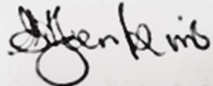


AGED SERVICES: ACCESS TO SERVICES POLICY

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Signature by Management representative	
	Chairperson, Suzanne Jenkins



AGED SERVICES: ACCESS TO SERVICES POLICY

Internal ECS References	
In S:\0 CURRENT POLICY & PROCEDURES:	<i>client information in S:\0 current data base, H:\</i>
<i>People & Communities Policy</i>	<i>S:\2 BROCHURES & FLYERS</i>
<i>Aged Services: Client Files Policy</i>	<i>Information About ECS Activities in S:\2 OFFICE SYSTEMS</i>
<i>Aged Services: Communicating With Clients Policy</i>	<i>various documents in S:\2 current AGED SERVICES TEAM</i>
<i>Aged Services: CHSP Compliances Policy</i>	
<i>Aged Services: Support Planning Policy</i>	

External References	
https://www.health.gov.au/resources/publications/common-wealth-home-support-programme-chsp-manual	<i>Aged Care Quality Standards at https://www.agedcarequality.gov.au/providers/standards</i>
https://www.health.gov.au/resources/publications/common-wealth-home-support-programme-guidelines	<i>Data Exchange Protocols Manual at https://dex.dss.gov.au/</i>
https://www.myagedcare.gov.au	<i>Aged Care Act 1997</i>

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1. POLICY STATEMENT

ECS is committed to supporting people to access the services it provides under the Commonwealth Home Support Programme (CHSP) services via the My Aged Care system.

1.1 Definitions

client = term used across ECS programs and policy documents instead of “consumer”, which is specific to Aged Care
ECS workers = anyone who carries out work on behalf of ECS, including staff, volunteers [including management committee members], contractors and students on placement
Home Care Package = in-home service program for clients requiring case management and higher level care than CHSP
My Aged Care Provider Portal = web-based access point for Aged Care assessors and providers to share individual client records

1.2 Acronyms

ACAT = Aged Care Assessment Team
 CHSP = Commonwealth Home Support Programme
 ECS = Engadine Community Services
 HCP = Home Care Package
 NSAF = National Screening and Assessment Form
 RAS = Regional Assessment Services
 S: = ECS shared network of computer files
 TIS = Telephone Interpreting Service

2. GENERAL POLICY

Engadine Community Services (ECS) is a service provider of social support to people frail from age through the Commonwealth Home Support Programme (CHSP). The CHSP delivers the entry-level tier of support in Australia’s current aged care service system. It is designed to provide a relatively small amount of care and support to many frail older people to help them to remain living at home and in their communities.

ECS understands that not everyone who is frail from age will access CHSP services. Those who are eligible will access supports through the My Aged Care website and contact centre and will receive planning and assessment support from Regional Assessment Services (RAS) before referral to ECS for service/s.

ECS service access will be characterised by open and transparent communication in ways the person frail from age understands, involvement of support people and advocates as required and/or requested, and timely and efficient service response time. ECS workers may assist client access to ECS services, as directed by the ECS Manager or Aged Services Coordinator.

3. ELIGIBILITY FOR CHSP

3.1 People & Situations In Scope for CHSP

As an ‘entry-level’ program, the CHSP is designed to provide relatively small amounts of a single service or a few services to many frail older people who need only a small amount of assistance or support to enable them to maintain their independence and continue living safely in their homes and communities. CHSP services delivered to a client are expected to be, in total, lower than the Government subsidised cost for services provided under a Level 1 Home Care Package (HCP). In most cases, clients endeavouring to access ECS services should have low support or assistance needs.

However, higher intensity of episodic or short-term services may also be provided within the CHSP where improvements in function or capacity can be made, or further deterioration avoided. These services are delivered with the aim of getting a client ‘back on their feet’ and able to resume previous activities without the need for ongoing service delivery or with a reduced level of service delivery. Higher intensity services should only be provided on a short-term basis under the CHSP. Where assessment through My Aged Care indicates short-term high intensity supports are required and a referral is made to ECS, some clients may have higher support needs, and access ECS CHSP services.

For clients on a HCP, in an emergency (such as when a carer is not able to maintain their caring role), where the client’s HCP budget is already fully allocated, additional services under the broader CHSP can be obtained on an emergency or short-term

basis. These instances must be time limited, monitored and reviewed. If a prospective client and/or their support network approaches ECS regarding accessing ECS CHSP services in addition to their HCP, ECS workers must re-direct the client to My Aged Care for a review and re-assessment by an Aged Care Assessment Team (ACAT). ECS will prioritise people who need CHSP support, but do not have access to other support services over people who are already in receipt of a HCP.

