



## Commonwealth Aged Care Reforms – NSW Health

### Frequently Asked Questions

A list of Frequently Asked Questions (**FAQs**) has been compiled from questions raised by NSW Health Local Health District (LHD) HACC Transition Managers (HTM) and Aged Care Contacts (ACC). The FAQs will continue to be periodically updated with new questions and responses.

Please direct any additional questions to your LHD HACC Transition Manager (HTM) or Aged Care Contact (ACC). A [contacts list](#) is available on the Links and Resources page of the website. The Ministry of Health will coordinate FAQ responses to local questions compiled by LHD HTMs and ACCs.

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### Glossary of abbreviations

<b>ACAT</b>	Aged Care Assessment Team
<b>CCSP</b>	Community Care Support Program
<b>CHSP</b>	Commonwealth Home Support Programme
<b>DSS</b>	Australian Government Department of Social Services
<b>HACC</b>	Home and Community Care
<b>MAC</b>	My Aged Care
<b>NSAF</b>	National Screening and Assessment Form
<b>RAS</b>	Regional Assessment Service

## General

### **What is the role of the NSW Ministry of Health in implementing the Commonwealth Aged Care Reforms?**

The NSW Ministry of Health (MoH) is working with the Commonwealth to implement the Aged Care Reforms, organising aged and community care services for older people that better meet their changing needs, and offering greater choice and involvement in the way these services are delivered.

The MoH is facilitating working groups with Local Health Districts, and providing analysis and feedback to the Commonwealth Department of Social Services on its key discussion documents and policies prior to implementation.

The MoH will be working with LHDs up to and beyond 1 July 2015 to support staff through the period of transition. Regular updates will be communicated through the NSW Health website, through presentations, FAQs and regular Chief Executive Updates as information is released by the Commonwealth.

### **What is the future of the Compacts program? There is concern that some clients will not agree to transfer from Compacts to the CHSP at the conclusion of 6 weeks, possibly resulting in re-presentation to hospital.**

My Aged Care will not impact the Compacts program with referral pathways and program guidelines remaining unchanged. The MoH will monitor the issue of refusal of CHSP services at the conclusion of a Compacts package.

## **My Aged Care**

### **How will the My Aged Care system benefit NSW Health professionals?**

From 1 July, My Aged Care aims to provide a streamlined and consistent screening and client referrals process, with service providers able to make one client referral to My Aged Care who requires for multiple services.

My Aged Care will also facilitate an improved flow of information between consumers, assessment organisations and healthcare service providers, with authorised users able to access comprehensive central client records through a secure portal on the website.

### **What will the My Aged Care system look like?**

My Aged Care (MAC) system has 3 online portals, with a different view for providers, assessors and clients:

- Service Provider Portal (access for CHSP providers)
- Assessment Portal (access for ACATs and Regional Assessment Services (RAS))
- Client Portal (access for Clients)

### **Many older people don't use computers. How will they access the services they need after July 2015?**

Healthcare service providers will continue to be a key point of contact and communication for older people and their carers in NSW, and they will be able to refer older people into the My Aged Care system for assessment.

Alternatively, My Aged Care also offers a National Contact Centre that clients, carers or family members can choose to telephone as an alternative to website registration through the My Aged Care client portal: 1800 200 422 – open 8am-8pm Monday to Friday, and 10am – 2pm Saturdays. Access to telephone interpreters can be arranged.

### **Will LHD staff involved in discharge planning have access to the My Aged Care Portal to refer patients?**

Inpatient staff will play a key role in referring and connecting people to MAC for assessment and access to services. DSS are developing further guidelines around this process and further information will be provided as it becomes available.

### **Can LHD staff access information on service provider availability?**

Inpatient staff can access information on services and capacity via a national repository of aged care services known as the Service Finder. The Service Finder is already operational and can be found on the My Aged Care website <http://www.myagedcare.gov.au>

### **How can LHD staff access background information about the aged care client on presentation?**

If a client is referred as a CHSP client, LHD service providers will have access to the My Aged Care client record through the service provider portal. Staff can also refer to LHD records and follow existing processes to access background information.

LHD services who are not CHSP service providers and do not have access to the My Aged Care service provider portal can seek permission from the client to access their information on MAC.

