

PURCHASE AUTHORISATION FORM - (OVER \$2500)

Client Name:			
Region:	Brisbane South Logan River Valley Ipswich/West Moreton	Brisbane North Toowoomba/Darling Downs South Coast (Gold Coast)	
Item Description:			
Company & Cost:			
Recommended By (Name and Designation):			
Client Goal:			
AQ staff member to complete the Inclusion/Exclusion Decision Making Tool (page 3-4)			
Does the purchase meet the inclusion guidelines? Yes - complete the Financial Implications and Approval sections No – advise the client of the decision and ensure this is appropriately documented in the progress notes.			
FINANCIAL IMPLICATIONS			
Rental vs Purchase Reviewed	Yes	No	
Best Price Achieved	Yes	No	
Comments: (e.g., if best price is not achieved, client preference etc.)			
Contingency:	\$		
	Company	Cost	Invoice
Quote 1			
Quote 2			
Quote 3			
Rental Quote 1			
Rental Quote 2			
Has the client approved the purchase:		Yes	No
		Date:	
APPROVAL			
Note: If item is over \$2500 this requires State Manager approval			
Home Care Manager Name:		Date Approved:	
Signature:			
State Manager Name:		Date Approved:	
Signature:			

CLIENT PURCHASE AUTHORISATION

- Client is aware total amount will be on-charged to package upon clients approval of this form.
- Alzheimer's Queensland are required to pay contractor/s instalments as required.
- Final payment will be made to contractor/s upon completion of work.

Client/Client Representative to sign acknowledging they have read and understand the above content.

Client Name:

Client Signature:

Date:

Client Representative Name:

Client Representative Signature:

Date:

AQ Representative Name:

Designation:

AQ Representative Signature:

Date:

Ensure completed form is uploaded to the clients document profile.



Inclusion/Exclusion Framework – Template

Care recipient's name _____

Care or Service _____

Determination: Inclusion/Exclusion (circle one) to the care plan

Inclusion/Exclusion Framework Table – fill in with reference to Inclusions/Exclusions Framework Decision Tool

Questions	Document discussions and considerations
Is the support specifically excluded under the Aged Care Legislation?	
Does the support directly align with the intent and scope of the HCP Program?	
Does the support pose a risk to the health and safety of the care recipient?	
Does the support pose a risk to the health and safety of staff and the community?	
Is the support directly targeted at the care recipient, or does it significantly benefit others, instead of the care recipient?	
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?	
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?	
Has the evidence-base for the support which addresses a particular assessed ageing related care need been considered?	
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?	
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?	
Can the support be provided informally through the community?	
Does the support represent value for money to meet the care recipient's assessed ageing related care needs?	

Acknowledgement staff member has reviewed and approved as per above framework.

Staff Member Name:

Staff Member Signature:

Source: Home Care Packages Program, Operation Manual Version 1.5 –November 2024 © 2024 Commonwealth of Australia as represented by the Department of Health and Aged Care



Inclusions/Exclusions Framework Decision Tool

START

Is the support excluded?

NO

YES

CONSIDER: How does the support align with the assessed care needs documented in the ACAT assessment, the providers' own assessment of the care recipient's needs or an assessment by a health care professional?

How does the support assist the care recipient to achieve their care goals, now and in the short to medium term? Is the support necessary to meet the care recipient's assessed care needs and care goals?

Does the support directly align with the intent and scope of the HCP program?

NO

YES

CONSIDER: Balancing the care recipient's right to dignity of risk regarding their choices with any risk to safety of the care recipient, staff or the community

Does the support pose an unacceptable risk to health and safety

NO

CONSIDER: If the support primarily benefits another person it cannot be included. An exception is respite services.

Does the support directly and primarily benefit the care recipient?

NO

YES

CONSIDER: Are benefits for care recipients from using the item worth the cost to the care recipient?

Are ongoing maintenance costs likely to be high?

YES

NO

CONSIDER: Are there essential supports that should be prioritised to ensure the care recipient can remain living safely in their own home?

Is this the best use of available funds?

NO

YES

CONSIDER: Can alternative supports deliver the same benefit without using package funds

Can the support be provided informally through the community?

YES

NO

CONSIDER: Is the cost in-line with comparable market rates?

Are only costs related to aged care needs being funded?

Does the support represent value for money?

NO

YES



Can be included?

END



Cannot be included?

END

JUDGEMENT REQUIRED:

Benefits should outweigh Costs.

Costs should represent value for money.

Costs should be directly associated with aged care needs and primarily benefit the care recipient.

The most essential supports/items should be included first.

The best support/item for the situation should be included, if multiple options are available.



END