Service Title	ACTIVITIES OF DAILY LIVING ASSESSMENT
Payment Classification Code	OAS002
Definition / Purpose	An Activities of Daily Living (ADL) assessment is a home-based assessment used to evaluate how the workplace injury impacts the worker's ability to do everyday tasks in relation to personal care, household chores and participation in social and recreational activities.
	An ADL assessment includes the identification of domestic duties previously performed by the worker prior to the workplace injury occurring and the need for any home modifications, equipment, support or services that will preserve and encourage a worker's independence, activities of daily living and increase functional capacity for reintegration into the workforce.
	The purpose of conducting an ADL assessment is to identify household and attendant care services and any adaptive equipment that is appropriate for the worker's injury, stage of recovery, functional capacity and household circumstances and to provide clear timeframes of when this assistance will be required (or when review may be necessary).
	The Occupational Therapist must address and work within the relevant regulatory Guidelines for the provision of Domestic Assistance. For workers who do not have an accepted Whole Person Impairment (WPI) of 15% or more short-term assistance can be provided in the acute post-injury (or post-surgery) period to enable a return to work and health, for up to 6 hours per week for a maximum of 3 months. Where recovery is prolonged, workers should be empowered to perform tasks as independently as possible.
Maximum Billable	Assessment - 2 hours at hourly rate
Hours	Report writing - 2 hours at hourly rate
	 + Travel as preapproved (Noting referrer should consider alternatives should travel be excessive)
	 + Follow up and review as preapproved
	 + Up to 1.5 hours for medical case conference (if required)
	Note: GST should be included where applicable as per Australian Tax Office requirements.
Referral allocation	When allocating a referral to an Occupational Therapist it is essential the Rehabilitation Provider ensures the Occupational Therapist has the appropriate qualifications and expertise relevant to the referral and level of complexity of the assessment.
	In addition, the Occupational Therapist should be familiar with the principles of reasonably necessary as they apply in the NSW Workers Compensation Scheme, and this should guide their assessment, reports and recommendations.



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Service Activities	Pre- assessment Preparation:
(Deliverables)	 Collect and review all relevant information in preparation for the assessment from all available sources and/or treatment providers so that it may be considered when reviewing the workers situation and developing recommendations
	 Communicate the purpose of the assessment to the worker, outline the assessment process and any other relevant matters
	Assessment:
	 Gain the worker's informed consent, and facilitate engagement and participation
	 Identify all pre-injury and current domestic duties and physical requirements including pre and post injury distribution of domestic duties amongst all household members
	 Identify any psycho-social, social and cultural circumstances of the worker, and the other family support available in the home
	 Assess the worker's functional capacity including observations in relation to the activities to be completed, and the reasons and ways that the compensable condition impacts on their ability to complete the activity in the same way as pre-injury
	 Review the home environment to determine any safety concerns, mobility or personal care support needed and the reasonably necessary level of any domestic support needed
	 Functional education provided to the worker with respect to biomechanics of tasks, task simplification, activity pacing and energy conservation techniques, including any adaptive techniques or assistive equipment which may promote independent function
	 Determine if there is any need for equipment, therapeutic aids or other assistance required to help with daily tasks. Clear rationale must be demonstrated as to why the worker cannot be independent in domestic duties if recommendations for equipment or assistance are made and clear justification for equipment or assistance provided
	 Education and advice to the worker on how to independently manage their domestic duties
	 Promotion of normalisation of activity, an increase in functional ability and activity tolerance by instigating a graded activity program using daily tasks
	 Identification of OH&S issues and recommendations
	 Photographic evidence (seek consent and where consent is provided) of areas in consideration for review/recommendation
	Post Assessment:
	 Analyse assessment findings to identify available support services and/or equipment recommended
	 Liaise with the referrer prior to the drafting of the report to provide summary of the assessment and findings/recommendations



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	Confirm the medical practitioner agrees (based on a functional assessment), that the worker would benefit from the assistance and the assistance is assessed as reasonably necessary
	Medical Case Conference (if required):
	Refer to Medical Case Conference (MCC), Service Standard 8
	 A separate summary email is not required and the MCC outcomes should be included in the assessment report
	Reporting:
	 Report assessment results with all relevant details, including a summary of outcome of all stakeholder communications
	Additional Follow up and Review (if required)
	 Limited to tasks for which the worker currently receives assistance and any additional tasks that may have been requested since an initial ADL assessment
	 Has the person's functional capacity changed? If so, comment on the nature of these changes
	A review of services and /or equipment
	 An evaluation of services and/or equipment and ongoing need
Report content (Deliverables)	 An ADL assessment report should include: Worker's pre-injury domestic duties performed Information on the worker's functional capacity and any restrictions they may experience in carrying out everyday tasks Details of the home environment and the Workers living arrangements Outcomes from consultations undertaken with all stakeholders Recommendations to identify and overcome barriers and strategies to increase independence. The Occupational Therapist should explain the clinical justification behind their recommendations (ensuring where relevant they are appropriate to the workers restrictions/ capacity) and summarize the evidence supporting them Where household services are required, the specific service, number of hours and frequency of assistance, start and end dates, total cost for the duration of service as well as timeframe required or next review date Where necessary, the timeframe for which services or equipment is required and /or review date (where applicable) Summary and conclusion Report recommendations may include:
	 Assistance with participation in ADLs Strategies for task modification Training/education to overcome physical and/or cognitive barriers Selected aids and equipment including cost and where to source (minimum 2 quotes) and timeframes for review Minor home modifications including cost and service provider. (Note - if major home modifications are required, this should be flagged with the referring CSP, prior to report writing. This is to ensure referral to a



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	specialist Building Modifications Occupational Therapist, when applicable) Coordination of rehabilitation Recommendation with request for insurer to review and provide approval or referral to support services e.g. for domestic assistance (minimum 2 quotes)
Deliverables and	Acknowledgement of receipt of referral: 24 hours
Timeframes	Referral to Worker contact: 24 hours
	Prior to assessment: Contact with referrer to discuss referral and confirm assessment details
	Referral to Assessment: Up to 10 business days.
	Post Assessment: Contact referrer to discuss the assessment prior to report completion
	Assessment to Report submission: Up to 10 business days after the assessment date
	Follow up and review: As applicable and in negotiation with referrer. Agreed arrangements for follow up and review should be noted in the assessment report.