Existing ECS clients who move onto a HCP, can be considered for continued receipt of Social Support: Group services where this is safe and appropriate to meet their needs.

Where a new client has been assessed and approved as eligible for a Home Care Package, but is waiting to receive that package, the client may be eligible to receive some services under the CHSP as an interim arrangement. Such delivery is only to an entry-level of support consistent with the CHSP, not at the level of support of the Home Care Package they are awaiting. ECS may receive such referrals through My Aged Care.

The CHSP cannot replace or replicate health system supports; however, where an ECS client is already eligible for CHSP funded assistance or was receiving it prior to hospitalisation, additional support services can be provided following a hospital stay, for a short period of time. After this, support services must be reviewed through My Aged Care.

If an ECS worker receives a prospective client inquiry and is unsure about the client's CHSP eligibility, they should contact the ECS Manager or Aged Services Coordinator for clarification. All new client access requests must come through My Aged Care. However, ECS workers should explain the services ECS provides and service types they may need when requesting referral preference.

3.2 People & Situations Not In Scope for CHSP

The CHSP is not designed for older people with more intensive, multiple or complex needs, nor is it intended to replace, or fund support services provided for under other systems such as the health care system or the NDIS. People with higher needs are supported through other aged care programs including the Home Care Packages (HCP) program, residential aged care and through the health care system, including through early intervention, rehabilitation, subacute, transition and restorative care programs. In addition, where a client requires ongoing case management to provide a coordinated package of care and services, this is out-of-scope for the CHSP.

Prospective clients who request access to ECS services should be informed about eligibility requirements for ECS CHSP services and, where relevant, ECS workers should refer the client to other service systems or My Aged Care for more intensive supports. ECS clients whose circumstances change so that they present to ECS with more intensive, multiple or complex needs and/or require ongoing case management should be referred to My Aged Care for re-assessment.

4. MY AGED CARE REGISTRATION

All new ECS clients must enter the CHSP through My Aged Care. Existing ECS clients that have not accessed a CHSP service in the past twelve months, must be referred to My Aged Care for assessment before any services can resume.

My Aged Care was introduced on 1st July 2015 and consists of the My Aged Care contact centre (1800 200 422) and website (<https://www.myagedcare.gov.au/>). The website provides general information about aged care reform and supports. The contact centre registers clients and determines the appropriate assessment pathway for referral via a phone-based screening process. Screening and assessment are supported by the standardised National Screening and Assessment Form (NSAF) and a central client record.

The Telephone Interpreting Service (TIS) and the National Relay Service is available to assist people who communicate in language(s) other than English, and people who have a hearing or speech impairment. Translated materials may also be available on the My Aged Care website.

4.1 Role of ECS Workers

When prospective or current clients inquire about access to ECS services, ECS workers should explain when a referral by My Aged Care is needed using *Information About ECS Activities*, an internal reference document. Workers with knowledge and confidence should explain how My Aged Care works in language the person can understand, as well as the assistance available to special groups, if relevant. ECS can assist prospective clients and current clients with the My Aged Care registration process by recording details in the online referral form, calling the My Aged Care contact centre with the person to facilitate registration and screening. Where a volunteer is approached regarding My Aged Care referral support, they should direct the inquirer to the ECS Aged Services Coordinator.

In some exceptional circumstances, it may be possible for ECS service delivery to commence prior to referral to My Aged Care. If ECS is approached directly and ECS can establish that urgent CHSP support is required, service provision can commence. The client will then need to be registered with My Aged Care for their broader needs to be considered. If an ECS worker believes that a person urgently requires support, this information should be documented in writing or provided face to face to the ECS Manager. The ECS Manager has sole delegation for approving ECS service delivery without My Aged Care registration. The ECS Manager will document the circumstances leading to the service delivery decision in the client's file.

In other circumstances, My Aged Care may make a time-limited referral to ECS whilst a client awaits their face-to-face assessment. The ECS Manager or Aged Services Coordinator may accept such a referral at their discretion on the basis of current waitlist and client need.

5. MY AGED CARE ASSESSMENT PROCESS

Once ECS has supported a prospective or current client to contact My Aged Care, the contact centre will register the client (as appropriate), conduct a screening process over the phone and will then do one of the following;

1. Refer the client for face-to-face home support assessment to be conducted by a regional assessor (RAS), if the client can be supported by the CHSP; or
2. Refer the client for a face-to-face comprehensive assessment to be conducted by an ACAT, if the client's needs indicate a higher level of care could be required under the *Aged Care Act 1997* or
3. Refer the client directly to CHSP service(s), in exceptional circumstances only, as well as for a face-to-face home support assessment to be conducted by a RAS or ACAT, as circumstances require or
4. Provide information about non-Commonwealth funded services. Where screening over the phone is not appropriate, the contact centre will refer the client for assessment using the information they were able to collect (and after obtaining the clients' consent).

