



Seniors Collaborative
Action Project

Barossa.Gawler.Light.Mallala

MINUTES OF RAS/MAC TROUBLESHOOTING WORKING GROUP

Thursday 17th November, 2016

1:00pm – 3:00pm

Barossa Council Chambers

PRESENT:	APOLOGIES:
<ul style="list-style-type: none">• Corinne Bruer (Uniting Communities - RAS)• Craig Gogoll (ACNA RAS)• Deb Anderson (SCAP)• Debbie Carter (Carers' Link)• Debbie Phillips (Carers' Link)• Elspeth Morgan (Carers' Link)• Jodie Zimmermann (Barossa Village)• Leonie Grant (Uniting Communities)• Lynne Hosking (APM RAS)• Que Ralph (Uniting Communities - RAS)• Tracy Maynard (Country SAP HN)• Sanna Brannan (Gawler Home Assist)• Stefan Nowak (ACAT – Country Health SA)	<ul style="list-style-type: none">• Beth Hudman (Gawler Care and Share)• Bev Galway (Tanunda Lutheran Home)• Catherine Balfour-Olgivy (Country Home Services)• Jo Parker (Barossa & Light Home Assist)• Lynn Stewart (SA Country Carers)• Olena Lesnikov (APM)• Courtney Dswonitzky (Barossa & Light Home Assist)• Morna Coats (Alzheimers Australia)• Stacey Hewitt (Community Aged Care Services, Country Health SA)• Simon Newbold (Barossa Village)

1. OPEN

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

2. CHAIRPERSON

Corinne offered to chair the meeting.

3. BUSINESS ARISING FROM PREVIOUS MEETING

3.1 Post-ACAT client confusion

This issue was raised by a practice nurse at a GASHAN meeting and responses were gathered at the last Troubleshooting meeting and from ACAT. Also included as an issue in the summary of issues presented to DoH. Especially an issue for consumers who do not have a carer or representative to advocate for them and for those who have not received any entry level services ie CHSP so have had no prior exposure to the Aged Care system. Stefan is the ACAT Team Leader and presented the following information:

- ACAT assessors leave a copy of the DPS Guide and 2 x booklets (about RAC and HCP) with clients
- ACAT assessor also leaves name and contact phone number and invites client to call if there's a problem. Rarely get follow up calls.
- Some clients don't want services at the time of assessment.
- ACAT books an assessment within a week of receiving a referral KPI is 3 days if referral is from a hospital.
- Have to call on 3 different days to make appointment if can't contact then send a letter stating dates of attempted contact.
- Support plan is written up – can take 1.5 hours
- After ACAT assessment is approved by Delegate client receives (within a week but has been known to take a lot longer) a letter of approval, referral code letter and a copy of the Support Plan.
- Client must return a form to DHS or DVA for means testing to determine fee.
- Client has 56 days to accept a package after it is offered

General Info/ Issues

- ACAT team comprised of 9FTEs. 2 x Angaston; 4 x Gawler; 4 x Mt Barker; 2 x Victor Harbour; 1 x Kangaroo Island
- ACAT going to tender nationally in 2017 as contract ends 30/6/18
- ACAT Team will be trained sometime in next few weeks on Stage 1 changes coming into effect 27 February 2017.
- KPIs' – 2 x assessments per day including Support Plan written up.
- Post-assessment time is limited
- Inconsistency in knowledge of process between the 3 MAC call centres
- It is suspected that clients often throw away the referral code letter
- Service finder not always accurate – sometimes fault of service provider, sometimes a MAC glitch
- System crashes periodically
- **Stefan's mobile: 0466 505 026**

3.2 Feedback from DoH

The Collaborative Projects forwarded to DoH a summary of MAC issues raised by the sector. Louise Hamilton from DoH and Peta Braendler from ACS attended the October Network meeting of CPO's and received feedback to the issues which is attached below.

4. NEW MAC/RAS ISSUES

There were no new issues identified.

It was emphasised that providers need to:

- Ensure service finder is up to date (Que stated that this seems to have improved)
- Log any issues re MAC through the appropriate channels, providing as much information as possible include ACN, time of contact and all details so that the call centre staff member responsible can be identified for T&D.

