Regional Assessment Services (RAS) & Aged Care Assessment Services (ACAS)

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Frequently Asked Questions and Panel Answers

Q 1. **Simon** - What is the difference between a RAS and ACAS assessment?

A 1. **Pansy** - Under the My Aged Care system there are 2 tiers of assessments, RAS conducts Home Support Assessments and ACAS conducts the Comprehensive Assessments.

The main role of the RAS assessor is to assess client's needs and make referrals to Commonwealth Home Support Programme (CHSP) funded services.

The RAS assessment is for entry level support services. It is a holistic and multi-domain assessment that we complete for clients, to look at recommendations to support clients to live at home with a basic level of supports.

Primarily we will make referrals for programs under CHSP funding and we can also make referrals to ACAS for a more comprehensive level assessment. Apart from supports, we also talk about what informal help someone may access and other supports outside of the commonwealth sector as well. Things like personal alerts, any recommendations to follow up with the client's GP, or other services to support the client to live well at home.

Sue - Within the My Aged Care system, ACAS conducts comprehensive assessments. We can approve for services under the Aged Care Act, which need a comprehensive assessment to access, things like residential care, residential respite care, home care packages, flexible care (which includes transition care and short term restorative care). We can make the same sort of referrals to Commonwealth Home Support services.

Q 2. **Simon** - If a client requests an ACAS assessment why do they often end up with a RAS assessment instead?

A 2. **Sue**- All the referrals for either RAS or ACAS go through the My Aged Care contact centre. They screen assessment eligibility and need, then depending on the results of that screening, it will be identified as to whether the client requires either a RAS or ACAS assessment, which is where the referral will be directed in the first instance.

Sometimes, once the referral comes to RAS or ACAS, we have a triage team or triage staff who then looks at those referrals. Sometimes it's obvious to us that the referral has been sent to the wrong assessment service, so we can transfer or re-direct the referral.

Sometimes when someone has been referred for an ACAS assessment, if there is a long waiting time for ACAS assessments and the referral indicates there is an immediate need for some services, we will transfer or re-direct the referral to RAS. This means that services can be put in place in a more timely way.

Sally - Also if clients are referred to ACAS and they don't already have any services in place, we may deem that they need only entry level services and may refer them on to RAS.

Sometimes people are referred for a Home Care Packages who have never received a Commonwealth Home Support Programme package or CHSP services, so we would consider starting with a RAS referral.

Pansy - From a RAS perspective, there is a huge percentage of re-directed referrals that we get from ACAS where we find that the client's needs can be met by trialling and commencing Commonwealth Home Support services. They are encouraged to see how they go with CHSP services before they look at eligibility for Home Care Packages. There will be a percentage of those clients that we see that will be appropriate for an ACAS assessment for Commonwealth Home Support services or residential or respite access. For those clients, once RAS have assessed them, will send through their paperwork to ACAS so they can assess after us. But a large percentage of clients are quite capable, still independent, haven't sought services previously and can be maintained on CHSP services This is what we have noticed over recent months.

Q 3. **Simon** - What is the NSAF and where is it in My Aged Care?

A 3. **Pansy** - The National Screening and Assessment Form is the form that the contact centre use to complete screening, the RAS use to complete Home Support Assessments and the ACAS use to complete Comprehensive Assessments. It is all done on the one form and we all have different sections to complete of the same assessment tool. The form builds on the information gathered previously, so if a RAS assessment has been conducted and then the client then presents for an ACAS assessment, the ACAS assessor will have access to all the previously collected information, so the client doesn't have to repeat their story all over again. That's a way of actually making the information live and current and very much tailored to the client's circumstances. When RAS or ACAS make referrals for service, you as

providers in your My Aged Care Provider Portals, have access to this assessment tool/form that we have completed. The Support Plan, which most of you would be familiar with, contains the assessment summary, the client's motivations, goals and our recommendations. The Support Plan is only part of the picture, it is a summary. The detail of the assessments are in the NSAF and providers need to look for that information. It is available in the 'Assessment History' tab, in your provider portal. Look for Home Support Assessment or Comprehensive Assessment link

Sally - Most providers should have an active client list on their portal, so should be able go to the 'Assessment History' tab for any of those clients to see their NSAF.

