
Hi Everyone....

What it's all about

I had the most marvellous morning when I popped in to the Aboriginal Women's Health Check Day up at Bungee Bidgel – the Aboriginal Medical Service operating out of Hornsby Hospital. There was not a dry eye in the house (well sunny courtyard) as the women relayed their joy of coming together for their hydrotherapy class that happens each week through the service. They told stories of how much it had improved their physical state and also their mental wellbeing and happiness. They spent the morning getting all their health checks done and catching up. I can see that this group is growing and people are getting so much out of it. Congratulations to NSW Health and all the people who've got these initiatives going.

It's the social support and relationships aspect of this project that has allowed it to grow and blossom. We know as CHSP providers how important social support groups and activities are.

Funding opportunity

There's a [growth funding round](#) for CHSP services open now until 29 November - designed to meet identified gaps in the region. It's for 2016/2017 and 2017/2018.

CHSP services moving into package care.

For CHSP providers deciding if they want to move into package care I recommend taking some time to watch the webinars as you get information from the horse's mouth so to speak (I'm writing this on Melbourne Cup Day). The webinars are available on the [Department of Health website](#). I found the one from the 11 March useful for CHSP providers. 11 August webinar looks at the new package allocation process. 6 October is about new home care provider requirements and improvements to My Aged Care from the co-design workshops. 19 October webinar is about the implementation arrangements for the 27 February change to individualised funding for packages. Look out for the webinar in November which will explain how clients move their packages between providers and changes to the service finder.

CHSP providers should ask themselves what systems they have in place to deliver packages and consumer directed care. Is your staff ready and trained to understand consumer directed care? Get up to speed on the changes as clients might start asking you before you are ready. Tips:

- Home care packages can be delivered by an approved provider anywhere they want, as there are no geographic boundaries. What's that going to look like?
- Things that can be delivered in a package are in the Aged Care Act legislation.
- Once an approved provider you can deliver level 1-4 packages. Need some good clinical governance if you are going to do this.

(Thank you to ACS's Lisa Ralph Community Policy Advisor for these tips)

The Home Care packages program manual is available on the [Department of Health](#) website if you want to check it out.

Changes to package funding landscape

Come February 27, 2017 approved providers will claim funds from the government for services delivered through a consumer directed care home care package. CHSP providers will still be delivering their services through My Aged Care and the Regional Assessment Service referrals but could be looking to partner with organisations who are

package providers. Increasingly these will be residential aged care providers, disability providers or any large organisation that puts their mind to be an approved provider and meets the requirements. The government's aim is for high quality, innovative services provided through increased competition.

Any referral codes not used by 27 Feb, will be void. Agreements for packages need to be signed before this date otherwise the package will go to the national package inventory to be redistributed.

Switching providers

If a client decides to make a change to who they have as their home care package provider, their unspent home care package funds (less any exit amount) will move with them to their new provider. Go to the [Changing Home Care Providers](#) page on the Department of Health website for more information about how to do this.

Good Practice

[The CHSP Good Practice Guide](#) came out with the CHSP Manual and is worth a revisit. I've pulled out the wellness, reablement and restorative care definitions to remind ourselves.

"Wellness is an approach that involves assessment, planning and delivery of supports that **build** on the strengths, capacity and goals of individuals, and encourage actions that promote a level of independence in daily living tasks, as well as reducing risks to living safely at home." It works from the premise that no matter what the person's circumstance, they will want to make gains in their physical, social and emotional wellbeing. Wellness approach avoids "doing for" and encourages "doing with"

"Reablement involves time-limited interventions that are targeted towards a person's specific goal or desired outcome to **adapt** to some functional loss, or regain confidence and capacity to resume activities."

"Restorative care involves evidence-based interventions led by allied health workers that allow a person to make a **functional gain** or improvement after a setback, or in order to avoid a preventable injury."

Aboriginal Projects and Community

Koori Dementia

I recently attended the Koori dementia workshop presented by Sharon Wall. I'm pleased to say there was a good turn out from our north side of the river. As care services we should know some of the particular issues for Aboriginal people around dementia. One of the stories I recall from the day was of older Aboriginal people with dementia wandering and leaving the house or facility repeatedly as they want to go home to country. Many older Aboriginal people have moved to Sydney from rural areas and missions and the pull to go home is very strong. Between 2010 and 2012, the Koori Growing Old Well Study (KGOWS) conducted a comprehensive survey of all Aboriginal men and women aged 60 years and over residing in five NSW Aboriginal communities. This study found that the prevalence of dementia in older Aboriginal people from urban and regional areas was three times higher than the rate of dementia in non-Indigenous Australians. The most common type of dementia diagnosed was Alzheimer's dementia, followed by vascular dementia and dementia due to head trauma. Ref: [Dementia in Aboriginal and Torres Strait Islander Communities – translating research into caring and practice](#) by Deserae Horswood and Sharon Wall.

