipient's care and services ensuring that the care recipient's care and services are culturally safe identifying and addressing risks to the care recipient's safety, health and wellbeing.

9.2.3 Clinical services

Service inclusions	Content
Clinical care	<p>Includes:</p> <ul style="list-style-type: none"> Nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services Other clinical services such as hearing and vision services.
Access to other health and related services	Includes referral to health practitioners or other related service providers.

The *Quality of Care Principles 2014* have also established a number of services that must not be included in the package. These are always excluded; even if they may advance the care recipient's assessed care needs and care goals, they are not aligned to the intent and scope of the HCP Program. Specified exclusions are listed in detail below:

9.3 Specified Exclusions

The *Quality of Care Principles 2014* lists those care and services that must not be included in the package. These are always excluded; even if they may advance the care recipient's assessed ageing related care needs and goals, as they are not aligned to the intent and scope of the HCP Program.

The following items **must not** be included in a package of care and services under the HCP Program.

Exclusions	Examples
Services, goods or supports that people are expected to cover out of their general income throughout their life regardless of age	<ul style="list-style-type: none"> General home services that were never, or are generally not completed independently prior to age-related functional decline, including home repairs/maintenance/specialist cleaning performed by a tradesperson or other licensed professional Food (except as part of enteral feeding requirements or items listed under food for special medical purposes as per the Australia New Zealand Food Standards Code – Standard 2.9.5). Further information on food is below under <u>Meal services</u>

Exclusions	Examples
	<ul style="list-style-type: none"> • Home insurance • Rates • Water, sewage, gas and electricity costs • Private transport related costs including vehicle registration, vehicle repairs, vehicle insurance and petrol • Local transit costs of public bus, ferry or train fares • Funeral plans / insurance costs • Pet care and associated costs such as pet food; registration; taxidermy, cremation • Internet and telephone costs, exceptions include: <ul style="list-style-type: none"> ○ Care recipients who are homeless or at risk of homelessness (as identified in a care recipient's ACAT assessment) can use HCP funds for the ongoing monthly charges to ensure connection with service providers ○ Care recipients who require the internet or landline to support delivery of medication management, remote monitoring service or delivery of an included service on the phone can use HCP funds to set-up telecommunications connections (e.g., to get internet connected) • Beauty therapy (e.g., manicures) and hairdressing • Cost of entertainment activities, such as club memberships and tickets to sporting events • Travel and accommodation for holidays • Supplies to participate in any activity, e.g. gardening or craft • Using HCP funds to pay for solicitors or accountants for maintaining care recipients' personal affairs • Funeral costs and funeral plans • Gym or pool memberships/access costs when not prescribed for aged-related functional decline and monitored by health professional operating within their scope of practice
Accommodation costs	<ul style="list-style-type: none"> • Assistance with home purchase • Mortgage payments • Rent • Permanent residential care (subsidised or private) and residential respite (subsidised) • Heating and cooling costs (installation and repairs) • Whitegoods and electrical appliances (except items designed specifically for frailty such as a tipping kettle) • Household furniture and furnishings: <ul style="list-style-type: none"> ○ lounge suites and recliners which do not support a care recipient's mobility, dexterity and functional care needs and goals

Exclusions	Examples
	<ul style="list-style-type: none"> ○ Other general household furniture such as coffee tables, wardrobes, and bookshelves. ○ Massage chairs when not prescribed by treating medical practitioner and/or allied health professional ○ General mattress and frame for bed (exceptions for pressure relieving mattress or mattress/frame for an electrical adjustable bed or hospital bed) ● Replacement/maintenance/servicing/cleaning of: <ul style="list-style-type: none"> ○ Water tanks ○ Solar panels ○ Fencing ○ Roofs ○ Heating and cooling or hot water systems ○ Swimming pools ● Home modifications or capital items that are not related to the care recipient's ageing-related care needs, for example: <ul style="list-style-type: none"> ○ Windows, roofs, pergolas, sunrooms, decking ○ Home modifications that don't support ageing safely e.g., non-accessible bathroom and kitchen modifications; non-standard fittings in accessible bathroom modifications (e.g., mosaic tiles) ○ Home modifications requiring development applications ○ Aesthetic modifications of any kind ○ Repainting the home ○ Major plumbing ○ Emptying of septic tank; remedying sewage surcharge (matter for water company/insurer) ○ Major electrical work, e.g., rewiring house ○ Replacement of entire floor and floor coverings throughout the home unless safe passage for mobility equipment required or slip hazard reduction required, as recommended by a health professional for care recipients at risk of falls ○ Replacement of foundation e.g., concrete/cement slab ○ Significant changes to the floorplan of the home, such as adding a new bathroom or extension <p>Extensive gardening services such as:</p> <ul style="list-style-type: none"> ● Planting and maintaining crops, natives and ornamental plants ● The installation and/or maintenance of raised garden beds ● Compost heaps ● Watering systems