### **Will family and clients have access to the MAC Client Portal?**

Clients will have access to the online client portal in the MAC system. Clients can provide permission to carers, GPs or relevant others to access their client record on the client portal. Each client will be issued with a unique client identifier for the purpose of accessing the portal.

### **How will privacy requirements for clients be managed in relation to service providers accessing the MAC Portal?**

The DSS is responsible for ensuring MAC complies with Commonwealth privacy requirements.

### **Will there be a link between eHealth records and MAC?**

DSS is developing a Business-to-Government (B2G) strategy, giving consideration to a potential data interface between MAC and services providers including NSW Health. The strategy is in its early stages and it is anticipated that B2G capability will not be available for some time.

### **Will the data that is collected by MAC be used for the future distribution of funding to regions?**

MAC will generate increased amounts of useful data. The DSS have not yet provided any detail around future planning strategies for MAC data.

## **Assessment**

### **RAS**

#### **How will Regional Assessment Service (RAS) staff determine when a referral needs to be escalated for more complex assessment/intervention?**

New RAS staff will receive nationally consistent training which will include online and face-to-face components as part of a training package developed by the DSS. The training package includes a number of mandatory competency units that RAS staff need to attain.

There are business rules and algorithms built into the National Screening and Assessment Form (NSAF), collecting information that will guide client pathways. During the screening process MAC will be able to determine if the referral needs to be transferred to an ACAT, RAS or directly to a CHSP service provider.

#### **Will Geriatricians be involved in the NSAF?**

No, the geriatrician will not complete the NSAF, unless they are a registered ACAT assessor and/or delegate.

#### **Who will need to complete the NSAF?**

The NSAF will be commenced by trained members of the My Aged Care Contact Centre during the initial screening process. Information will be validated and additional information added to the NSAF by the RAS team and/or ACAT while undertaking assessments.

The RAS and ACATs will use the AUSkey security authentication to access the assessor portal and the NSAF.

The NSAF electronic form has algorithms built in to guide the referral pathway, and is available in the Concept of Operations document released by DSS.

#### **Given that RAS staff will be primarily non-clinical, how will they assess for nursing and allied health services?**

There has been mention that under the CHSP, referrals for nursing and allied health services will be directed towards the clinicians working in these services. The MoH is seeking further advice from the DSS regarding the RAS assessment process for these services. Once clarification is provided by the DSS, the MoH will provide further advice.

### **ACAT**

#### **I work in a NSW ACAT. How will the launch of My Aged Care affect my team?**

NSW Health delivery mechanisms for Aged Care Assessment Program services will remain 'business as usual' with funding agreements in place until 30 June 2016.

NSW ACATs will transition to using the full functionality of MAC between July and December of 2015, with the date to be confirmed. This will mean that ACATs will receive electronic referrals through MAC, and will begin using the assessment functionality within the MAC system, completing the NSAF and referring clients for service through MAC.

The MoH will provide an update on transition date once this has been confirmed by the Commonwealth.

## **How will the establishment of Regional Assessment Services (RAS) affect how I access an ACAT assessment?**

The Commonwealth Government is establishing RAS to conduct the assessments of older people with entry-level, aged care or community support needs, for referral to CHSP services. ACAT teams will continue to assess older people with more complex support needs for referral to residential aged care, home care packages or transitional aged care services. MAC will determine if an entry-level or more comprehensive assessment is required, and make the required referrals.

## **What is the new process for referring clients with complex needs to aged care services after 1 July 2015?**

The transition time for the ACAT referral process will be between July – December 2015. The DSS will provide further advice about the ACAT transition.

Referrals can be made to MAC via telephone, fax and an online form. Details around the referral process will be included in the MAC User Manuals that DSS are scheduled to publish in April/May 2015.

## **How will inpatient and community LHD staff view ACAT assessment outcomes in the electronic system?**

MoH is working to establish clear guidelines on how ACAT assessment outcomes are to be recorded within the LHD eMR. It is proposed that this data be entered in the eMR as a case note.

## **What will happen to clients currently accessing the Home Care Packages Program in relation to equipment, aids and home oxygen?**

The Home Care Packages Program Guidelines 2014 note that “State and territory governments operate specialised aids and equipment schemes to assist people with disabilities, including older people. It is expected that consumers will continue to be able to access specialised aids and equipment schemes where there is a need for support.”

