

Case Study of Obtaining Orthotic Devices Through Home Care Package Funding

This description of difficulties experienced by a Polio Survivor when seeking to obtain funding through a Home Care Package for a Knee Ankle Foot Orthosis (KAFO) is provided by an Orthotist at a Melbourne Orthotics and Prosthetics practice.

The following experiences describe a recent “win” that we were able to achieve with one of our clients regarding payment for her Knee Ankle Foot Orthosis that we provided. Thank you to the client for her permission to share the details of this experience. The basic facts:

- The client is on a level 2 Home Care Package.
- She has been gradually accumulating funds (over \$18,000) in her package to pay for a new KAFO, as her previous one was 17 years old.
- The prescribed KAFO was a like-for-like replacement, aside from the use of titanium instead of steel, pre-preg instead of wet lamination, and smaller knee joints. All of these features were to reduce the weight of the device, due to our client’s progressing weakness and need for something more lightweight.
- We achieved a weight reduction of 930g (32%)
- The total quote for the new KAFO was over \$15,000.

The care package provider denied the clients claim on the basis of three items, each of which are covered below:

1. **Exclusions in the HCP Manual due to a SWEP subsidy.**
2. **The device related to disability, not ageing.**
3. **Clinical necessity and cost justification.**

1. Exclusions in the HCP Manual due to a SWEP (State-wide Equipment Program) subsidy.

SWEP have previously clarified that people on Level 1 & 2 HCPs are still eligible to access a SWEP subsidy. This policy is incongruent with the HCP program manual which states that the following items must *not* be included in a package of care and services under HCP:

- Co-payments for state/territory government funded programs, such as subsidised taxi vouchers and/or aids and equipment schemes.

It would seem that the SWEP subsidy renders applicant’s ineligible to use their HCP funds for Orthoses. In our client’s case, we argued that she is ineligible for the SWEP subsidy for the following reasons:

- a. The SWEP subsidy is only available to an individual who signs a required form, stating that they will fund the gap between the SWEP subsidy (\$2200 for a KAFO) and the total quote. If the individual is unable to sign this form, they cannot access the subsidy as was the case for our client.
- b. On the phone, SWEP confirmed to me that their waitlist for funding is indefinite. Our client required immediate replacement of her KAFO, so in any case she was not eligible for a SWEP subsidy in a manner reflective of her needs.

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2. The device related to disability, not ageing.

We thank the Victorian Older Persons Advocacy Network for drawing our attention to an exception listed in the most recent HCP manual. When I brought this to the attention of the package provider they were satisfied:

HCP funds cannot be used for allied health services when the service is:

- *treating a lifelong disability (**except** where trajectory is impacted by ageing e.g., **post-polio syndrome**)*

3. Clinical necessity and cost justification.

I had written a brief report with clinical reasoning following our client's initial assessment. The client was then asked to:

"obtain written clarification on why this specific KAFO is necessary and why no alternative (more cost-effective) options are viable. The committee requires confirmation that the chosen KAFO cannot be procured at a lower cost."

I wrote a subsequent report providing extensive clinical detail regarding our clients requirements, and educated the committee regarding the process of procuring a KAFO. The client lives in Yarram and was told by her most local provider that she would likely wait 2 years to receive service provision. Our turnaround from initial assessment to fitting was 6 weeks.

To my knowledge there are very few if any other clinics offering the service that our team do for people with post-polio syndrome, and it is essential that funding agents improve these processes for the viability of these and similar services to continue. The unnecessary barriers put up by the care provider are very costly - I have spent over ten hours on the follow up of this case alone. And although the package provider did eventually send confirmation that the KAFO would be funded, payment was not made at the time of writing this article.

Elder Rights Advocacy (ERA) advocated for and supported our client through this process, which caused her significant frustration and distress, despite my insistence that we would not be coming to repossess the KAFO!

I understand that there are bigger picture movements underway to improve access for people over 65, but I thought I would share this experience with you so that we can help others who are experiencing these difficulties and similar barriers in the meantime.

Keep up the fight.