1 July 2015 reforms

The four major changes implemented on 1 July 2015:

1. **My Aged Care**
   From 1 July 2015, MAC became the gateway to all Commonwealth subsidised aged care services.

2. **Introduction of the Commonwealth Home Support Programme (CHSP)**
   This is the reformed entry level service provision. This will replace the Home and Community Care program (HACC), National Respite for Carers Program, Day Therapy and Assistance with Care and Housing for the AGED (ACHA) program.

3. **Regional Assessment Services (RAS)**
   Face to face assessment to determine eligibility for CHSP will now be done through the RAS. There are four RAS providers for South Australia.

4. **Consumer Directed Care (CDC)**
   From 1 July 2015, all Home Care Packages must be delivered to clients under CDC basis.
My Aged Care

- Access2HomeCare ceased its function at 30 June 2015

- The My Aged Care Contact Centre became the Gateway to all Commonwealth subsidised aged care from 1 July 2015 replacing the role previously undertaken by A2HC

- The My Aged Care Contact Centre provides information on aged care, support for consumers to find commonwealth subsidised services in their local area, referral to assessment services and service providers + online fee estimators for pricing on Home care packages and residential aged care
My Aged Care

Screening

Assessment

Regional Assessment Service

Aged Care Assessment Team

Service Provision

CHSP

Residential Care

Home Care Packages

Residential Respite

Transition Care Packages
My Aged Care client pathways

- GP’s, clients, family, hospital. LHN staff, service providers can all continue to refer to services via My Aged Care.

- The contact centres are located in Box Hill in Vic and on the Gold Coast

- The My Aged Care contact centre will set up a client record which will bring across any current approval information from the Medicare system

- The My Aged Care contact centre staff will carry out a screening process with the person over the phone. From this screening process the call centre staff may do one or more of the following:
  1. Provide the person with information on relevant services;
  2. Refer them directly to the Commonwealth Home Support Programme service provider in their area;
  3. Refer them to the Regional Assessment Service (RAS) or ACAT for a face-to-face assessment of their needs.

- The screening and assessments will all be completed using a standard National Screening and assessment form
Regional Assessment Service (RAS)

- Conduct a face-to-face home support assessment for clients who require services through the Commonwealth Home Support Programme.

- Home Support Assessment – Regional Assessment Service.
  The RAS is a key element of the changes to MAC in 2015. RAS is a national assessment workforce operating at a regional level in all states and territories (except Victoria and Western Australia).

- In South Australia we have four RAS providers
  - Serendipty (WA) Pty Ltd (Metro & Country)
  - Resthaven Inc (Metro & Country)
  - Access Care Network Australia (Silverchain) (Metro only)
  - Uniting Care Wesley Adelaide (Country only)
Regional Assessment Service (RAS) cont.

- Develop a support plan which reflects the client’s needs and goals
- Match and refer to service providers in the My Aged Care system
- Provide short term case management for vulnerable clients with complex or multiple needs
Commonwealth Home Support Programme (CHSP)

- From 1 July 2015 there was consolidation of the following programs as part of the CHSP to provide entry level home support:
  1. Home and Community Care
  2. National Respite for Carers
  3. Day Therapy Centres
  4. Assistance with Care and Housing for the Aged

- Grandfathering Arrangements for existing clients
- Programme guidelines released
ACAT Assessment

- For ACAT Assessments in hospital, it will be business as usual from 1 July

- ACATs will continue to conduct a face-to-face comprehensive assessment to determine a client's eligibility for the following services:
  
  • Home Care Package
  • Residential care
  • Respite Care in a residential care setting
  • Transition Care Program

- Develop a support Plan which reflects client’s needs and goals
How do I find out what existing supports/approvals a client has?

- Historical data for existing clients is not being transferred to the Mac system.

From July 1 2015

- Consult client/family member/responsible person

- Existing clients with a service provider – contact service provider

- My Aged Care Contact Centre - if client has a client record in the MAC system the Call center will be able to provide information on services under implied consent - Name, Date of birth, Medicare number.
Referral pathway for clients with existing supports/approvals

- On admission to hospital - usual process for arrangement of leave from CHSP/HCP/ residential care/ TCP.