Q 4. **Simon** - Are there any funded gardening services in the EMR?

A 4. **Pansy** - Yes there are, however it is related to safe access, so it's not a mow your lawn every fortnight type of service, but we can support you by clearing your access to your entry way of over grown shrubs and bushes so you can enter and exit your property safely. That is usually the extent of the gardening supports currently available under CHSP.

In terms of gardening maintenance, the My Aged Care portal information it is not accurate. When providers are contacted they then clarify that they don't provide this type of service. The message for providers is please fix up your provider portal to ensure you only indicate the services you are providing. This will help to change the current picture that many providers provide CHSP gardening maintenance in the EMR, when actually there isn't any.

Sue - This issue also impacts ACAS as they often receive requests for Home Care Packages (HCP), where there is a need for gardening services. Gardening is an option under a HCP but it is a part of a more comprehensive care plan. If someone has complex care needs above CHSP level of service and needs other services, not just gardening, then they could be assessed or referred for a HCP. ACAS would not assess/approved someone for a HCP if the primary need/request was only for gardening services.

Q 5. **Simon -** What are the guidelines for urgent services, when clients can start services with a provider without going first through My Aged Care?

A 5. **Pansy -** The Commonwealth feels that for urgent clients, where the client would potential be at risk, and where "at risk" references where potentially if they don't receive that service they could have an adverse outcome, in which they need to go to hospital or the like. So when there an urgent need for service the client or the referrer can approach the provider directly to request urgent service.

The Commonwealth feels that there are 4 service types that would regularly potentially be required for urgent service:

1. Nursing
2. Personal care
3. Transport
4. Meals

That doesn't mean that other service types don't meet the criteria for urgent service however they should occur less frequently.

When someone is requesting urgent service, a provider needs to determine if they have the capacity to provide that urgent service, so that's an engagement between the provider and referrer. If they do accept the client for urgent service, they can provide 2 weeks' worth of service on the understanding that in that 2 weeks of service they will be supporting the client back through the My Aged Care system so that a RAS or ACAS assessment can occur in that 2 week period to make recommendations for ongoing service need. So it has to come back that way. Whether the provider or the client makes the referral, that's a conversation that needs to be had. It doesn't matter how referrals get through to the assessment services so long as they do. So providers have a 2 week grace period for those urgent service types prior to assessment.

Q 6. **Simon** - For what reasons would providers need to add notes to My Aged Care?

A 6. **Sally** - My Aged Care is the client's record and as such all parties involved in the client's care need to make notes in there, to communicate with each other about what is in the client's best interest. ACAS would write information like appointment details, providers should write notes that other parts of My Aged Care system should know about that client. If you have services in place then we should be able to see that information in the Services in Place tab. Sometimes you might have services in place for a client that was pre-My Aged Care, if that client is active on My Aged Care then adding some notes, such as they are now on a HCP in the notes section, which would help ACAS and other people involved in supporting the client.

Also be mindful that those notes are generally viewable to other people and the client.

Pansy - From a RAS space, we would suggest providers make notes when the client circumstances change. The My Aged Care notes section is not for day to day notes regarding interactions with clients, providers have their own client management systems for that information. If you've accepted a client and are providing a service, and you want to make it clear to other people working with the client what you are providing, we suggest you make a note about what you're doing with the client. If the client's circumstances change during service, updating their notes is important so that other people involved in the client's care are aware. We can all only make decisions based on the information we have, so the more information we all share with each other the better we can work with the client.

Q 7. **Simon** - What difference does it make to RAS or ACAS if providers have their waitlist on My Aged Care or in their own system?

A 7. **Pansy** - When we are making referrals to providers, we need to know:

a) What services you provide
b) Do you have availability to provide those services
c) If you don't have availability, do you have a wait list function

If providers have a wait list in their provider portal, a client can choose to wait for a service and we can still make a referral to you. This is on the understanding that the client will then be put on your waitlist to be contacted and accepted when services are available. Often this is because clients are familiar with your service or brand and want just you.

If you don't run a wait list in My Aged Care, and you've reflected in your portal that you don't have availability, then our only option is to recommend that the client consider choosing an alternate provider. We then show them the list of alternate providers, the client will select from those providers and the referral will directed to them. So it is in your interest to actually reflect in the system what you can and can't provide.