Aboriginal Health Clinic – Bungee Bidgel

Bungee Bidgel is a culturally safe place for Aboriginal and Torres Strait Islander people and is open on Tuesdays for appointments and drop in. The centre operates out of the GP Unit at Hornsby Hospital which can take appointments at other times in the week. Call 9485 6200 to make an appointment or for more information.

NDIS Aboriginal Support Planning

Lifestart are holding a number of NDIS preplanning support/outreach sessions for the Aboriginal Community and providers. The next one is;

24th November 2016, 12:30 – 2:30pm at Dee Why Public School

RSVP for catering, service provider stall or more information: Brooke Joy, Lifestart Aboriginal Practice Lead
0417 118 609 brookejoy@lifestart.org.au

The Clients perspective

Assumptions

In a recent talk I did with the Carers Support Service I raised some assumptions that the consumer directed care system of delivering service are based on. I highlighted to carers that they are going to have to be articulate and discerning in expressing what it is they need and want. Plus;

- The system works on the assumption that a consumer will “walk” if they are not happy with the service or value for money.
- There’s an assumption that a consumer will ask for what they want even if it is not on the “menu”.
- There’s an assumption that people will talk to their friends and families.
- There’s an assumption that services will be responsive and meet your needs.

With consumer power there comes a bit of consumer work!

Working with a home care package

The consumer will receive their package after assessment and being placed on the National queue. They will not be able to cash out their funds. They also can't split their package but can broker services through an approved provider.

If a consumer wants to change home care package providers they have to inform their current provider they are leaving. The new provider then has to liaise with the old provider.

Providers are required to inform consumers of the maximum exit amount (in dollars) they will be charged if they leave the provider. This cannot be a percentage and needs to be published on the My Aged Care website.

Allocation of packages

At the moment the government is getting everyone who has an ACAT approval currently onto a list. This will form the National Package Inventory which then becomes the national queue. Consumers will get a letter in December telling them about the changes. Basically a consumer sits in the national queue waiting for a package to become available, as the number of packages are still capped. You are placed in the queue according to the date of your approval and relative need. If a consumer doesn't accept their package now they can still keep their original date of approval and remain in the queue. The consumer has 56 days to accept their package and can apply for a 28 day extension.

Consumers should do their homework before they get their package so they know who they want to go with.

My Aged Care updates

Over service provision

CHSP providers will be notified that a person has a package now. Some provisions are being put in place to stop gazumping where a client has two providers.

Becoming an approved provider

An organisation must be an approved provider to receive government subsidies for services delivered under the Aged Care Act. CHSP services are not delivered under the Aged Care Act but home care packages, flexible care, short term restorative care and residential aged care are.

In the October 19 webinar on changes to home care provider arrangements the Department of Health said for CHSP providers there is "no requirements that they should or would need to" become an approved provider. However, if you do want to become an approved provider it is recommended that you put the application forms in before 27 February 2017. Approved provider status does not expire after 2 years, as it did previously.

You do not need aged care experience to apply to become an approved aged care provider, but the Department will be looking to see if the organisation has experience delivering care or services to vulnerable people such as children

or people with disabilities. As a CHSP provider in the future you could see yourself brokering your services to an approved provider who may have worked in child care or the disability space previously.

There is an emphasis on how you are going to meet the changing care needs of older people, which suggests as an approved provider you need a range of aged care services from entry level to residential that you can provide access to. The Department suggested looking for organised partnering to meet aged care needs. The approved provider could be like a hub – brokering services to meet needs of clients. If you are the approved provider you are responsible for how the care is delivered by any organisation delivering the services on your behalf. The quality review and self-assessment process will take into account how compliance with the Act in brokerage arrangements is being met. The Home Care Common Standards still apply.

Services do not have to be delivered in particular geographic areas so can expand to where the needs are. They are expected to rise and grow to meet the needs of the community wherever that community is.

If you are currently an approved provider your details will still be on My Aged Care but review and check after 27 February. If you are a new provider of home care packages the Department will have a process in place so your details are displayed by 27 Feb on My Aged Care – but always check.

Previous quality reviews

If you are a CHSP service who has undergone a quality review 6 months ago the Department will look at that quality review and then look at the extra services you want to provide as an approved provider and will consider on a case by case basis whether any extra quality review work needs to be carried out.

You can register for [compliance assistance](#) for more support to comply with the home care standards and the self-assessment process. State officers have resources to assist with education and resources.

Just for fun

Nasrin Azizi from Ability Links would like to start a Bollywood Dance class in the Hornsby LGA and is looking for people to participate or support her. You can contact Nasrin by email nazizi@ssi.org.au.

Did you know...

If you are a state, local or federal government you are deemed an approved provider as you meet the broad requirements. See the [Department of Health website](#).

Catch Up Chat written by Sophie Davis

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