

Support at Home Summary: End-of-Life Pathway



\$25,000 funding over a 12-week period to support people with end-of-life care.

- One-off, dedicated funding to support with in-home End-of-Life care
- High-priority assessments to fast-track funding approval (hopefully!)
- Complementing state and territory-based specialist palliative care schemes

End-of-Life Pathway	
Eligibility:	<ul style="list-style-type: none"> • For those diagnosed with 3 months or less to live, meeting both of the following criteria: <ul style="list-style-type: none"> – a medical practitioner or nurse practitioner provides an estimated life expectancy of 3 months or less to live, and – a score of 40 or less on the Australian-modified Karnofsky Performance Status (AKPS) score (mobility/frailty indicator). • For existing Support at Home participants and for those not currently assessed or accessing services • If someone needs support after completion of the Pathway, they can: <ul style="list-style-type: none"> – For existing Support at Home participants: Transfer to their previous Support at Home classification via a Support Plan Review. – For new participants who commenced with the End of-Life Pathway: Transfer to the inactive classification (assigned at their aged care assessment), via a Support Plan Review.
Funding and Contributions:	<ul style="list-style-type: none"> • One-off budget of \$25,000 per person over a 12-week period (can be extended up to 16wks) • To cover additional in-home services such as personal care, domestic assistance and general nursing care • Replaces existing Support at Home funding/classification for existing participants. • Cannot accrue funds from this pathway: any unspent budget will not follow a participant if they live beyond the funding period and move to an ongoing classification. • Funding can be used to access the participant’s approved services from the Support at Home service list, including care management. • Can access assistive technology funding (if assessed as eligible) but cannot access home modification funding (unless these were already underway for an existing participant). • Funding can complement any state and territory-based palliative care schemes. <p>Contributions:</p> <ul style="list-style-type: none"> • Still have to pay contributions to access services: 5-50% for independence services, 17.5-80% for everyday living services. • No contribution required for clinical supports eg. nursing (fully-funded by the Gov’t).
Care Management:	<ul style="list-style-type: none"> • Care management still required and claimed directly from the E-o-L Pathway budget. • This will likely involve liaison and care coordination with the multidisciplinary team and any state or territory palliative care services. • No care management cap under this pathway due to the significant planning and coordination of services required. Care management claims should be proportionate and in the best interests of the participant.

Support at Home Summary: End-of-Life Pathway



	Existing Participants:	New Participants:
Accessing Services:	<ul style="list-style-type: none"> Download End-of-Life Pathway Form – ask medical practitioner to complete and provide supporting evidence Provider can request high-priority Support Plan Review through My Aged Care and Support Portal (upload E-O-L Pathway Form) or the participants can do this. Support Plan Review undertaken by Aged Care Assessor Approved for pathway funding, receive a Notice of Decision and new support plan. Provider accepts My Aged Care Service referral, notifies Services Australia of the participant's entry into the scheme. 	<ul style="list-style-type: none"> Discuss eligibility for End-of-Life pathway with medical practitioners Medical practitioners to complete and sign a copy of the End-of-Life Pathway Form: GP can make an e-referral or complete a hard-copy for the older person <p>OR</p> <ul style="list-style-type: none"> Apply for an aged care assessment via My Aged Care (online or call 1800 200 422) – upload E-O-L Pathway Form Aged care assessment Approved for pathway funding, receive a Notice of Decision and an inactive ongoing Support at Home classification. Engage a provider to co-ordinate services.