The MoH are continuing their discussions with the Commonwealth in relation to Home Care Packages.

## **HACC Transition to CHSP**

### **How will the Commonwealth Home Support Programme affect people already receiving aged or home support services?**

The CHSP will combine:

- Commonwealth HACC Program
- National Respite for Carers Program
- Day Therapy Centres Program
- Assistance with Care and Housing for the Aged Program.

People who already receive services under one or more of these programs will continue to receive the same level of support under the CHSP.

### **How do we refer patients to aged care services after 1 July 2015?**

Referrals for CHSP services will transition to MAC from 1 July 2015.

Referrals can be made to My Aged Care via telephone, fax or by online form. Details around the referral process will be included in the User Manuals that DSS are scheduled to publish in April/May 2015.

### **What will happen to existing service providers (e.g. HACC providers) after 1 July 2015?**

The majority of these providers will continue to deliver services under the CHSP, with funding continuing until 30 June 2017, including an initial period of transition.

### **Which services will be delivered by the CHSP?**

The CHSP will deliver entry-level care, maintenance, support and respite services for people over 65 and Indigenous Australians over 50, and their carers. The DSS [Commonwealth Home Support Programme – Information Sheet for Providers](#) - Attachment B includes a list of existing services in scope for the CHSP.

### **What will change for providers who deliver a service listed as in scope for the CHSP?**

For existing providers who deliver a service listed as in scope for the CHSP, the current arrangements will be extended under grant agreements until 31 October 2015 to assist with the transition period.

Existing providers will then be contacted with the details of the arrangements for new grant agreements extending from 1 November 2015–30 June 2017.

### **The CHSP offers equipment up to the value of \$500 per client per annum. How will equipment prescriptions be managed?**

The draft CHSP Programme Manual states that an allocation of \$500 per annum is available under the CHSP for the purchase or hiring of low cost therapy and nursing equipment. The MoH is seeking further advice on how this will be implemented in NSW. Further updates will be provided once this has been clarified.

### **Will the introduction of a National Fees Policy under the CHSP have ramifications for NSW Health?**

The National Fees Policy Consultation Paper was released on 3 March 2015 for consultation, with feedback requested by 15 April 2015. The MoH is consulting with LHDs and conducting an impact analysis on the fees policy with the intent of providing feedback to DSS.

Once the final National Fees Policy is released, the MoH will work with LHDs to provide information to support implementation of the policy.

**Who will perform case management if it is no longer funded under the CHSP?**

This function will be undertaken by assessment organisations including RAS, as well as Home Care Package providers. There will still be some care co-ordination performed by the service provider while the client is in their care.

**What are the impacts of the CHSP transition for providers currently receiving funding for counselling, support, information and advocacy services for the care recipient, or for the carer?**

The majority of providers with existing agreements will have these agreements extended from 1 July –31 October 2015 while activities are reviewed.

The Commonwealth is currently reviewing this service type for reclassification, and more information will be provided about arrangements going forward in 2015.

**Services such as community nursing and therapy services are funded by both HACC and NSW Health. Will there be two intake points for these services i.e. HACC-funded therapy and nursing services via MAC; and NSW Health-funded services via an LHD intake process?**

Yes, referrals for CHSP allied health and nursing services for clients aged 65 years and over (and Aboriginal people aged 50 years and over) will transition to MAC. Referrals for NSW Health-funded community nursing and community allied health will continue in line with current LHD processes. The MoH is currently working with LHDs to develop clear processes for transitioning referral pathways for MAC eligible clients.

## **Impact of NDIS reforms on CCSP**

### **Where will clients under the age of 65 with a functional disability that may be related to early onset ageing receive services e.g. people with early-onset dementia?**

Services for people under the age of 65 with a functional disability that may be related to early onset ageing may receive services under the NDIS, which is being progressively rolled out from July 2016. Further information and eligibility criteria can be found here: <http://www.ndis.gov.au/what-is-the-ndis>

Clients currently receiving support under CCSP services would continue to receive these services until care is transitioned under NDIS arrangements. Further information will be provided as it becomes available.

### **Will current intake processes remain in place for CCSP services targeting people under 65 years?**

Yes, existing referral processes will continue for CCSP clients.