



Seniors Collaborative  
Action Project

Barossa.Gawler.Light.Adelaide Plains

**MINUTES OF RAS/MAC TROUBLESHOOTING WORKING GROUP**  
**Thursday 31 May, 2018**  
**1:00pm – 3:00pm**  
**Barossa Council Chambers**

<b>PRESENT:</b>	<b>APOLOGIES:</b>
<ul style="list-style-type: none"><li>• Corinne Bruer (Uniting Communities - RAS)</li><li>• Courtney Dswonitzky (Barossa &amp; Light Home Assist)</li><li>• Craig Gogoll (ACNA RAS)</li><li>• Deb Anderson (SCAP)</li><li>• Kerrie Draper-Rose (Gawler Home Assist)</li><li>• Lucy McFadyen (Barossa Village)</li><li>• Sanna Brannan (Gawler Home Assist)</li><li>• Vonny Edwards (Country Home Services)</li></ul>	<ul style="list-style-type: none"><li>• Alison Brighurst (Country Health Connect)</li><li>• Amy Foote (Country Health Connect)</li><li>• Brenda Thompson (Country Referral Unit)</li><li>• Catherine Balfour-Ogilvy (Country Home Services)</li><li>• Elspeth Morgan (Carers' &amp; Disability Link)</li><li>• Emily Clegget (Uniting Communities)</li><li>• Jodie Zimmermann (Barossa Village)</li><li>• Leanne Mullen (SA Country Carers)</li><li>• Leonie Grant (Uniting Communities)</li><li>• Stefan Nowak (CHSA - ACAT)</li><li>• Tracy Maynard (Country SA PHN)</li></ul>

**1. OPEN**

Meeting opened at 1:10pm

**2. MINUTES OF PREVIOUS MEETING**

OK

**3. CHAIRPERSON**

Kerrie offered to chair the meeting

**4. BUSINESS ARISING FROM PREVIOUS MEETING**

4.1 SA Collaborative Projects Symposium

Friday 31 August at Sunnybrae Estate, Regency Park. Bookings will open soon. Submission to Country SA PHN for \$5,000 sponsorship was successful and as a result Adelaide PHN also contributed \$1,500. This will be used to produce, direct and film a series of role plays that will be an integral part of the event to demonstrate how to 'do' wellness and re-ablement. A workshop program will be

developed to complement the film and be available for T & D for those service providers unable to attend the Symposium.

Deb outlined some of the scenarios that are being considered and it was agreed that they are relevant and quite common.

Others were suggested:

- CHSP - HCP interface –ie client is receiving more CHSP than constitutes entry level – who does what and how?
- Someone refuses HCP – how does CHSP respond?
- Couple –Husband is receiving CHSP and then goes on a HCP and wife wants CHSP services transferred to herself.

#### 4.2 RAS Team Leaders & Assessors meeting

On the back burner. Andrew has not been able to organise this as yet.

All RAS should be doing things the same. Have regular RAS operation meetings with DoH. New NSAF and audit tools should result in more consistency.

Craig will contact Andrew.

### **5. PRIORITIES FOR NEW FUNDING AGREEMENT 2018 – 2020**

Refer Attachment.

Louise Hamilton and 2 other staff from DoH attended last SA Collaborative Projects Network meeting to discuss the new funding agreement for 2018-20.

Advised us of what we need to pass onto service providers and what need to be included in our Activity Work Plans which are due 8 June.

### **6. NEW MAC/RAS ISSUES**

- Grandfathered clients referred to MAC for a review are not coming back all the time or increase services – MAC is saying they are already receiving the services
- Remote areas – reablement through OT, physio – services not available.
- Some RAS assessors contact service provider whilst with client and find out how long before a service can be put in place.
- Do we close off clients after single service, then have to re-register with MAC for next year's gutter clean? Yes
- Green light is for service type only not sub-type. Some service providers will accept referral and have an internal waiting list as they have a green light for the service region but not necessarily at the local level.
- Wallet checks – as part of the new audit tool if details are updated the next person who has contact needs to verify with a wallet check.
- Do you refer for type of group or for social interaction?
- If MAC insisting a client is not eligible, client can use complaints process.
- Can contact centres send direct referral codes for other service types?
- Example was provided where MAC is giving referral codes for service types other than emergency transport, meals and personal care RAS assessors can give out referral codes – works well for grandfathered clients or when services have a red light.

- Vonny – CHS getting more complex referrals. When go in to deliver service it is obvious that that client needs more than entry level. Contractors are identifying issues of hoarding and there is no information about this in the RAS assessment – have had about 6 in the last few months.
- Some clients are refusing to have an ACAT.
- RAS needs to refuse to refer to CHSP and send it back to ACAT. Examples of clients expecting that interim CSHP services will be at same level as the HCP they are waiting for – It needs to be made clear during the ACAT that this will not be the case.
- Example provided of client with multiple referral codes for CHSP interim services.

## **7. EMBEDDING WELLNESS & REABLEMENT**

Deb proposed holding information sessions for consumers to advise them of possible changes to their CHSP services when next reviewed, ie to address the wellness and reablement requirement. This could be one of several sessions including other topics such as nutrition, physical strength etc. Also would like to get independent contractors around the table to talk about how they can apply wellness and reablement when they deliver services. These will be included in the new Activity Work Plan.

