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**DFC Equipment Program:** Children and adults

**Checklist for external clinicians submitting home modification prescriptions**

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| Is the modification requested an in-scope modification on the home modification list?If no, have all in scope modifications been considered with client and found not to be an appropriate alternative?Modifications that are not in scope will not be supplied by the DFC equipment program. If there are exceptional circumstances, discuss these with a delegate within the relevant division (Disability SA or DomCare SA). | Y / NY / N |
| Does the requested item meet the *Key Approval Criteria for Home Modifications*? *\* Please provide detail in your home visit/assessment report*. | Y / N |
| Does the requested modification meet the *Specific* *Clinical Criteria\*\** for that type of modification? *\* Please provide detail in home visit/assessment report*. | Y / N / NA |
| Is the priority rating given appropriate for the client’s needs/situation? (refer to the *Determining Priority Tool*).\* *Please provide reason for priority in home visit/assessment report*. | Y / N  |
| Have all other simpler options been trialled/explored with client? \* *Please provide detail in home visit/assessment report*. | Y / N |
| Have you provided the client with the Terms and Conditions of Installation of Home Modifications and has the client/home owner signed the Home Modification Agreement Form? | Y / N |
| Have you completed the Initial Home Modification Prescription Form – External Prescribers including the following responses:Your **Discipline**?Whether a **Home Assessment** has been completed?Whether **Follow-Up is required** by a DomCare/Disability SA clinician? | Y / N |
| Have you attached a home visit or assessment report?  | Y / N |
| Have you attached additional specification form/required diagrams? | Y / N |
| Have you attached the signed Home Modification Agreement From? | Y / N |

*\*Clinical details required for internal clinician/delegate to approve prescriptions for specific home modifications – see modifications listed below.*

*\*\*Specific Clinical Criteria exist for the following home modifications: long ramps, major step modifications, bathroom modifications, kitchen modifications and access modifications.*

**Once prescription is complete:**

* For metropolitan clients of Domiciliary Care SA submit the prescription form, Home Modification Agreement Form and any relevant clinical reports, diagrams, specification forms to the client’s Service Coordinator or Key Contact. If you are unsure who this is, contact the Metropolitan Access Team (MAT) on 8193 1234.
* For clients of Disability SA, submit the prescription form, Home Modification Agreement From and any relevant clinical reports, diagrams, specification forms to ASSIST. For metropolitan clients, if you are unsure of which ASSIST office, ring either office and you will be directed to the correct team.

For country clients send to the following:

* ASSIST South - Riverland, South East, Murray Mallee, Mt Barker, Southern Fleurieu, Adelaide Hills, Bordertown, Naracoorte, Kangaroo Island and APY lands. Phone: 8372 1495 Fax: 8271 7289.
* ASSIST North – Wakefield, Yorke Peninsula, Lower North, Barossa, Whyalla, Pt Augusta, Pt Pirie, Pt Lincoln, Ceduna, Streaky Bay, Cowell, Orrorroo and Jamestown. Phone: 8266 8950 Fax: 8261 9101.
* If the request for the home modification is approved, it will be forwarded to Domiciliary Equipment Service (DES) for provision. If funding is not available, the client will be sent a letter advising them that they are on the funding waiting list. You will be sent a copy of this letter.
* If request for the home modification is not approved, the client will be sent a letter stating that they are not eligible for the modification. You will be sent a copy of this letter.

**Items requiring internal clinician and/or delegate approval**:

* Shower hoses
* Fold down shower seat
* Removal of shower screen
* Removal of bath
* Installation of stepless shower
* Slip resistant floor tiles
* Lever taps/ceramic disc taps
* Remove or resite vanity
* Relocation of toilet in bathroom
* Kitchen modifications
* Major ramps (>190mm rise)
* Major step modifications (>300mm rise)
* Hand and kerb rails for major ramps/step modifications
* Lever door handles
* Replace swinging door with sliding door
* Create doorway/remove section of wall
* Relocation of light switches (for access modifications)
* Installation of combi door
* Electronic door opener