

## June 2017 Eastern Regional Assessment Service Update

- CHSP and Home Care Packages clarified

EMR RAS have reported that they have received a number of referrals for clients who are in receipt of Home Care Packages and who wish to also access CHSP support. At times, these clients aren't actually eligible for CHSP support but have been led to expect it, resulting in disappointment.

- Referrals from RAS to CHSP services

Match & Refer / Generation of a Referral Code explained

- MAC Service Finder Details

RAS use explained

- Webinar reminder

21 June Updates on Accelerated Design and Release 8

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### CHSP and Home Care Packages

The care needs of a person receiving a home care package should be addressed through their home care package, and any CHSP services delivered to them would generally be paid on a full cost-recovery basis from the home care package client's individualised budget.

This is intended to ensure that the CHSP is able to provide entry-level support services to as broad a population as possible (given that in most cases this will be the only form of support that people receiving CHSP services access), and recognises that home care package clients already receive an individualised budget that they control, with which they can purchase the services offered under the CHSP.

In **defined circumstances**, however, a home care package client may access CHSP services in addition to the services they are receiving from their home care package budget (that is, the additional CHSP services will not be charged to the client's individualised budget). These circumstances include:

- Where the home care package client's budget is already fully allocated, a Level 1 or 2 home care package client can access additional, short-term or episodic Allied Health and Therapy services or Nursing services from the CHSP.
- Where the home care package client's budget is already fully allocated, and a carer requires it, a home care package client can access additional planned respite services under the CHSP.
- In an emergency (such as when a carer is not able to maintain their caring role), where a home care package client's budget is already fully allocated, additional services under the broader CHSP can be obtained on an emergency or short term basis.

These instances should be **time limited, monitored and reviewed**.

All home care package clients must be assessed by My Aged Care Assessment Services (through a RAS or ACAS) to receive these additional CHSP services.

In addition, CHSP providers should only supply additional CHSP services to home care package clients **where they have capacity to do so without disadvantaging other current or potential CHSP clients** - that is, CHSP services should prioritise people who need CHSP support but do not have access to other support services over people who are already in receipt of a home care package.

Where a **new client** has been assessed and approved as eligible for a home care package but is waiting to receive that Package, the client will be able to receive services under the CHSP as an interim arrangement, but only to an entry-level of support consistent with the CHSP, not at the level of support of the Package they are eligible for.

**Source:** CHSP Guidelines 2017, Section 3.1.2 Interaction with specific programs and services

### Home Care Packages and Social Support Group Interface

Historically, clients on a Level 1 or 2 Home Care Package have been able to access one planned activity group (PAG) per week through HACC funding. This program was charged directly to the client, not to the Home Care Package. If a client was accessing a PAG being charged to the package, it was done so at a full cost recovery rate (or a rate negotiated with the package provider).

From 1 July 2016, clients receiving a Home Care Package are no longer able to access a PAG, now Social Support – Group (SS-G), using CHSP funding. The exception is clients for whom this arrangement existed prior to 1 July 2016. A client who was on a Home Care Package on 1 July 2016 and was not accessing a SS-G at the time (or who since ceased and wishes to recommence) is not able to access this exceptional arrangement.

Clients on a Home Care Package can continue to attend SS-Gs at the discretion of the provider, but are not eligible to access CHSP funding to do so. The cost of the group is negotiated between the Case Manager and Service Provider. It can be charged to either the client or the package, but the provider is not able to claim CHSP funding for this client.

If you have any queries regarding this information please refer them to your agency's General Grants Manager or to the following contacts:

Commonwealth Department of Health, Victorian CHSP Team - [CHSP.VIC.Team@health.vic.gov.au](mailto:CHSP.VIC.Team@health.vic.gov.au)

Ayesha Fathers, EMR Regional Development Coordinator - [ayasha.fathers@each.com.au](mailto:ayasha.fathers@each.com.au)

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### Referrals from RAS to CHSP services

As a result of a Home Support Assessment, a client may require services to support their aged care needs. RAS assessors may refer the client for service recommendations made in the client's support plan based on the client's preferred service provider, or prioritised list of service providers, and/or

location preferences. With client consent, referrals can be made in two ways: Match & Refer or Generation of a Referral Code.

### **Match and Refer**

The 'Match and Refer' process allows assessors to make referrals, via the My Aged Care portal, to service providers according to client preference.

- Electronic referral directly to client's preferred provider:

If the client has a preferred provider, they may choose for the assessor to make a referral via the My Aged Care portal directly to that provider only.