If you're running a wait list outside of the system, we don't know that because we can't see that, so if you run a wait list in My Aged Care it's visible to assessors what you provide and the wait times and if the client wants to use your services then that is still an option for them, even though they are unable to be accepted straight away.

Q 8. **Simon** - How do assessment staff choose which providers to refer to? Are there any guidelines for them?

A 8. **Pansy** - From a CHSP perspective there are some service types that currently only have one provider in the area, so meals on wheels for instance primarily still sits with local government. However with the introduction of competition, there is a lot more choice available for other service types like domestic assistance, personal care, social support, respite etc. There is a lot more choice available and ultimately choice is what it comes down to.

Once the choices available are explained to the client, based on the information available to assessors within My Aged Care, then it is up to the client to indicate if they do or don't have a preference for a provider. Sometimes if a client has multiple service needs, and they would prefer to engage with one provider rather than multiple providers, then that directs recommendations sometimes. If it is a simple service need and there are multiple providers around that can meet that need, then it really up to the client to decide what they want and who they want to engage. If a client has a specific desire for one provider then we will do a match and refer referral directly to you as a provider. If the client has no preference then we would make it a broadcast referral to all providers within the area that provide the required same service type. It would then be a first come first served situation for providers.

If you see a referral come into your portal and it disappears it's likely that it was a broadcast referral and another provider has accepted it before you. We could also rank the referral, which means if client have a few providers they wouldn't mind working with we could rank them accordingly (1, 2, 3) or we can give the client a referral code. This option would be used when the client isn't sure what they want to do and want more time to explore their options. We would show them how to find the relevant information in the My Aged Care Service Finder, another good reason to ensure your provider details are up to date and accurate in the Service Finder, and then they can make contact with their preferred provider directly with their referral code to discuss their needs with you.

Sue - In addition to that, as assessment services we all really need to be independent from service provision. When RAS first started up, that why councils separated their service provision from assessment, and the same went for ACAS. We really try not to be advising clients on what provider they should choose, it's more about giving them the information so they can make an informed choice. Sometimes when clients are overwhelmed with choice we might ask them a few questions about what's important to them and then use the Service Finder that way but we try to be guided by them around their choice of provider.

Sally - ACAS have the ability to indicate a client is vulnerable in My Aged Care. For example when those client are offered a HCP, ACAS is then notified that they have been offered the package and have been sent a letter to this effect. A vulnerable client could be from a non-English speaking background or have a vision impairment and when they get that offer letter they may not be able to read or understand it. So when we get notified they have been offered the package we ring them and support them through that process, so this is when we are directly helping clients. If we identify that a client is going to experience difficulty in navigating the system we may also make a referral for Access and Support services, who will guide and support them through the system.

Q 9. **Simon** - Does each sub-type of a service require a new referral? E.g. Allied Health and Therapy.

A 9. **Pansy** - We can make a referral to you for a service type, like Service Type Allied Health, and if we know what sub-type, such as physio, is required then we may also nominate the sub-type. But once you, as a provider, receive the referral then you can provide the client other sub-type services as an internal referral (e.g. podiatry) without going back into My Aged Care. If the client requires a different service type (e.g. social support) then they do need to be referred back to the assessment service for a support plan review to look at a referral for that new service type.

Q 10. **Simon** - When would ACAS or RAS expect providers to contact them directly these days?

A 10. **Pansy** - If you have significant concerns about how your client is managing. So if you're working with a client whose circumstance have changed, that there is a risk that you've picked up regarding the sustainability of them staying at home with their current level of supports, then we want to know. Your option is to write a note and send it through as a support plan review within the system, but nothing beats picking up the phone and speaking to us directly about your concern, so long as it is a significant concern.

Q 11. **Simon** - How can providers tell if the referral is a direct referral or a broadcasted referral?

A 11. **Pansy** - In the tasks and notifications tab (in the client record) you will be able to see if the referral has been broadcasted.
********** Due to incomplete audio, answer incomplete *****************

Q 12. **Simon** - How can providers promote their services directly to RAS and ACAS teams?