## **8. OTHER BUSINESS**

Craig provided information about the new National Screening & Assessment Form (NSAF) which is the form used by RAS and ACT when doing assessments. Old form was reviewed as it wasn't being referred to by service providers. The new form will be used from 18 June and has a lot more free text, less pages, less questions so it flows a lot better - story like. Focus on strengths. Support plan should also look better. Service provider needs to read the entire document to understand client's goals.

If issues need clarification – contact assessor directly.

(Note: live date changed to 2 July)

## **9. 2018 MEETINGS**

1-3pm Council Chamber:

- 23 August
- 22 November

## **ATTACHMENT**

### **REFORM UPDATE**

#### **The budget and CHSP**

This Budget will also focus on wellness and reablement approaches, by trialling an assessment model that supports aged care consumers to access short-term or episodic services. These services will focus on maintaining or regaining independence and social connectedness prior to receiving ongoing services through CHSP or other types of aged care.

<http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-t-ageing-and-aged-care>

#### **Some of the new things you will see in the agreement**

New grant agreements under the CHSP will be offered using the new Commonwealth Standard Grant Agreement (SGA).

The department has started offering new CHSP grant agreements. These are being offered to existing CHSP service providers at existing funding levels.

The extension does not provide funding for:

- organisations to become new CHSP providers
- existing CHSP providers to deliver more or new services.

Service providers must inform the department as soon as possible if they do not want to continue delivering services. These providers will need to start their transition-out plans during the current agreement period. Service providers are expected to deliver services to their clients until an alternative provider is in place.

In addition to the existing funding conditions, from 1 July 2018, CHSP funded service providers will be required to deliver against the following funding conditions:

- An annual wellness report on wellness and reablement approaches to service delivery; and
- Provide data to the Department on all existing CHSP clients that are not registered with My Aged Care.

#### **Wellness Report**

The introduction of the annual wellness report on wellness and reablement approaches to service delivery is designed to assist the department to better understand how wellness approaches to service delivery are being implemented by individual CHSP service providers and whether there are any specific gaps in understanding.

The initial report will provide the department with a baseline from which progress will be measured on an annual basis.

The department is finalising the wellness report template, which will be sent to CHSP service providers by 31 August 2018. The report is not intended to be overly burdensome for service providers and will not require specific client level data to be included. The wellness report will be due to the department by 31 October each year, with the first report due on 31 October 2018.

## **Existing Clients**

Service providers with existing clients who are not yet registered on My Aged Care will be required to provide information on these clients to the department as outlined under Chapter 4 of the CHSP Program Manual 2018.

The department is investigating the most appropriate way to collect this data, which will take into consideration the potential impact on service providers and any privacy requirements.

## **Internal audit**

From 1 July 2018, the department will be undertaking an internal audit of up to 10 per cent of service provider's service delivery data on My Aged Care and the Data Exchange. The audit will assist the department to better understand CHSP client pathways and to review whether the services delivered are assisting clients to meet their independence and wellness related goals as agreed in their support plans.

## **Why is this happening?**

The Government is trying to gain a better understanding of GAPS and needs across the community. As a result you will notice:

- Flexibility provisions have been reviewed and you can no longer do a service type that you are not funded for or move funding across funded regions. This will be reviewed by GAMs by looking at your DEX data
- The GAMs will be required to performance manage organisations to ensure that the obligations under the funding agreement are being met
- KPIs are in accordance with your AWP, the number of outputs you are funded for in the regions that you are funded for
- DEX will not be re-opened to allow data corrections –you need to ensure that your data is uploaded regularly and accurately
- We recommend that you ensure MAC accurately reflects the services you are funded for in the regions you are funded for – we can provide a document that will assist in putting correct suburbs into ACPR
- Will need to have the hard conversations with clients to ensure that you have a valid referral through MAC before accepting a client for services. All referrals need to have come through MAC

## **Sector Support and Development**

The CHSP will support a range of activities to support, develop and strengthen the home support service system. The types of activities may include:

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system.
- Embedding wellness, reablement and restorative care approaches into service delivery.
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs.
- Brokering, coordinating and delivering training and education to service providers, workforce and consumers.
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system.

## **What has not changed?**

Under the terms and conditions of the new CHSP Grant Agreement, service providers are required to deliver their CHSP services in line with existing program principles, including:

- The CHSP is an entry-level aged care program designed to provide small amounts of a single service or a few services to a large number of frail older people who require only a small amount of assistance to remain independent.
- Older people with more complex needs are out-of-scope for the CHSP and should be supported through other aged care programs such as the Home Care Packages (HCP) program, residential aged care, specialised aged care programs or the health care system.
- CHSP services can be delivered on a short-term, episodic or ongoing basis.
- CHSP services should be delivered with a focus on activities that support independence and social connectedness and take into account a person's individual goals, preferences and choices.
- Entry and assessment for the CHSP is through My Aged Care.
- New clients seeking access to aged care services must contact My Aged Care to discuss their aged care needs and have a client record created.
- Existing clients seeking new service types or significantly increased services must be referred to My Aged Care for a review before any new or additional services can be provided.
- CHSP clients are expected to contribute to the cost of the services they receive if they can afford to do so, in line with the CHSP Client Contribution Framework.

### **The Grant Manager Role after July 2018**

Your current Grant Manager will be moving to the Community Grants Hub and the administration of your CHSP grant will be done through the hub. The Hub is to provide a streamlined approach to offering a simplified grant experience for providers. It will be a seamless transition for providers but the way we work into the future will change including our attendance at these meetings.