

Palliative care unassigned bed fund guidelines

December 2004

The primary aim of the unassigned bed fund (UBF) is to fund the hire or purchase of equipment or services which will allow palliative care clients to remain at home, without compromising their quality of care, when they would otherwise require admission to an inpatient setting. The UBF is designed to fund services or equipment which a community palliative care service (CPCS) would not normally provide as part of a standard service or which are above the usual level of service provision.

Who is eligible for the UBF?

- clients who have been assessed as meeting the admission criteria of the CPCS
- are living in their own home or in a Supported Residential Service (SRS)
- are living in Residential Care (limited application as outlined below).

In what situations can the UBF be applied?

- The client would otherwise require admission to an inpatient setting but prefers to remain at home, and care will not be compromised.
- The carer requires additional short term support in order to continue to care for the client in the home setting and the client would otherwise require admission to an inpatient setting.
- The cost of the service or equipment can not be met by the client or their family and all other avenues for funding (eg. home and community care (HACC), post acute care (PAC), Department of Veterans' Affairs (DVA) and Carer's Choice/Commonwealth Respite Centres) have been exhausted. In exceptional circumstances the UBF may be used to cover the cost of an item while other funding avenues are being investigated.

What about clients in residential care services¹?

Clients in categories 5 – 8 (low care) and categories 1 – 4 (high care) should be able to access the UBF for items specifically related to the provision of palliative care which are **not** included in the *Schedule of Specified Care and Services for Residential Care Services*.

(ref. <http://www.health.gov.au/acc/manuals/rcm/contents/12specif.htm#12.3.1>)

For high care clients (categories 1 – 4), nursing services carried out by a qualified palliative care practitioner are included in the Schedule of Specified Care, which states “services may include, but are not limited to, the following: Establishment and supervision of a complex pain management or palliative care program, including monitoring and managing any side effects.” This means that for these clients such services **should be funded by the residential care service and should not be funded through the UBF**.

The schedule also states that for high care clients, basic medications should be provided by the residential care service. Maintenance therapy and more intensive therapy should also be provided at no cost to high care residents², although a residential care service is not expected to pay for extremely intense therapy. This means that basic medications, maintenance therapy and more intensive therapy **should be funded by the residential care service and should not be funded** for high care clients through the UBF.

In addition to this, oxygen for emergency use should be provided to high care clients by the residential care service. Ongoing oxygen treatment and associated equipment will be funded by the Commonwealth if this is supported by medical certification of the resident's ongoing need.

For more information on residential care, refer to the Schedule of Specified Care and Services for Residential Care Services at: <http://www.health.gov.au/acc/manuals/rcm/contents/12specif.htm#12.3.1>

¹ Excluding Supported Residential Services (SRSs) – clients in these services have full access to the UBF.

² Maintenance therapy (delivered by health professionals, or care staff as directed by health professionals) is designed to **maintain** residents' level of independence in activities of daily living. More intensive therapy (delivered by health professionals, or care staff as directed by health professionals) on a temporary basis, is designed to allow residents to **attain** a level of independence at which maintenance therapy will meet their needs.

(ref. <http://www.health.gov.au/acc/manuals/rcm/contents/12specif.htm#12.3.1>)

What services or equipment can be purchased with the UBF?

There are a broad range of ways in which the UBF can be expended. Decisions about whether it is appropriate to use the UBF for an item should be based on the assessment of the CPCS. The following are some examples of how the UBF can be expended:

Item	Comments
Medication	If unavailable under NHS/PBS and the client cannot afford to purchase it. The need for a particular medication should be confirmed by the client's medical practitioner and the CPCS.
Equipment and dressings	This should apply to hire and purchase of equipment for clients at home or in SRSs, which should remain the property of the palliative care service. This item could include the transport and maintenance (ie. cleaning and repair) of equipment but should not cover the development or administration of an asset register. Note that if the client is in a residential care service then the UBF should not be used to purchase dressings and/or equipment which are included in the <i>Schedule of Specified Care and Services for Residential Care Services</i> .
Short term respite	This could include overnight respite.
Allied health assessment	This may include physiotherapy or occupational therapy assessment and should apply only in exceptional circumstances when it can not be funded from other sources and will enable a client to remain at home. It does not include standard service provision.
Home help ³	HACC services should be the first referral point for clients who meet HACC eligibility requirements. Home help may be purchased via the UBF for a strictly limited period of time until the HACC service becomes available
Extra nursing	This should only be provided on a short-term basis in exceptional circumstances.
Specialist counselling/ psychosocial care	This should only be provided when the CPCS assesses that specialist counselling/psychosocial intervention is necessary in order to keep the client at home. The UBF should only be used to purchase specialist counselling (eg. paediatric counselling) when it cannot be provided by existing staff within the CPCS.
Complementary therapies	This item includes therapies such as massage. The UBF should only be used for this purpose if the therapies can not be funded from any other source and the therapy will enable a client to remain at home.
Personal care attendants ⁴	HACC services should be the first referral point. Personal care attendants may be purchased via the UBF for a strictly limited period of time until the HACC service becomes available.

What should the UBF not be used for?

- doctors' medical fees
- if the client is in a nursing home then the UBF should not be used to purchase dressings and/or some forms of equipment which are not specific to the client's palliative condition. See <http://www.health.gov.au/acc/manuals/rcm/contents/12specif.htm#12.3.1> for more information
- after hours medical or nursing visits. These should be provided as part of the 24 hour CPCS service.

How should the UBF be acquitted?

Financial acquittal of the UBF should be submitted as part of the annual financial report to regional Department of Human Services offices.

3 Regardless of age, people with a life-threatening illness are eligible for HACC program services. While palliative care services are part of the 'no growth' Home and Community Care program services, these relate only to providing specialist palliative care not basic maintenance or support. Eligibility is determined by an assessment of need and priority of access, as determined by the individual HACC service provider.

4 As above.