Exclusions	Examples
	<ul style="list-style-type: none"> • Water features and rock gardens • Landscaping • Tree removal • Removal of garden beds • Removal of shrubbery (unless preventing safe access and egress)
Payment of home care fees	<ul style="list-style-type: none"> • Defined at section 52D of the <i>Aged Care Act 1997</i> • Includes income tested care fees, basic daily fees and additional fees
Payment of fees or charges for care or services funded or jointly funded by the Australian Government	<ul style="list-style-type: none"> • Co-payments for state/territory government funded programs, such as subsidised taxi vouchers and/or aids and equipment schemes • Dentures, dentistry and dental surgery • Prescription glasses or contact lenses • Prostheses (e.g., artificial limb) • Spectacles • Hearing aids available under the Hearing Services Program. Contact the Hearing Service Program (HSP) for guidance on hearing aid replacement and delegate approval for non-standard hearing aids. Exception if care recipient is not a pension concession card holder as HCP may cover like for like of typical hearing aid covered by HSP in this case only. • Continence aids if a participant in the CAPS program • Diagnostic imaging • Natural therapies, including: <ul style="list-style-type: none"> ○ Alexander technique ○ Aromatherapy ○ Bowen therapy ○ Buteyko ○ Feldenkrais ○ Homeopathy ○ Iridology ○ Kinesiology ○ Naturopathy ○ Pilates (except sessions supervised by an exercise physiologist or physiotherapist) ○ Reflexology ○ Rolfing ○ Shiatsu ○ Tai chi (except sessions supervised by a Chinese Medicine Practitioner, exercise physiologist or physiotherapist) ○ Western herbalism ○ Yoga (except sessions supervised by an exercise physiologist or physiotherapist) • Payment for informal care – a Carer’s Payments is available to fund the support of family and friends

Exclusions	Examples
	<ul style="list-style-type: none"> • <u>Section 16.1</u> of the HCP Program Manual specifies more information about what ageing related programs can and cannot be accessed while receiving a HCP.
<p>Payment for services and items covered by the Medicare Benefits Schedule (MBS) or the Pharmaceutical Benefits Scheme (PBS) (or items that should be considered for funding through these schemes)</p>	<ul style="list-style-type: none"> • Co-payments or gap fees, including for services covered by private health insurance ○ Medications, vitamins and supplements (as well as items not covered by the PBS such as off-indication prescriptions, medicines not endorsed for listing by the Pharmaceutical Benefits Advisory Committee (PBAC) or medicines where the manufacturer has chosen not to list the product on the PBS ○ Consultation/tests/surgery with medical practitioner (GPs and specialists) <ul style="list-style-type: none"> ○ The only exception to this is a private appointment (i.e. not covered by MBS) with a GP to meet evidence requirements for the dementia and cognition supplement and oxygen and enteral feeding supplements • Hospital costs • Ambulance cover • Private health insurance premiums
<p>Provision of cash debit cards or like payments to care recipients for any purpose</p>	<ul style="list-style-type: none"> • Debit cards (unless the provider has rigorous systems in place to vet every payment and keep on file all receipts in accordance with the <i>Records Principles 2014</i>. Debit cards may pose issues for GST credits. Consult with the ATO for more information). • Cash payments or gift vouchers/cards, including online vouchers and coupons • Transfer of subsidy into care recipient or their family's personal/business bank account without rigorous acquittal by provider of funds against receipts matched to the Home Care Agreement, care plan and individualised budget in accordance with the <i>Records Principles 2014</i>.

9.4 Meal services

In relation to meal services and whether food can be included in a HCP:

- preparation and delivery of meals can be included
- the raw food component of those meals cannot be included, except in the case of enteral feeding.

The Department has not mandated a standard split/ratio for the raw food component. This is a business decision for the company providing the meal services to calculate how much the raw food component is. Home care providers should discuss with the care recipient the amount of the raw food contribution, as well as how and who it is paid to, as part of the negotiation with the meals provider and the care recipient.

Food referred to as 'takeaway' is also an excluded item. 'Takeaway' food is generally defined as food you would buy from a restaurant or food outlet.