

Inclusion/ Exclusion Decision Making Framework

Tool to aid decision making around allowable expenditure.

Date of assessment: _____ **Package Level:** Level 1 Level 2 Level 3 Level 4

Client Details			
Client Name		Form completed by	
Item/ Service requested		Cost of item	
Funds available	\$	Final decision	<input type="checkbox"/> Allowable <input type="checkbox"/> Excluded
Comments:			

Questions	Document discussions and considerations – where applicable include commentary
Is the support specifically excluded under the Aged Care Legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the support directly align with the intent and scope of the HCP Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the support pose a risk to the health and safety of the care recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the support pose a risk to the health and safety of staff and the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the support directly targeted at the care recipient, or does it significantly benefit others, instead of the care recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
How does the support align with the assessed ageing related care needs as documented in the ACAT assessment, the providers’ own assessment of the care recipient’s needs or an assessment by a health care professional?	Comments:
How does the support assist the care recipient 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the evidence-base for the support which addresses a particular assessed ageing related care need been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there an opportunity cost associated with the support? Will the care recipient miss out on a support identified in their assessment if package funding is used for a large purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the support be provided informally through the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the support represent value for money to meet the care recipient’s assessed ageing related care needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Inclusions/Exclusions Framework Flowchart