- On discharge – if there is **no change** to client needs, client returns to existing services – no new referral needed.
  - contact the Service provider to arrange recommencement of the service

- On discharge – if **there is a change** to the client, a referral will need to be generated based on the clients situation and appropriate referral pathway.
Referral Pathway – CHSP services required

Referral pathway for Commonwealth Home Support Programme via My Aged Care

LHN referral → My Aged Care Contact Centre
Registration + Screening

Home Support Assessment (entry level)
Regional Assessment Service (RAS)

Commonwealth Home Support Programme
Entry level support services

Direct referral

* Discharge Definition – This includes discharge from a Metropolitan Hospital as well as discharge from other LHN coordinated programs such as a post acute hospital avoidance program such as Healthcare at Home, Rehab in the Home, Transition Care Program.
Referral Pathway for CHSP services

- All referrals for CHSP will be made through the My Aged Care Contact Centre.

- Referrals can be made to My Aged Care Contact Centre using one of three options:
  - Web based referral (attach the South Australian Hospital Referral Form if referring from a Local Health Network or Private Hospital)
  - Phone 1800 200 422
  - Fax 1800 728 174
Referral Pathway for CHSP services

➢ It is important all referrals contain

• Consent from the client or appointed guardian

• Clients current medical status is clear

• Clearly identify the services required to meet the clients needs e.g. nursing, allied health, cleaning, personal care

• Clearly identify time frames requested for commencement of service, particularly if services are required for a safe discharge.

• If CHSP services required prior to discharge, tick “yes box” on SA Hospital referral form next to the question: “Does the client require CHSP Service to facilitate discharge?”
Referral Pathway for CHSP services

- If services are required for a safe discharge and this is clearly indicated by the referrer to My Aged Care, they can make a direct referral to CHSP.
- The client will not undergo a screen in this instance.
- They may also make a concurrent referral to the RAS or ACAT if additional needs are identified.
Referral pathway – LHN / Private Hospitals referrals to ACAT

* Discharge Definition – This includes discharge from a Metropolitan Hospital as well as discharge from other LHN coordinated programs such as a post acute/hospital avoidance program such as Healthcare at Home, Rehab in the Home, Transition Care Program.
As of 1 July 2015, all metropolitan LHN and Private Hospital referrals for ACAT Assessments, will continue to be made directly to local ACATs.

All Country LHN and Private hospital referrals for a country ACAT Assessment, need to go to My Aged Care, including clients being transferred back to a country hospital for an ACAT Assessment,
Who do I contact if I need to escalate a problem?

- OFTA is currently liaising with the Government, RAS and the Contact Centre to establish clear communication pathways with all parties.

- If any issues arise as result of 1 July 2015 changes:
  - Liaise with your Team leader / Manager who may refer your issue of concern to your Local Health Network (LHN) Representative:
    - (CALHN) Karen Hales
    - (NALHN) John Forward
    - (SALHN) Stephanie Hillary-Burman
    - (CHSALHN) Lesley Wilkinson
  - If issue is unable to be dealt with locally the LHN Rep will forward the concern to OFTA who will liaise with the Commonwealth.
Key Points

- You are not expected to understand all of the eligibility criteria of the new programs.
- Continue to utilise local relationships with service providers / ACAT as well as My Aged Care to address client queries.
- Utilise the escalation process if there are issues.
- There will be ongoing liaison, support and monitoring between the State and the Commonwealth as this new system is rolled out.
- Keep an eye out for Communiques and check the web page for updates on the SA Health webpage.
Key Contacts

- **My Aged Care** –
  - Ph: 1800 200 422
  - Fax: 1800 728 174
  - Website: [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

- **Department of Social Services website**: [www.dss.gov.au](http://www.dss.gov.au)

- **SA Health webpage**: [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au) → under “clinical resources” tab → choose “My Aged Care” from sidebar options

- **OFTA**: Healthacap@sa.gov.au

- **Domiciliary Access Service Team**: 1300 295 673

- **Metropolitan Referral Unit (MRU)**
  - 1300 110 600

- **Country Referral Unit (CRU)**
  - 1800 003 307