- Electronic referral in order of client preference:

If the client has a number of providers they are interested in, they may choose for the assessor to prioritise referrals in the My Aged Care portal to their selected providers in order of preference (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>). In this scenario, if the initial provider rejects the referral, this referral will then automatically be sent by the My Aged Care system to the next provider until the list of providers has been exhausted. If all providers reject the referral, a notification will be raised to alert the assessor who will then follow up with the client regarding alternative options.

- Electronic referral broadcast to all service providers:

If the client has no preference for a provider and there is no service provider that better meets the client's need, then the referral can be broadcast to all appropriate service providers in the My Aged Care portal. In this situation, the referral will be issued to all providers simultaneously. The first provider to accept the referral will be able to view client contact details and contact the client to arrange service. The My Aged Care system will automatically withdraw the referral from other providers view (e.g. resulting in 'disappearing referrals' from the incoming referral list in the service provider portal).

### **Generation of a referral code**

- Assessors may generate a referral code and provide this code to the client. The client will then self-manage their referral by contacting their preferred provider. The provider will be able to use the referral code to access the client's record to assist discussions and, where the client and provider wish to proceed, for the provider to accept the referral in the My Aged Care provider portal.

Issuing a referral code is a useful option where the client and or carer would like to look at a number of providers (e.g. visit a number of Planned Activity Groups) prior to making any decisions or if there is a delay in commencement of service from time of assessment (e.g. client would like to attend a PAG but is not ready to commence immediately)

### **Please note:**

Referral codes do not expire. A referral code can be used by multiple providers to view the client record in relation to that referral. However, each code is valid for one use only and once accepted by a service provider, the referral code can no longer be used by another service provider.

If a client chooses to cease service with one provider and seek out service by another provider, the first provider needs to close the client episode in the My Aged Care provider portal. This will allow

the Contact Centre or RAS assessor to generate another referral to another provider for that recommended service type.

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### **MAC Service Finder**

All service providers should ensure that their detail in the service finder is accurate and up to date. Please ensure that this includes reviewing your set up to ensure that the service finder accurately reflects provided CHSP service and subtypes, service availability and areas of service delivery (i.e. check the post codes you have identified that you are providing service to).

The Contact Centre uses the service finder to make direct to service referrals and this may result in referrals received by a provider for a client who resides in an area out of the region you actually provide service to. The Contact Centre has also issued multiple requests for Support Plan reviews for services (e.g. garden maintenance) which are not actually available in the client's area due to inaccurate listings in the service finder.

Whilst most RAS assessors are aware of what is available locally, due to the inaccurate nature of the service finder, if a service provider is expanding into an area that has not been traditionally serviced by your agency, please contact your local RAS and ACAS for the area to advise of your service availability (esp. if you have received new CHSP growth funds).

Please be aware that there is currently a discrepancy between what is listed in the service finder in the My Aged Care website and what can be viewed by assessors in the My Aged Care assessor portal (e.g. some of the descriptive detail of service is not viewable in the assessor portal). This issue has been reported to the technical support team at My Aged Care and it is anticipated that a fix will be forthcoming.

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### **Webinar 21<sup>st</sup> June 2017: Updates on Accelerated Design and Release 8**

The Department is holding a webinar on 21 June to provide details of upcoming Accelerated Design policy and system changes and My Aged Care improvements including those scheduled for the mid-year system release.

Held in November and December 2016, the Accelerated Design workshops involved the aged care sector, including a large number of ACAT and RAS assessors, to design solutions to address the themes and topics identified from earlier co-design workshops. More information on the intensive engagement can be found in: <https://agedcare.health.gov.au/programs/my-aged-care/about-accelerated-design>.

The webinar will focus on:

- policy changes including changes to support access to My Aged Care for diverse needs clients and guidance to improve the consistency of assessment processes
- mid-year system changes including improvements to tasks and notifications, how Support

Plan Reviews are requested and managed, updates to the my Assessor app and other improvements

- the new user interface for the My Aged Care portals.

Participants can ask the panel of representatives from the Department of Health questions during the presentation. The webinar will be record and available at the same link a few days after the event.

<b>Webinar title</b>	My Aged Care: Accelerated Design changes and improvements	
<b>Date and time</b>	<b>Wednesday 21 June 2017</b>	
	State and territory	Start: Finish
	ACT, NSW, VIC, QLD & TAS	2:00 pm to 3:30 pm (AEST)
	SA & NT	1:30 pm to 3:00 pm (ACST)
	WA	12:00 pm to 1:30 pm (AWST)
<b>Link</b>	<a href="http://livestream.education.gov.au/health/21jun2017/">http://livestream.education.gov.au/health/21jun2017/</a>	

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If you have any queries regarding this EMR RAS update please contact:

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Ayesha Fathers, EMR Regional Development Coordinator – [ayasha.fathers@each.com.au](mailto:ayasha.fathers@each.com.au)