SESLHD GUIDELINE COVER SHEET

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FUNCTIONAL GROUP(S)	Aged Care and Rehabilitation Allied Health
KEY TERMS	OT Home Assessment, OT Access Visit, Aged Care Assessment
SUMMARY	This document outlines the clinical considerations for OT home assessments for inpatients requiring Aged Care Assessment.

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Health
South Eastern Sydney
Local Health District

Occupational therapy (OT) home assessment for inpatients requiring an Aged Care Assessment

Section 1 – Background

In accordance with Commonwealth eligibility criteria for Aged Care Assessment under the *Aged Care Act 2024* (Cth), the client must be medically stable at the time of assessment and rehabilitation needs must be met by the multidisciplinary team. This will ensure that the care needs of the client outside of the hospital can be accurately assessed and the most appropriate care services recommended.

Clients in hospital requiring an Aged Care Assessment should be assessed in the same way as those assessed at home, including consideration of the home environment and social issues (My Aged Care Assessment Manual, February 2024).

Information and assessments completed by members of the multidisciplinary team should be used to inform the aged care assessment. The OT Home Assessment has been used widely by Aged Care Assessors and Transitional Aged Care Programme (TACP) staff to inform the Aged Care Assessment.

Key benefits and limitations of OT Home Assessment prior to Aged Care Assessment and TACP assessment

Key benefits:

- Facilitates best practice in the interests of client and staff safety
- Enables the client and their carers to be assessed in their home environment and provides the client with insight into their capability and function at home
- Adds information to the Aged Care Assessment for making appropriate approvals
- Aids effective goal setting for TACP from commencement of program
- Assists with timely equipment prescription and delivery
- Allows prompt commencement of home modifications where required and ensures set up of equipment appropriately.
- Assist with addressing risk associated with Friday discharges and concern about safety over the weekend.

Limitations:

- Home assessment may not be required based on clinical need, or previous home assessment completed
- Requires significant resource by OT staff across facilities
- May result in client having multiple assessments i.e. OT, Aged Care Assessment and TACP assessment.

Section 2 - Principles

The need for an OT home assessment prior to inpatient Aged Care Assessment and TACP review is to be determined on an individual case basis by the inpatient OT in consultation with the treating multidisciplinary team. In determining this, the OT should consider the individual client's condition, risk factors, their functional and cognitive capacity, living conditions, access to family /carer supports and previous OT home modifications or interventions.

Clients who are identified by the OT as being at risk of not functioning safely in their home would receive an OT home assessment and those who are deemed low risk may receive either an OT access visit or no home assessment.

The following table provides examples of factors for consideration in decision making about whether an OT Home Assessment is required. Whilst this is not an exhaustive list, it is intended to provide some guidance around decision making.

Domain	**Possible indicators for OT Home Assessment required**	**Possible indicators OT Home Assessment not required**
Clinical Condition	Clients who have had an incident and/or clinical event which has caused a sudden or significant decline in baseline level of physical or cognitive function (e.g. stroke, fracture of lower limb)	Clients with clinical conditions amenable to recovery or near recovery to pre-morbid function after a set-back
Physical function (Mobility/Transfers)	Clients likely to experience difficulty with transfers in/out or on/off bed, chair, shower, bath or toilet due to a change in baseline level of physical function. Clients with risk factors for safely achieving overnight toileting.	OT Home Assessment recently completed. Details involving environment/transfers documented.
Cognition/Capacity	Clients with newly diagnosed or changing cognitive impairment/dementia	Client able to make informed decisions and has capacity/insight into their condition
Living Situation	Living alone/ socially isolated with physical and /or cognitive impairments. Evidence of hoarding/squalor Evidence of access limitations which may challenge the client's ability to safely access the home i.e. steep driveway; stairs	Evidence of being well supported at home by family/ carer and minimal risk factors Nil concerns of hoarding/squalor Nil reported access barriers
Home Modifications	Clients likely to require home modifications or equipment based on subjective assessment	Nil home modifications or equipment likely to be required based on subjective assessment

Domain	Possible indicators for OT Home Assessment required	Possible indicators OT Home Assessment not required
Existing/Recent Services	No previous OT Home Assessment and evidence of risk factors for safety at home No existing services/other supports in place	OT Home Assessment recently completed and no significant change in condition since. Access Home Assessment recently completed and nil concerns identified. Clients already receiving TACP or other community health service.

Section 3 - Definitions

Clinical Aged Care Assessor:

- A Clinician who undertakes comprehensive aged care assessments for eligible clients

Occupational Therapy Home Assessment:

- An Assessment conducted by an Occupational Therapist with a patient that focuses on individual and environmental abilities related to the patient's participation in occupational performance roles in their home.

Occupational Therapy Access Visit:

- An assessment conducted by an Occupational Therapist in the client's home without the client present.
- The Occupational Therapist draws on their knowledge of the client's occupational performance observed in hospital to determine the clients individual and environmental abilities and problems that are anticipated in the client's home.

Transitional Aged Care Programme (TACP):

- Transition care provides short-term care that seeks to optimise the functioning and independence of older people after a hospital stay (Transition Care Programme Guidelines, 2022).

Section 4 - Responsibilities

Inpatient OT Staff are responsible for:

- Documenting the OT home assessment status in the client's electronic medical record as either:
    - 'home assessment-access visit only required;
    - 'home assessment required' or
    - 'no home assessment required'
- Documenting the reason/s to support the decision made about the home assessment.

Referrers for Aged Care Assessment (i.e. Social Workers) responsible for:

- Accessing the documented OT home assessment decision from the client's medical record
- Documenting the OT home assessment decision status of the client on the referral form for an Aged Care Assessment i.e. 'OT home assessment required'; 'access visit only required' or 'no home assessment required'
- Documenting the expected date of the OT home assessment on the referral form (if home assessment is clinically indicated)

Clinical Aged Care Assessors are responsible for:

- Reviewing the available OT home assessment reports through eMR.

Section 5 – Referrals to Aged Care Assessment and Appointment Scheduling

The inpatient OT should document the OT home assessment status in the client's electronic medical record prior to the referrer making a referral for an Aged Care Assessment.

- If a home assessment is required, wherever possible, the OT home assessment should be completed prior to an inpatient Aged Care Assessment.
- If not possible, a referral can still be made, accepted and completed by the Aged Care Assessment Service prior to the home assessment occurring.

Section 6 –

References

- My Aged Care Assessment Manual, February 2025, Australian Government Department of Health and Aged Care.
- *Aged Care Act 2024* (Cth)
- NSW Health Standard Operating Procedures- Single Assessment System, December 2024.
- Transition Care Programme Guidelines, 2022, Australian Government Department of Health and Aged Care

Version and Approval History

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June 2020	Draft	Author: Manager Aged Care Strategy, Population and Community Health
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28 November 2025	1.1	Minor review: updates to terminology and references to reflect Commonwealth reforms to the aged care single assessment system. Approved by Executive Sponsor.