A 12. **Sue** - Having current and accurate information in your provider portal is the most important thing. There are new services coming and going, providers offering new services and frequent funding changes. It's impossible for us to keep up to date with all of this by providers directly contacting us. Having all of your accurate information in the My Aged Care Service Finder is really the advice we would give.

Sally - As an ACAS Manager I get many calls from package providers. While I speak to them on the phone, many people ask to come in to speak to the team, they want to bring morning tea and all sorts of things. It's just not something we can do as a general rule, so it's probably best not to try that route. It is best to keep your information up to date in the portal.

Pansy - I also want to flag that your Eastern Sector Development Team have developed a resource about your Service Finder and how to make the most the Service Finder information. It's actually just knowing how to do it, it's not hard to do. So if you're unsure, just check out the EMR Alliance website because there are some resources available which will help you optimise your Service Finder.

Q 13. **Simon** - If a client starts a direct referral service but then stops the service before RAS or ACAS assessment occurs, do they still require an assessment? What if they decline?

A 13. **Pansy** - We always need consent for assessment and if a client starts and stops a service before we can assess them and they choose not to engage then there is nothing we can do, they have declined the assessment. We will respect their wishes about that.

Sue - It's important to remember that if you're starting any urgent direct to service services that it is explained to the client that even though the services are starting they will still need the assessment for the services to be funded.

Sally - I think that at the moment there is still a little bit of leeway within the system but more and more, as the Commonwealth tightens things up a bit within My Aged Care, it is likely providers will potentially lose funding if the assessment is not completed. An example at the moment might be if you have a Home Care Package provider providing services at the same time as a transition care program. It is likely only one of those providers won't get funded. The same would apply if someone tried to provide a HCP at the same time as the client is in residential care. Again it is likely only one service will get funded so it is important that the assessment is provided to get the funding for all services.

Pansy - With CHSP funding, if you are providing urgent direct to service services, there is currently no negative financial consequences if the client then chooses to decline having an assessment. Likewise Just the same as it is your choice as a provider as to whether you will provide the service. However as Sally pointed out, this is likely to change in the future.

Q 14. **Simon** - Can a client nominate a provider staff member as their representative on My Aged Care?

A 14. **Pansy** - We advise against that because a nominated representative in My Aged Care is actually given a lot of power for the client. If you're a representative in My Aged Care you can actually view the client record, make decisions about the client's care, gather a lot of information and influence outcomes. Obviously this is likely to be a conflict of interest if you are a provider for the client. You can still support the client to engage in the system, if the client chooses to have you deliver services then that is fine, but a nominated representative or a regular representative actually has a lot of influence in the My Aged Care system. We would therefore suggest that as a provider it may be inappropriate to be a client's representative. Probably the only difference is if you were an Access and Support worker, where you are trying to support a vulnerable client through the system and your relationship with the client would be clearly defined. Otherwise as a provider supporting clients we suggest that you would not be an appropriate representative within the system.

Simon asked the audience if they have any questions for the panel.

Audience Questions

Q. We have received referrals where we, as a provider, are not listed in the client's support plan for that particular service type, yet we can see details of other providers in their support plan. Can we assume that the client has consented for their information to be shared with all of the providers?

Pansy – The client directs our actions, so although I can't address this individual issue as I don't have all the necessary information, what I can say is that we wouldn't make any referral without client consent. So if the client agrees to us making a referral for a specific service type, it applies to the whole referral process, which can involve a broadcasted referral or maybe a re-directed referral if preferred provider has declined the referral.

Q. Can the assessors then update the support plan to reflect if there has been further action following the initial referral, so providers can understand what has occurred?

A. **Pansy** – This information can be found in client notes. If you can't find them it is expected you would contact the assessor or assessment service.

Q. Given there have been so many changes within assessment, what qualifications do Victorian assessors hold?

A. **Pansy** – I can't talk about the rest of Victoria, but in the Eastern RAS teams assessors come from social work, nursing, allied health and disability backgrounds, at a minimum level they all have tertiary qualifications and have worked within the sector, in one form or another for a period of time before working with RAS.

Sally - ACAS assessors are usually health care workers, so they are nurses, OT's, physios, social workers or have other allied health qualification.

Simon thanked the panel for their time and attendance today.