In the case of CHSP eligible clients, the Regional Assessment Service (RAS) is responsible for a range of supports:

- Independent assessment of new clients, with a holistic, goal oriented, wellness and reablement focus.
- Face-to-face assessments, as best practice and whenever possible.
- Involvement by family and their carers, representatives or other advocates as appropriate.
- Awareness of cultural and/or religious values, beliefs, gender identity or sexual preferences.
- A focus on assessing immediate needs of the client, and not recommending services that are not supported by the assessment.
- Supporting client choice and incorporating goal-based support planning.
- Matching and referral of assessed clients to appropriate CHSP services and other appropriate formal and informal support services to assist the client to live independently in their own home.
- Review or reassessment of existing clients where there is a change in the client's circumstances or care needs.
- Identifying and supporting clients with special needs and vulnerable clients who require short-term case management to access a range of aged care and other services eg. health, housing, disability, financial and aged care services.
- Short-term case management to assist a client undertaking a reablement program designed to restore their independence and reduce their need for ongoing CHSP services.
- The provision of information regarding client contributions for CHSP services.
- Building and maintaining effective and respectful working relationships with all My Aged Care assessors and service providers. The RAS are required to have local knowledge of CHSP Services.

Once an assessment has been completed, the RAS will make referrals on behalf of the client through the My Aged Care Portal. To ensure clients can access ECS CHSP services, ECS will keep the information about its CHSP services up to date, including monitoring workers and service items assigned to outlets. The ECS Manager is responsible for ensuring Portal information is kept

current, but may delegate Portal management to the ECS Aged Services Coordinator. Information will be quality checked in the portal every six months [or following My Aged Care system upgrades] by the ECS Manager or delegate.

6. ECS REFERRAL ACCEPTANCE AND SERVICE COMMENCEMENT

There are three possible ways ECS will receive a referral from a RAS.

6.1 An Electronic Referral In Order Of Client Preference

This occurs when a client has named specific providers. The assessor sends a referral to the first preferred service provider. If the first preferred provider rejects the referral, a referral will be automatically sent by the My Aged Care system to the next preferred provider until the list of providers has been exhausted. If all providers reject the referral, a notification will be raised to alert either contact centre workers or the assessor.

6.2 An Electronic Referral Broadcast To All Service Providers

If the client has not expressed their preference, a referral is issued to all preferred providers simultaneously. The first provider to accept the referral will be able to view client contact details and contact the client to arrange services. On acceptance of the referral, the My Aged Care system will automatically withdraw the referral from other providers.

6.3 A Referral Code Which The Client Can Provide To A Preferred Service Provider

In this instance, the assessor generates a referral code and provides it to the client. The referral code allows the service provider to access the client's record to assist discussions and, where the client and provider wish to proceed, for the provider to accept the referral in the My Aged Care provider portal.

The ECS Aged Services Coordinator is responsible for accepting or rejecting waitlist referrals for ECS service/s on the My Aged Care Provider Portal. This will be done at least three days per week. Once ECS has accepted a referral, the Aged Services Coordinator will be able to view the client's full address and phone number and make initial contact to commence service.

In accepting or rejecting referrals, ECS will not discriminate on the basis of race, gender, sexuality etc. If any ECS worker is found discriminating against prospective clients, this is grounds for instant dismissal.

A priority for service delivery will be generated on the My Aged Care referral. The priority rating is based on a client's level of function, the level of risk in relation to the care situation, and any other concerns that are relevant to the client's presentation. The priority statuses indicate expected timeframes for ECS managing the referral, commencing service/s and updating service information within the client record as follows:

- All referrals must be accepted or rejected within three days.
- High priority status referrals mean service must commence two days after referral acceptance.
- Medium priority status referrals mean service must commence five days after referral acceptance.
- Low priority status referrals mean service must commence ten days after referral acceptance.
- Service delivery information must be updated in the client record fourteen days after referral acceptance.

The ECS Aged Services Coordinator is responsible for contacting clients to arrange service commencement within the required timeframe. In arranging support, the ECS Aged Services Coordinator will adhere to the ECS **Aged Services: Support Planning Policy** and the Aged Care Quality Standards regarding client dignity and choice and ongoing assessment and planning. The Aged Services Coordinator will arrange interpreter services, advocate presence, or any other formal or informal supports presence as requested by the client when visiting the client to arrange ECS CHSP support provision.