



Seniors Collaborative
Action Project

Barossa.Gawler.Light.Mallala

MINUTES OF RAS/MAC TROUBLESHOOTING WORKING GROUP

Thursday 27th April, 2017

1:00pm – 3:00pm

Barossa Council Chambers

| PRESENT: | APOLOGIES: |
|---|---|
| <ul style="list-style-type: none">• Alison Holt• Corinne Bruer (Uniting Communities - RAS)• Craig Gogoll (ACNA RAS)• Leonie Grant (Uniting Communities)• Deb Anderson (SCAP)• Debbie Carter (Carers' Link)• Jo Parker (Barossa & Light Home Assist)• Jodie Zimmermann (Barossa Village)• Kerrie Draper-Rose (Gawler Home Assist)• Rosie Ward (Barossa Village)• Tom Kennedy (ACNA RAS)• Stefan Nowak (CHSA - ACAT – 0466 505 026; Stefan.Nowak@sa.gov.au)• Stacey Hewitt (Community Aged Care Services, Country Health Connect) | <ul style="list-style-type: none">• Angela Schuster (Country Referral Unit)• Catherine Balfour-Olgivy (Country Home Services)• Emily Cleggett (Uniting Communities)• Jacqui Bowden (APM RAS)• Lena Lesnikov (APM RAS)• Lynne Hosking (APM RAS)• Simon Newbold (Barossa Village)• Sanna Brannan (Gawler Home Assist)• Tracy Maynard (Country SA PHN) |

1. OPEN

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

2. CHAIRPERSON

Craig 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 last year. ACAT assessors now receive notification when a client's letter with referral code. This is an optional feature that ACAT assessors can choose if they believe a client is vulnerable and at risk of not following up with services (and only with client's permission). Stefan reported that if at staffing capacity they would have the resources to do this however at present they are under-staffed and inundated with referrals so it's not always possible to follow up. (He also stated that they have not received any such notifications since 27th Feb).

**Any queries regarding ACAT please contact Stefan Nowak: 0466 505 026;
Stefan.Nowak@sa.gov.au**

4. STAGE 1 INCREASING CHOICE IN HOME CARE - FEEDBACK TO DOH

The Collaborative Projects will be meeting with DoH reps at the next CPO Network meeting on 9th May and would like to provide feedback on Stage 1. Deb has initiated a survey and the questionnaire was sent to selected respondents across SA regions. It also contains questions about the impact on CHSP providers of the delay in releasing the Stage 2 Discussion paper. If you have received it please complete asap.

- Stefan reported that he's aware of 6 new packages assigned in the Murray Mallee but knows of no one in this region that has received a letter with a referral code.
- Barossa Village and SA Country Connect have received referrals.
- Stacey advised that the new referral codes have extra dashes and you must enter all the dashes to get it off the system.
- The following feedback was provided by Catherine at CHS who reported that they have received a number of HCP referrals since 27th Feb

"In short, the challenges haven't been huge but... they are still huge to the individual, they include:

- *Incorrect referral pathway*
- *Incorrect identification of current need – I wonder, are the RAS evoking their Tender allowance to provide additional support to those with more complex needs?*
- *Referral of multiple service types in the CHSP to manage those waiting HCP – have had plenty of advice from our Grant Manager on this one and Peta Braendler from ACSA. The wait list has been the biggest source of grief thus far."*

The second dot point generated a lot of discussion –not sure if we really understood the statement however the following response was forthcoming:

It's up to the service provider to determine level of service, not the RAS. The RAS role is to determine need.

One issue is that there is no definition of "low level support" therefore it is possible to provide lots of services to fill gaps before a HCP is assigned. Tom reported that this lack of definition concern has been passed onto DoH.

5. NEW MAC/RAS ISSUES

- RAS assessments for couples in same household - Kerrie reported that they had come across situations where a husband had a RAS assessment and shortly afterward another RAS provider conducted an assessment of his wife.. Sometimes there may be longish gap between assessments, however it is not ideal to have two different providers conducting assessments in the same household as it causes confusion for clients and is an inefficient way of conducting assessments (ie cannot build on the relationship and prior knowledge). It appears there is currently no way that MAC can identify if a person requiring an assessment lives in a household with someone who has already been assessed.
- Client confusion about the difference between RAS and Primary Health assessments. However most seem to understand the difference between these and an ACAT.

- CHSP providers receiving irrelevant or outdated information following support plan review, eg a client is assessed for a HCP but doesn't take up the package so is referred to CHSP for services however the only info available is that from the ACAT which is irrelevant to CHSP. Need to check 'Review History'
- Not all providers clear about who can see what notes on the portal. MAC sees a lot more than RAS, ACAT or service providers, eg 21 day extension for respite – no reason for the extension provided. MAC has the details but ACAT can't access it.
- g ACAT not always seeing all the notes from RAS when transferred to ACAT for a comprehensive assessment.

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

- SA Country Connect has had a number of referrals for social support- individual when they need information about what groups are available
- There still seems to be ongoing issue with inconsistency of Call Centre information. *"It depends who you talk to."*
- System glitches that need to be reported to MAC, with case numbers, by providers:
 - Incoming referrals – when accepting clients "services in place" – jumps back to the start again.
 - More than one service provider has accepted referral.

6. PROPOSED NEW COUNCIL SERVICE - 'ASAP'

- This has been re-named "Aged Care at Home Information Service"
- Barossa and Gawler Councils are both going to deliver this service commencing in May.
- Every Tuesday morning by appointment 9am – 12noon.
- Country SA PHN has provided funding towards marketing the service – newspaper ads, posters, flyers, banners etc. Posters and flyers will be distributed shortly.
- The service aims to address confusion about how to navigate the aged care system, and about the services that are available in the region.
- Service providers who want to be involved need to provide Councils with their flyers etc
- Councils may contact other service providers seeking information to pass on to consumers

Questions:

How long is an assessment?

Need to get as much relevant information as possible in as short a time as possible. Can be challenging to get client to focus on relevant issues as some like to chat and others don't want to divulge.

- RAS
 - Short - 30 – 45 minutes
 - Long 2 – 3 hours
 - Average 90 minutes
- ACAT
 - 90 mins to 3 hours max
 - Baby Boomers tend to be quicker 45-60mins *"They know what they want"*

HCP Fees

- a basic daily fee (which everyone can be asked to pay and is 17.5% of the full pension)

- an income-tested care fee (worked out by the Department of Human Services)
- additional fees for additional care or services not covered by your home care package
- Admin fees - determined by service provider
- Exit fees and start up fees set by service provider
- MAC website has fee calculator that gives rough estimate of fees for HCP's

7. OTHER BUSINESS

6.1 Debbie Carter raised the question of eligibility for NDIS if a person over 65 acquires a life long disability as a result of an accident.

People over the age of 65 with disability are not eligible for NDIS. They will have to register with MAC for support services.

Those aged 65 who were receiving disability services prior to NDIS will continue to receive the same level of care, however that will be under the "Continuity of Support" program administered by DoH, and not the NDIS.

This also applies to people under 65 who were receiving disability services prior to NDIS (including State HACC), but are deemed ineligible for NDIS. They will receive the same level of service under the DCSI "Continuity of Support" program. Disability that is the result of a chronic health condition is considered to be a State Government responsibility.

8. NEXT MEETING

Thursday 27th July, 2017

1:00-3:00pm

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