Sanna gave an example of assisting a 91 year old client recently out of hospital, to register on MAC via phone. The process took 1.5 hours. The call centre staff continually went on hold "To write notes", however did not tell client that's what was happening. Also didn't use common sense eg was told the client had no running water at home however was asked "Do you have problems bathing?" Also couldn't answer the question about how long it would take before a service was put in place. Also kept referring to the service provider using an incorrect name which confused the client.

Leonie expressed concern that, on a web referral, if a client isn't the contact person this information is not apparent unless you scroll down to the notes at the bottom. It was suggested that the client name be left blank, however unless alternative contact person has power of attorney they cannot be contacted.

5. CONTINUITY OF SUPPORT PROGRAM (CoS)

From 1 July 2016, CoS will support older people with disability who are aged 65 years and over accessing state-administered specialist disability services under the National Disability Agreement (NDA). In addition to this group who do not meet NDIS age access requirements, CoS will assist Aboriginal and Torres Strait Islander people with disability aged 50 years and over accessing state administered specialist disability services under the NDA who do not meet other access requirements of the NDIS. The target population is a fixed cohort that will increase across the NDIS roll-out and then decline over time. There will be no new entrants to the activity following the implementation of CoS in a region. CoS will assist these existing clients by providing timely, high-quality specialist disability services of accommodation support, community support, community access, respite, Individual Support Packages and interface with broader aged care services.

Support will be available to people transitioning to the CoS Programme through the Department of Health and the National Aged Care Advocacy Programme.

Implementation of CoS will be phased across regional areas from 1 July 2016 in line with the NDIS which reaches full implementation by 1 July 2019. CoS will only be available to clients in regions where the NDIS is available.

It appears there is also a CoS program for under 65's, possibly those currently receiving state HACC services

Deb will attend an info session on 28th November at which DCSI and DoH will be presenting information and will pass on relevant information.

6. CHSP GROWTH FUNDING ROUND

The final CHSP Growth Funding Round was opened on Monday. Service types available in the Yorke, Lower North & Barossa region are: Transport, Home Maintenance and Specialised Support Services.

7. PROPOSED NEW COUNCIL SERVICE - 'ASAP'

Barossa Council is proposing to pilot a new service in the New Year that has been developed in response to the identified need that older people, their families and carers require assistance with navigating the aged care system.

- Initially one morning per week eg 9:00am – 12:00
- Located in Nuriootpa Council office
- By appointment only
- Telephone 'consultation' also available
- Pilot project for 6 months commencing early 2017
- Initially staffed by employees but may need to be staffed by volunteer post 2018
- The service will provide information about:
 - MAC – how to contact, how to use service finder etc
 - MAC registration process
 - Assessment process – RAS and ACAT
 - How to choose a service after an assessment
 - Services that are available locally
 - Fees for services (CHSP and HCP only, not Residential Aged Care)

Feedback included:

- Good idea
- Could be inundated (10-20 per week) by service providers who don't want to do it so refer to Council
- Emphasis should be on navigating the system more so than promoting local services
- Should also include promotion of private service for those who aren't eligible for funding or who chose to go private rather than go through the referral process

8. NEXT MEETING

Thursday 16th February

1:00-3:00pm

Barossa Council Chambers

FEEDBACK TO SECTOR FROM DoH RE MAC: WHAT'S WORKING – WHAT'S NOT WORKING

Speech by The Minister for Health and Aged Care Minister for Sport the Hon Sussan Ley MP
at Leading Aged Service Australia (LASA) Congress, October 2016

<http://www.lasa.asn.au/news-and-media/minister-leys-speech-lasa-national-congress/>

