



Seniors Collaborative
Action Project

Barossa.Gawler.Light.Adelaide Plains

MINUTES OF RAS/MAC TROUBLESHOOTING WORKING GROUP

Thursday 27th July, 2017

1:00pm – 3:00pm

Barossa Council Chambers

| PRESENT: | APOLOGIES: |
|--|---|
| <ul style="list-style-type: none">• Craig Gogoll (ACNA RAS)• Leonie Grant (Uniting Communities)• Chris Guerin ((Uniting Communities))• Deb Anderson (SCAP)• Jodie Zimmermann (Barossa Village)• Rosie Ward (Barossa Village)• Stefan Nowak (CHSA - ACAT)• Tracy Maynard (Country SA PHN)• Sanna Brannan (Gawler Home Assist)• Lynne Hosking (APM RAS)• Courtney Dswonitzky (Barossa & Light Home Assist) | <ul style="list-style-type: none">• Amy Foote (Country Health Connect)• Angela Schuster (Country Referral Unit)• Beth Hudman (Gawler Care & Share)• Corinne Bruer (Uniting Communities - RAS)• Elspeth Morgan (Carers' & Disability Link)• Jacqui Bowden (APM RAS)• Jo Parker (Barossa & Light Home Assist)• Leanne Mullan (SA Country Carers)• Lena Lesnikov (APM RAS)• Morna Coats (Alzheimers Australia)• Simon Newbold (Barossa Village)• Stacey Hewitt (Country Health Connect) |

1. OPEN

Meeting opened at 1:10pm with a round of introductions

2. BUSINESS ARISING FROM PREVIOUS MEETING

3.1 Stage 1 Increasing Choice in Home Care - feedback to DoH

Collaborative Projects presented survey report to reps from DoH in May. Coincidentally it was the same day the announcement of extension of RAS and CHSP contracts until 2020, however there was interest in the impact of the delay in announcement namely impact on staff morale, and that some organisations were considering leaving the sector due to uncertainty. This will be passed on to Canberra. DoH response to survey results attached.

3.2 Follow up action from April meeting

Action: Stefan, Craig, Corinne and Tom to communicate regarding this issue.

Irrelevant now following upgrade

3.3 Follow up actions from Feb meeting

Action: Chris to try to find out where the delay is occurring

Chris reported they are now receiving referrals for group social support.

Action: Corinne will check procedure with other RAS Managers.

Action: Corinne to provide specific examples to Tracy who will follow up with the relevant practices.

Corinne not present to report – refer next meeting.

3.3 New Council service - “Aged Care at Home Information Service”

Slow take up. Have reviewed and will be making a few changes.

3. NEW MAC/RAS ISSUES

- Major upgrade last weekend. ACAT has experienced significant business problems since then which DoH is attempting to address. Have put manual processes in place to get around delegation issues.
- Others have experienced problems – based on AUSkey set up.
- ACNA has had no access since Monday as Firefox not an accepted web browser – no one was advised on this prior to upgrade.
- APM can log in but keeps being kicked out.
- Others have to log in twice.
- Courtney having an issue since change to tasks and notifications – ‘service date too far in the future’ even if same or next day – needs to report to MAC
- Craig interested to know if service providers anticipate additional traffic to RAS post assessment, following introduction of ‘approval for representative form’. Form available on MAC website – “Representative Form”. Detail included in DoH update to service providers, issue 2017/12:
<https://agedcare.health.gov.au/programs/my-aged-care/information-for-service-providers/service-providers-overview-of-my-aged-care-representation-changes>
Has section specifically for hospitals. As part of discharge process, with patient/client consent, ward staff can be rep and contact RAS and ACAT post assessment. Service providers can also be rep with client consent.
- Flexible /emergency respite – service providers have resolved issues themselves. HCP clients can access CHSP emergency respite.
- If can’t match service with goal or plan go to “services in place” – only page where it shows (unless service providers have accepted referral). Call RAS assessor who has all details of all service providers involved and can recall a service if needed. This is good T&D for new assessors.
OK to call around amongst service providers but makes more sense to call RAS for clarification.
- Stefan reported the following re RAH ramp down:
“The RAH ramp down period commences on the 7th and should finish on the 25th August to reduce 600 patient beds to 300 beds in the RAH. During this period ACAT have been directed to prioritise hospital referrals as there will be 70 clients transferred from the RAH to hospitals in the Barossa, Hills, Fleurieu region. This will mean that community clients won’t be seen unless there are vacant appointments in assessors calendars and they will be seen outside of the RAH ramp down period. This will depend on the priority of the community assessment and availability of assessor to see the client.”
- Deb attended My Aged Care Capability Focus group on 20th July. This was part of national DoH consultation. Raised a number of issues of concern discussed by the region, including workforce, carers and CHSP, and promoted the SA Collaborative Project model as an effective way of increasing capacity within the sector.

4. FUTURE REFORM – AN INTEGRATED CARE AT HOME PROGRAM TO SUPPORT OLDER AUSTRALIANS DISCUSSION PAPER JULY 2017

The remainder of the meeting was spent discussing some of the questions in the Discussion Paper. Deb will draft a regional response based on discussion today and feedback obtained at the Gawler Regional Aged Care network last week, and will distribute before submitting to DoH by 21st August.

Will be proposing that the Collaborative Projects submit survey results re Stage 1.

All service providers are encouraged to submit feedback.

