



## CHSP Sector Support and Development – Catch Up Chat with Sophie March 2016

### ACAT Transition

February has seen the transition of the ACAT into My Aged Care. This will hopefully help with streamlining the process for clients who have an ACAT referral (after the usual initial hiccups). Concerns were raised at the last subregional forums about people having a RAS assessment who have already had an ACAT assessment. First up - in the recent webinar on 23 February the Department of Health said that existing approvals are valid and don't need My Aged Care. If care needs change for the client then they have to register with My Aged Care. Changes have been made since just last week whereby a client does not need to have a RAS assessment when trying to access entry level services if they have had an ACAT assessment. Either assessment is ok for accessing entry level services unless needs change dramatically.

Whilst the RAS or MAC Contact Centre usually can tell if a client has had an ACAT assessment, they can't always, as it is up to the ACAT to put the approval on the portal.

### Assessments

The issue of over-assessment has been discussed by providers and assessors alike. There is a lengthy process, ie a one hour face to face assessment and approximately 32 questions that a client has to go through before they can get very simple entry level services. The example of a person wanting to attend a men's group and being put off by having to go through the RAS assessment process was given at the Lower North Shore Subregional Forum. Many clients are overwhelmed and are refusing or cancelling service as the process is too onerous. Recent CHSP training run by Northside Community Forum indicated that there is the opportunity in the My Aged Care referral model for an entry level service referral to go straight to the CHSP provider, bypassing the RAS assessment. When asked, the Department of Health said clients get a RAS or ACAT assessment unless it is an accelerated referral, whereby it can go straight to the provider. I have also heard that referrals can go straight to the provider only if there is an immediate need for wound care or a meal and they are waiting for an assessment. I am chasing this matter up with the Department of Health and have asked if they can communicate with the MAC Contact centre in particular, regarding sending more referrals straight to entry level service providers where appropriate.

In discussions on over assessment it was suggested that service providers need to use the assessments that have already been conducted through MAC, rather than doing their own from scratch. The Department of Health in their recent webinar on 23 February indicated that service providers should use the "support plan" in the portal to develop care plans with the client, rather than the NSAF as it was very lengthy. Where a particular provider can offer the suite of services a client needs My Aged Care are working on making it easier for a RAS to work that out in the portal and refer to that one provider. The Department in the webinar also mentioned that there is a change in the priority framework for the contact centre, so we'll see if this helps.

### Referrals and Referral codes

As you know MAC referrals are made in three ways. 1. As a broadcast where any service provider can pick it up 2. As an electronic referral to a particular provider the client has asked for 3. With a referral code the client is given by MAC which they can use to shop around, giving the code to the provider they choose. A referral code letter can be printed out and given to the client. This can alleviate some of the issues as to which number to use. Some RAS's are not using referral codes as much now as it can be very confusing for everyone. Remember – a client can tell the assessor which provider they want to be referred too.

Each client has their own central identifier number which is the AC ID (Aged Care). A referral code is only for a particular service. Once it has been accepted by a provider it can't be used again. A referral code can't be used for a

waitlist. If a client wants to come to a particular provider with a waitlist they need to ask their assessor to make an electronic referral straight to the provider. This works also for clients with an existing approval prior to My Aged Care.

### **Marketing and Promotion – the Service Finder**

The Department of Health in their recent webinar explained that the MAC Service Finder was largely for approved providers, however broadening out of who was on the Service Finder, including private providers was definitely in the government's plans. They are working on ways to ensure some quality control and do not want it to be a yellow pages. Currently some providers who have a mix of government approved and private services are able to be on the service finder. Also certain types of providers such as private residential care and podiatrists were able to be listed. Service provider websites are still really useful and should be up to date and specific. A url to the Service Finder entry can be added to a providers website. RAS's are strongly encouraged to use the Service Finder but have commented that provider websites are used to check details of services offered. The My Aged Care Contact Centre and the Regional Assessment Service use the My Aged Care Service Finder to refer clients. They also use their own knowledge, brochures, service provider websites, word of mouth and what the client asks for. They are essentially an eligibility and assessment service. Sometimes RAS's will call service providers to check on their services. Service providers can also put their services on the National Health Services Directory and the Carers Gateway.

### **Help with My Aged Care Portal**

Service providers and assessors can call the My Aged Care service desk on 1800 836 799 for assistance.

**Dementia:** Providers have been feeding back to me the difficulty clients who have a cognitive impairment or are living with dementia have with navigating My Aged Care and all the assessments. It was interesting to note "The redesign of dementia programmes report was released on 25 January. As part of the new improved support changes the Department will work with stakeholders to develop an improved suite of consumer support programmes to help care for those with dementia across the entire life-cycle of the disease. These new programmes will start from July 2017 and will bring together the National Dementia Support Programme, the Service Delivery Pathways Programme, and the dementia-specific activities of the Commonwealth Home Support Programme from July 2018."

*Reference: **From:** Department of Health [<mailto:news=dssnews.net.au@mail92.atl71.mcdlv.net>] **On Behalf Of** Department of Health 'Redesign of Dementia programmes to improve support' Sent 1/02/16*

### **Data Exchange news**

Hot tips – The Data Exchange where service data is input and sent as a live feed to the Department of Health has it's own website [www.dex.dss.gov.au](http://www.dex.dss.gov.au). The data exchange system is known as "dex". The first place to go for help or orientation on using dex is [www.dex.dss.gov.au/training-resources/](http://www.dex.dss.gov.au/training-resources/) where there is a quick start guide, task cards, e-learning modules and other resources. The phone number to call to get help is 1800 202 283 or email [dssdataexchange.helpdesk@dss.gov.au](mailto:dssdataexchange.helpdesk@dss.gov.au) for assistance.

In recent training the word of advice for beginning to work out dex was to determine what was a "case" and what was a "session" in relation to your service provision and existing data collection system.

Would service providers like to get together and go through some of the resources on dex and My Aged Care in a peer support workshop? Let me know by emailing [sdavis@hornsby.nsw.gov.au](mailto:sdavis@hornsby.nsw.gov.au).

Signing out...

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