- The sector must have the emphasis on being smarter and more responsive
 - New business models must look at responsibility for the most disadvantaged and the most vulnerable
 - The government does not 'own' or 'control' the system
 - Estimate that in 2054-55 2 million Australians will be aged 85 and over
 - Bi partisan support
 - Acknowledged that providers have been very agile and supportive of changing technologies which included retraining of staff
 - The Aged Care Roadmap provides a framework for consideration
https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2016/strategic_roadmap_for_aged_care_web.pdf
 - Continuous Improvement is important – learning, developing the strengths of the system, making adjustments and being accountable.
 - The idea of a central, recognisable, user-friendly, client focussed , market based mechanism for people to for people to access aged care .
 - Minister Ley acknowledged that there were some initial challenges
 - Main emphasis now on re-ablement and restorative services
https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/09_2016/short-term_restorative_care_programme_manual_2016_4.pdf
https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/09_2016/strc_frequently_asked_questions_3_3.pdf
 - Assurance that existing funding arrangements will remain in place until they expire.
 - No decisions have been made about specific funding models or the final scope of reforms
 - Acknowledgement that the sector has a strong expectation that design and implementation arrangements will be informed by consultation and co-design.
 - No decision has been made about specific funding models or the final scope of these reforms. Consultation process will be released soon.
Although rumours have abounded in relation to what Stage 2 of the Reforms would be, it's important not to assume anything. Be proactive with requests by the department for feedback on consultations and discussion papers when they are released. Minister Ley indicated in her speech that consultations would begin within 3 to 6 months. The Department of Health is committed to a co design approach.
- Customer Solutions Specialist in MyAgedCare (MAC) have received further training to ensure that they do identify vulnerable or socially isolated consumers within the screening process. Previously they did not continue past a question if a consumer answered “no assistance required”, but that has recently changed. Through the screening process, questions are asked around health, risks, hazards, risk of falls, home safety, and clarification on social contacts. Within the screening process, frailty is no longer considered as restricted to a person’s physical limitations. It’s important to understand that when consumers are being

screened through MAC and referred for either a RAS or ACAT it is to determine what they need in the way of services rather than what they want.

- If Service Providers are not satisfied with decisions by MAC Call Centre, the department has advised consumers and providers previously that the complaints process is:
 - Seek to resolve the issue with contact centre asking to speak to Team Leader
 - If not resolved, contact by email myagedcare@health.gov.au
 - Contact Commonwealth Ombudsman
- The department has recognised that this does not provide a more independent complaints process similar to ACAT and are working to rectify this.
- The department is also aware of a gap when dealing with 'vulnerable people' and have held a workshop in Canberra in August with around 30 providers nationally to address this gap and provide solutions to this issue, a report from this workshop is not available as yet.
- MAC Team leaders have had extensive training and many of the earlier MAC issues have been resolved through further training and system enhancements. Nationally, the issues raised by SA are not dissimilar to issues raised by other states and the department is aware of these. It's now time to be more positive about MAC and only advise the Department of new and emerging issues.

- Service Group 2 – provider staff report that there is no funding for reviews and assessments etc. Through a process undertaken in late 2014, the SG2 funding was reclassified into direct care services. Staff in the SA office spoke with service provider management or financial staff to get the relevant information. In some cases this information has not been funnelled down to staff and that is an issue for staff to take up with their respective management areas.

- Providers need to be more informed –The Department acknowledges the importance of promotion of information for consumers and service providers. It is up to providers to ensure they are subscribed to email newsletters from the department. These emails will provide information about the Aged Care Reforms, when consultation from the sector is required and any potential funding rounds.

- Tracking of referrals continues to be a problem. When a web based referral form is submitted a referral confirmation is given. It is recognised that a referral confirmation for all online referrals would be advantageous and it is another enhancement that is expected soon.
- It was noted that web based referrals are starting to come through with no mandatory information, this should not be occurring. Community Health Professionals Fact Sheet provides information on how the web based referral form should be completed.
- The correct use of Consent forms by MyAgedCare staff has been raised as an issue in Canberra

- Grandfathering : There is no requirement for existing clients (grandfathered) to be registered unless there is a change in their needs.
- If a grandfathered client's needs change, the client should be referred to My Aged Care for registration and to a Regional Assessment Service (RAS) for assessment. Based on the outcome of this assessment, the client may be supported to transition to more appropriate care and/or services (such as different CHSP services or a Home Care Package).
- My Aged Care RAS assessors are responsible for developing support plans with the client. The outcomes of the review may include:
 - Identification, and referral to, additional services

