

Community Programs utilising Commonwealth Funding

11th May, 2018

Commonwealth Home Support Funding(CHSP)



Aims of CHSP

- Increased focus on restorative approach including wellness and enablement
- Promoting equity and sustainability through a national fees policy
- Reducing red tape for service providers through more streamlined funding arrangements
- Clients contributing towards cost of care and services

Anglicare

MAC Referral

| New Client MAC Referral Form | | | | | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|--|--|
| | | | | | | |
| Clients Full Name: | | | | | | |
| Gender: M/F | Date of Birth: | | | | | |
| Clients Full Address: | | | | | | |
| Preferred contact number : | | | | | | |
| Living Arrangements | | 0 | | | | |
| Is Interpreter required - | Y N N Preferred Language: | | | | | |
| Medicare Number (including Ref): | | | | | | |
| Pension Number & Status | Full 🗌 Part 🗖 Self-Funded 🗖 | | | | | |
| Can the client be contacted by phone? | Yes 🗆 No 🗆 | | | | | |
| phone? Does the client have a support person? Please add details (Coordinator/NOK) | Name : | | | | | |
| | Relationship to client: | | | | | |
| | Phone: | | | | | |
| | Do they need to be present at the Assessment: Yes 🗆 No 🗆 | | | | | |
| | Would you like for the Onboarding Specialist to contact the support person prior to contacting the client: Yes \Box No \Box | | | | | |
| Potential Services: | Domestic Assistance | □ HCP 1-2 | | | | |
| (why does the client need an | □ Social Support (1.1) | □ HCP 3-4 | | | | |
| assessment with MAC) | Personal Care Allied Health | Social Support Group | | | | |
| | I Transport | Other | | | | |
| Reason for Referral: | Falls | □ Change of Cognitive stat | | | | |
| | Changes to care needs | Medical condition(s) | | | | |
| | Concern increasing frailty | Carer Burden/issues | | | | |
| | Change in caring arrangement | | | | | |
| | Change in living arrangement Unable to determine | Hospital Discharge Change in circumstance | | | | |
| Important / Additional Information: | | | | | | |

MAC referral

| red on your knowledge is the client able to: Based on your knowledge is the client able to: | | | | | | | |
|------------------------------------------------------------------------------------------------|--------------|--------------------|-------------------|-------------------|-------------|--|--|
| | Without help | With a little help | With a lot of hel | p Completely unab | le Notknown | | |
| get out of bed or chairs easily? * | 0 | | | | • | | |
| | Without help | With some | help Cor | npietelyunable | Not known | | |
| get dressed? * | | | | | | | |
| eat their meals? * | | | | 0 | | | |
| go to the toilet? * | | | | | | | |
| walk easily? * | | | | | | | |
| shower or have a bath? * | | | | | | | |
| manage their own medications? * | - 0 | - 0 - | | . | | | |
| travel in the community? * | | | | | | | |
| go shopping for groceries? * | | | | | | | |
| prepare their own meals? * | | | | | | | |
| do housework? * | | | | | | | |
| manage their money? * | | | | | | | |
| | | | | | 12 10 - C | | |
| Client Service Team Use o | nly: | | | | ¢ | | |
| ate Processed Referral to MAC: | | | | | (# | | |



[Type here]

Please email this form to - Athomeclientservices@anglicare.org.au

Initial Physiotherapy assessment in the home

- What are the current issues , why did they refer
- Medical history
- What is the current function
- Falls history
- Functional tests eg 5 sit to stand, TUG, 6 metre walk, 4 stage balance test
- Are they receiving other services, any further referrals required
- Client goals established
- Physio program put in place.

Balance test





Balance test

1. Parallel stance Stand with your feet side by side. in the 2. Semi-tandem stance Place the instep of one foot so it is touching the big toe Time: of the other foot. 8 3. Tandem (Heel-Toe) stance Place one foot in front of the other, heel touching toe. Time 1 T 4. One-legged stance Stand on one foot. Time: Patients aged 65 years or older who do not progress to the tandem (heel-toe) stance or cannot hold this stance for at least ten seconds are at increased risk of falling. Notes: Reference: Rossiter-Fornoff J, Walf S, Wolfson L. A cross-sectional validation study of the FICSIT common data base static balance measures. Gerontol A Biol Sci Med Sci 1995;50A(6):M291-M297. This resource was developed by bpact for the Health Quality & Safety Commission based on the STEADI fails campaign by the US Centres for Diseases Control and Prevention (CDQ).



Physiotherapy Programs



- One on one physiotherapy sessions at home or in Anglicare centres across Sydney
- Range of different exercise classes, aimed at improving strength, balance and function and reconditioning classes
- Initial assessment, 3 monthly re-assessment and assessment on discharge
- Other programs offered with CHSP funding are respite programs, social support (centre based or outings) on site podiatry, occupational therapy, consults with dietitian and transport.
- Domestic and personal care support is available through CHSP funding

Case Study



- Mrs B lives in her own home with her husband, she is 87 yrs
- Referred to myaged care by her daughter
- Cardiac surgery Feb 2017, rehab, home, a couple of falls, pneumonia, back to rehab then home with referral for physio under CHSP
- Assessment Oct 2017: 4WW, decreased confidence, poor right shoulder movement, 5 sit to stand was 27.5 sec and using arms to complete, 2 stages of 4 stage balance test. Not walking outside due to her fear of falling
- Exercise program with physic aide attending weekly
- Re assessment Dec 2017, 5 sit to stand 19.6 sec, no use of arms and now able to complete 3 stages of balance test. Walking outside with aide.