



Seniors Collaborative  
Action Project

Barossa.Gawler.Light.Mallala

**RAS/MAC TROUBLESHOOTING WORKING GROUP**  
**Notes from**  
**Aged Care Reforms – Issues & Solutions Workshop**  
**Thursday April 28, 2016**  
**1:30pm – 3:30pm**  
**Barossa Council Chambers**

**PRESENT:**

Anya Lizoguboff (ACNA-RAS); Bev Galway (Tanunda Lutheran Home); Catherine Balfour-Olgivy (Country Home Services); Courtney Dswonitzky (Barossa & Light Home Assist); Deb Anderson (SCAP); Debbie Carter (Carers' Link); Elspeth Morgan (Carers' Link); Fay Millington (Barossa Village); Jillian Wood (SA Country Carers); Kerrie Draper-Rose (Gawler Home Assist); Olena Lesnikov (APM – RAS); Que Ralph (Uniting Communities - RAS); Ryan Oldnall (ACNA – RAS)

**APOLOGIES:**

Craig Gogol (ACNA –RAS); Jacqui Bowden (APM-RAS); Jodie Zimmermann (Barossa Village); Jo Parker (Barossa & Light Home Assist); Lynne Hosking (APM-RAS); Rosie Ward(Barossa Village); Stefan Nowak (Barossa, Hills, Fleurieu ACAT); Tracy Maynard (SA Country PHN)

**WHAT IS GOING WELL WITH THE REFORMS?**

MAC (Info & Intake)

- Direct referrals being sent for more urgent matters
- Call 'wait times' getting shorter with MAC
- centralised information portal that can be updated by providers to promote their services
- increased accuracy of info gained through MAC screening
- improvements have been made

RAS (Referral Process)

- Referral assessment information is good and how have contact with a number of RAS assessors
- Consistent assessment process and access to supports (where available)
- From my perspective this has changed from initial problems to much more focussed system
- Only appropriate referrals coming through
- Open discussion re issues
- Responsiveness to issues as they have been identified
- Relationship with RAS
- Self-referrals better than in-bound referrals
- New look screening
  - easier to see if info
  - Some screening is very good
- Getting better with RAS/ACAT referrals

### Consumer Focus

- Service providers offering support to people needing to access services
- Innovative responses to service needs are being identified and created (services are responding to need rather than clients fitting into the 'menu' of services).
- Consumer focus has been adopted by providers. It has changed the culture from 'doing for' to 'doing with'
- Receiving respite referrals
- Clients are getting referred.
- Comprehensive assessments

### Provider Portal (Info)

- Providers are coming to grips with the importance of collaboration with stakeholders
- Flexibility postcodes depending on workforce
- Easy to navigate for information
- Notes section on clients file is getting utilised more. Good info sharing.
- RAS referrals easily downloaded
- Assessment staff and service providers all accessing and working from same info
- Knowing which services are available
- Easy to find services under the tabs/boxes
- Get kept will informed with changes and updates via emails.

### Other

- Community engagement
- Staff understanding of reform process

## **WHAT ARE THE ISSUES/IMPACTS YOU ARE EXPERIENCING WITH THE REFORMS?**

### MAC (Info & Intake)

- Time spent to promote MAC as referral source and assisting consumers with referrals
- Contact centre still working with multiple sets of rules and guidelines resulting in inconsistent messages and approach
- Fear of information being given out. limited English of contact staff no understanding of CHSP
- Another process to go through to access services
- No notification if provider rejects the service referral
- Portal can be very slow and unresponsive
- Sending direct referrals to incorrect service providers out of client's region

### RAS (Referral Process)

- "People are falling through the cracks" (Carers' Link example)
- Knowing what other services there are that are not on the MAC portal
- Do the RAS promote less mainstream service providers?
- Importance of referring to 'social support groups' etc. Re why has our Yorke office get 20 per week RAS referrals and the Barossa only 3?
- Slow MAC portal at times – unable to send referrals.
- RAS appear to have limited training in CSHP services
- No follow up on refused referrals.
- Consumers being told they can "have everything"
- Not getting as many Home Mod referrals even though clients have told us they requested a certain service provider.
- RAS staff still unable to see detailed provider information in the assessor portal
- Still some assumptions about service delivery and excess time needed doing follow ups.
- Have had complaints from clients about wanting so much information over the phone but do not understand why. (how to resolve?)