5. NEXT MEETING

Thursday 2nd November, 2017

1:00-3:00pm

Barossa Council Chambers

ATTACHMENT: RESPONSE FROM DOH RE STAGE 1 SURVEY REPORT

Last week the SA Collaborative Project Officers (CPOs) met with representatives from the Department of Health (Louise Hamilton, Bev Young and Margot Chiverton), to discuss feedback gained from the sector in the recent CPO survey “Stage 1, Increasing Choice in Home Care April – May 2017”. Refer attached report.

The survey and other sector feedback raised a number of concerns including:

1. The impact of the delay on CHSP service providers in a decision regarding Stage 2
2. The perceived lack of HCP’s coming into SA since 27th February.
3. The capacity of CHSP service providers to provide interim services to a consumer waiting for a HCP
4. The need for clarification from the Department of Health regarding appropriate exit fees and exit notice periods

Also, there was a release of information regarding the expected long wait periods of up to 12 months for a HCP to be provided. **Please note** that emails have been sent to all providers, and information is available on the MyAgedCare portal, regarding the release of this inaccurate test information. Currently there is no data on wait list times.

Regarding the first issue above, coincidentally on the same day of our meeting, the extension of CHSP until 30/6/20 was announced. This is obviously a great relief for all. Louise advised, however, that she would still pass on the feedback to Canberra so we do not find ourselves in the same position in two years’ time.

Regarding the second issue, DoH representatives stated that definitely HCPs have been released into SA. Prior to 27th Feb there were 42 HCP providers in SA, there are now 62. Consumers are approaching both smaller and larger organisations. There is also a 56 day take up period which may contribute to this perception of no packages since the February/ March HCP release.

Addressing the third issue, DoH representatives reinforced that CHSP is to only be provided for consumers requiring basic level/entry level services.

- **A consumer approved and waiting for a HCP** can only be provided with CHSP at an entry level, not at the level of the HCP they are approved for.
- The description of what entry level support is, in the CHSP is at section 1.2.2 on page 3 of the Manual.
- If above basic/entry level CHSP services are required, a discussion is required with the client about how they meet their needs **while they are waiting**. For example, can family or any people within their networks (if available) provide support in the interim?

- Another option is that a reprioritisation by ACAT be requested if the consumer is likely to require hospitalisation or enter residential aged care immediately without the required HCP.
- If reprioritisation is not approved this is an appealable decision by the consumer.
- However, in the first instance providers may want to advocate for the consumer to the **ACAT Manager** to discuss all the issues and the inability of the consumer to remain in their home safely.
- It also needs to be noted that ACAT can only give a higher priority in extenuating circumstances. Paying for private services is also an option while consumers wait for their HCP.

Additional sector feedback regarding the interaction of CHSP and HCP **for consumers already on HCP** was also discussed with Roy Inglis, Department of Health. Roy provided the information below in blue:

- Information and guidance about the interaction of CHSP and HCP **in relation to someone on a HCP** is in 3.1.2 of the Manual. [Interaction between the Commonwealth Home Support Programme and other programs](#)
- Consumers **already on HCP** can only access CHSP **in the circumstances as per 3.1.2 of the CHSP Manual** [CHSP Programme Manual 2017](#) HCP advisers need to be aware of this so they do not raise expectations amongst their consumers that they can receive both HCP and CHSP services in other circumstances.
 - The pertinent paragraphs regarding people assessed for and waiting on a HCP and receiving CHSP services are on page 64 where there is a reference to “entry level support consistent with the CHSP”.
 - Regarding a CHSP provider recouping costs from a Home Care Package (HCP) provider once a CHSP client who has been waiting for a HCP commences their HCP, there is no requirement, compulsion or expectation within the CHSP for a HCP provider to reimburse or otherwise pay a CHSP provider for services provided to the aged person **before the HCP commenced**. Also, HCP funds can only pay for HCP eligible services provided to the HCP client once the HCP has commenced, that is on and after the date of commencement of the HCP.
- In all circumstances advisers/coordinators should be discussing these issues with their senior management so that a consistent approach within organisations can be achieved. Organisations are well positioned to feedback issues such as those raised through their peak bodies to ensure future policy direction. In relation to the fourth issue , regarding appropriate exit fees, service providers are encouraged to view the Department of Health, [Exit Amount Fact Sheet](#) that includes requirements for exit fees. Consumers can also contact ARAS if they are concerned that their rights are not being upheld in relation to exit fees and exit notice periods. ARAS may support them in their dealings with the service provider.
 - The [Changing a Home Care Provider](#) fact sheet provides guidelines regarding the notice a service provider states is required from a client to change service providers.

The cessation day should **be agreed with the client in consideration of the circumstances**, the terms of the Home Care Agreement, and the **legislative rules** governing home care. Consumers have a right (under the Charter of Care Recipients' Rights and Responsibilities

Home Care) to choose their provider, **and to change providers if they wish**. If the clients Rights and Responsibilities are not being taken into account then the client could lodge a complaint with the Aged Care Complaints Commissioner at [Aged Care Complaints: Lodge a Complaint](#)

The Department of Health Webinar, 'Home care reforms and ongoing improvements', 15th May 2017, has information on many of the issues raised in the recent CPO survey, it will be available again in the near future at [Webinars | Ageing and Aged Care](#).

The CPO's will be developing some training and development opportunities in the near future to better equip advisors and coordinators to have these challenging conversations with clients.

To receive regular e-newsletters and announcements to the aged care sector make sure you and your colleagues subscribe to the DoH e-newsletter:

<https://agedcare.health.gov.au/news-and-resources/subscribe>