- Extension of existing services, or
 - Recommended cessation of services.
- Access to Day Centres and services for people with early onset dementia- clients with early onset dementia who were not grandfathered to My Aged Care, are now funded under state government. Concerns regarding lack of access to services need to be addressed with the State Government.
 - Consumers/clients are often confused regarding the follow up required after they are visited by RAS and referred to ACAT. The assumption has been there is a carer/ family member to follow up if required. The new processes are that MAC/ ACAT contact the service provider if they are unable to contact the client, and / or, if contact with the service provider is recommended.
 - Calls to consumer going unanswered– As per the ACAT information above, this has been acknowledged and it is now a requirement that MAC call the consumer first, if there is no answer they contact the referrer. Referrer’s responsibilities to ensure their details are correct on the referral form.
 - Homeless –clients who have a link to a ACHA service provider can be assisted by them to contact MAC and can be present during a RAS or ACAT assessment. The Department is aware of the issues with vulnerable people and have taken steps to address this including a workshop held in Canberra in August.
 - Many providers have stated they are not receiving referrals for respite – this has been escalated and was a focus of the co-design workshop held in Adelaide recently
 - As per the manual
 - Transport refers to the provision of a structure or network that delivers accessible transport to eligible client and includes:
 - Direct transport services which are those where the trip is provided by a worker or a volunteer; and
 - Indirect transport services including trips provided through vouchers.
 - It is not anticipated transport would be used if it sat within a State Government PATS scheme
 - One-off services such as a Gutter Cleans are a dilemma for CHSP as it still requires a RAS assessment. This could be something that is included in any consultation of the Stage 2 reforms.
 - Home Modifications – The Occupational Therapist assesses the need/placement of ramps/rails etc and that they can be paid by CHSP funding. The MAC System enhancement in September, enabled providers to open online attachments by Occupational therapists.
 - Home Modifications for package clients – payment will come out of the package.
 - Service Providers – must take responsibility for information in MAC
 - Peta Braendler mentioned there are some system issues around post codes as they sometimes drop off, providers should monitor this within their MAC service provider portal.
 - CHSP Funding – services are provided by Aged Care Planning Region. A provider can provide services anywhere within the region that they receive funding for.
 - Packaged Care – services can be provided State wide.

- Peta Braendler advised that one of the system enhancements was to include the MAC service finder including the Sub Groups.
- There was a commitment from the Department of Health at the recent Co Design Workshops that system issues will be addressed through system enhancements, next due February 2017. If there are policies and process issues they can be worked on by the Department outside of these enhancements
- Carer Gateway – funded under DSS
- Community Health Professional Fact Sheet (Referring Clients for Aged Care Services)
<https://agedcare.govcms.gov.au/news-and-updates/aged-care-speaking-requests>

Collaborative Project Officers are asked the following from the Department

- Support the Department/ Providers and Consumers positively in the Aged Care Reforms
- Report only new and unique issues, the next tranche will not be until the new year.
- Make sure you and the Providers keep up with changes via the following:
 - Latest Newsletter
<https://agedcare.health.gov.au/news/information-for-aged-care-providers-newsletter-issue-2016/19>
 - Sign up for ongoing Newsletter
<https://agedcare.health.gov.au/ageing-and-aged-care-news-and-updates/advice-to-the-aged-care-industry>
 - Announcements
<https://agedcare.health.gov.au/ageing-and-aged-care-news-and-updates-advice-to-the-aged-care-industry/announcements>
 - Webinars
<https://agedcare.health.gov.au/ageing-and-aged-care-news-and-updates/webinars>
 - Publications
<https://agedcare.health.gov.au/publications-and-articles>
 - Consultations
<https://agedcare.govcms.gov.au/ageing-and-aged-care-news-and-updates/consultations>
 - Briefings & Workshops
<https://agedcare.govcms.gov.au/ageing-and-aged-care-news-and-updates/briefings-workshops>
 - Speaking Requests
<https://agedcare.govcms.gov.au/news-and-updates/aged-care-speaking-requests>
 - Aus Tender
<https://www.tenders.gov.au/>
 - Multi Purpose Services (MPS) Subscription
<https://agedcare.health.gov.au/programs-services/flexible-care/multi-purpose-services-program>
 - ACAR
 - Please note ageing and aged care web content has migrated from the DSS website to agedcare.health.gov.au. Please ensure you update your links