### Consumer Focus

- Unsure if some confusion is with the client who calls MAC or the info being given over the phone – education
- Prospective clients wondering why they have to register with MAC
- Need for clearer guidelines, more education about the role of RAS (for consumers)
- Not always known if the client already has services
- Will improve with time like follow up assessments for increasing needs.
- No referral for carers via the portal
- Consumers are confused and worried about MAC
- They choose not to contact MAC and will do without or purchase private services
- Confusion for clients. Not sure who is doing what if needing more than one service
- Dependence on website for info needs communication and marketing by DoH
- Keeping up with the changing client environment
- Elderly people are confused about why they have to register with MA. It has been left to service providers to try to explain this.
- Simple requests for a simple service type cannot be referred to service providers.
- Each time a new support need is identified have to go back to MAC make more phone calls/ assessments.
- Some consumers are falling through the gaps because of poor information about MAC
- Concern if the consumer does not have an advocate to help them navigate the system
- The critical point of consumer education has not been reached as yet. It is hard to get people to be aware (in advance of need) of what their responsibilities are and what they can access.
- Many 'on the ground' coordinator/client service level staff at providers do not understand enough about the MAC process /pathways for clients leading to mis-information and client confusion.

### Provider Portal (Info)

- Is this clear enough for the aged?
- Portal can be quite slow when trying to view assessments/attachments etc
- Provider tabs showing availability of services they don't offer, eg show transport but they don't offer that service
- Not all services are under correct headings and services show they provide a service when they don't.
- Ensuring we are constantly maintaining the provider portal need dedicated resources for this
- still cannot see information unless referral is accepted
- Slow
- Information on notes limited or confusing

### Other

- Providers need to adopt a culture of flexibility and to be able to identify opportunities to expand their business through innovation. This is a problem for some staff.
- Much more time needed by service providers to assist consumers to access MAC
- Managing HR resources

## POSSIBLE SOLUTIONS

THEME	WHICH ISSUES HAVE THE MOST ACHIEVABLE SOLUTIONS?	WHAT ARE THE ACTIONS TO ACHIEVE THIS SOLUTION?
MAC (Info & Intake)	<ul style="list-style-type: none"> <li>• Increase awareness amongst consumers with advertising. Encourage consumers to call MAC.</li> <li>• Fund service providers to provide assistance to consumers</li> <li>• Improved , streamlined training of NCC staff</li> <li>• Confidentiality – follow process. Client can ask info not to be recorded if not a risk.</li> <li>• Resolve IT issues</li> <li>• Information about available services needs to be accurate.</li>   <li>• Reduce red tape</li> <li>• Address disconnect with GP's</li> </ul>	<p>Commonwealth</p> <p>Commonwealth</p> <p>MAC</p> <p>Commonwealth</p> <p>Service providers and RAS providers be prepared to build relationships</p> <p>SCAP to feed back unresolvable system issues to DoH</p> <p>DoH needs to address this</p> <p>DoH needs to address this</p>
RAS (Referral Process)	RAS assessors need local knowledge about services available.	Maintain relationships between RAS providers and service providers
Consumer Focus	<ul style="list-style-type: none"> <li>• Community awareness ie TV, radio, brochures</li> <li>• Training of staff               <ul style="list-style-type: none"> <li>○ National Call Centre</li> <li>○ Service Providers</li> <li>○ Admin</li> </ul> </li> <li>• Providers do inbound referrals</li> <li>• Identification of carers in the system</li> </ul>	<p>DoH</p> <p>) Development of training resources by DoH</p> <p>)</p> <p>Provided by service providers</p>

<p>Provider Portal (Info)</p>	<ul style="list-style-type: none"> <li>• Content: referral information not visible until accepted. Info on notes limited or confusing Provider Portal access speed slower than RAS Portal on same PC so is a specific portal issue</li> <li>• Improve internet infrastructure capability to improve access speed</li> <li>• Ensure information is accurate and maintained so only relevant information is in system and it is entered into correct sections/headings.</li> <li>• Ensure a close relationship between service providers and RAS providers to ensure RAS knows service types and locations.</li> <li>• Allocate resources or consider more appropriate staffing level (class and grade) to monitor and accept referrals.</li> </ul>	<p>Commonwealth resolution required</p> <p>Providers review their ICT capability and invest as recommended</p> <p>Schedule regular review and updating of portal data.</p> <p>Schedule meetings between RAS and providers on an agreed frequency.</p> <p>Determine minimum level of knowledge/skill required for the tasks and assign resources as appropriate</p>
<p>Other (issue raised at GASHAN meeting on 20<sup>th</sup> April)</p>	<p>A practice nurse responsible for age care assessments at GP clinic reported that she had observed that a number of their patients were very confused by the whole MAC /ACAT process. She said she had been on several follow up home visits with patients who had had their ACAT. The folder with the approval for a Home Care Package was sitting on the dining room table and they were really unclear about what to do next.</p>	<ul style="list-style-type: none"> <li>• “ACAT used to show the client the DPS Guide so they knew which services were available locally.”</li> <li>• “Need to recognise that sometimes it’s the family who have insisted on the ACAT and the client doesn’t really want services so doesn’t do anything.”</li> <li>• “After going through hours of the ACAT Assessment it’s too much information to absorb to then have to think about providers. Ideally there needs to be a follow up visit after the letter is received.”</li> </ul> <p>Response from ACAT post workshop:</p>

		<ul style="list-style-type: none"><li>• “One possible solution is to take an example of a support plan letter and show clients, so that they know what to expect and do next.”</li></ul>
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