



Australian Government
Department of Social Services

Aged Care Assessment Programme Guidelines

May 2015



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FOREWORD

These Guidelines inform and guide the implementation of the Aged Care Assessment Programme (ACAP) and Aged Care Assessment Team (ACAT) members in the assessment and approval of people for residential care, home care and flexible care under the *Aged Care Act 1997* (the Act).

The Guidelines outline the principles that govern the implementation of the ACAP while allowing some flexibility to accommodate regional differences.

The Guidelines are primarily for use by state and territory governments and ACATs responsible for the day to day delivery of the ACAP.

1. The Aged Care Assessment Programme

The objective of the ACAP is to:

- comprehensively assess the care needs of frail older people
- assist frail older people to gain access to the most appropriate types of care, including approval for Commonwealth subsidised aged care services
- improve the health and wellbeing of frail older people through the delivery of high quality ACAT assessment services.

In particular, the ACAP aims to:

- ensure that older persons who belong to the following groups have equitable access to ACAT services:
 - people from Aboriginal and Torres Strait Islander communities
 - people from culturally and linguistically diverse backgrounds
 - people who live in rural or remote areas
 - people who are financially or socially disadvantaged;
 - veterans;
 - people who are homeless or at risk of becoming homeless;
 - care-leavers;
 - parents separated from their children by forced adoption or removal;
 - lesbian, gay, bisexual, transgender and intersex people;
 - people of a kind (if any) specified in the Allocation Principles.
- ensure that access to ACAT services is based on need;
- prevent premature or inappropriate admission to residential care homes;
- ensure that assessments of the care needs of frail older persons are comprehensive, incorporating the physical, medical, psychological, cultural, social and restorative dimensions of care need;
- involve clients and their carers, and other service providers in the assessment and care planning processes;
- promote the co-ordination of aged care and other support services to improve the appropriateness and range of care services available to frail older people;
- optimise assessment services provided within available resources;
- facilitate access to the combination of services that best meets the needs of assessed clients and to assist them to remain in the setting most appropriate to their needs.

The Guidelines should be read in conjunction with the Act and the Principles available from the [Comlaw](#) website.

[Documents for ACAT members, including the following, are available on the Department's eLearning website at \[www.acattraining.net.au\]\(http://www.acattraining.net.au\).](#)

- Aged Care Assessment Programme Data Dictionary
- Aged Care Client Record (ACCR) User Guide

Other programme specific resources found on the DSS and other websites, which may also assist ACAT members include the:

- [The Guide to Aged Care Law](#) - replaced the Residential Care Manual on 1 July 2014. The Residential Care Manual is no longer being updated and should not be relied upon as an accurate source of information for approved providers. PDFs will remain available as a resource to users for historical purposes only.
- [Home Care Package Programme Guidelines](#)
- [National Respite for Carers Programme - Respite Service Providers' Programme Manual](#)
- [My Aged Care – \[www.myagedcare.gov.au\]\(http://www.myagedcare.gov.au\)](#)
- [Five Steps to Entry into an Aged Care Home](#)
- The [National Lesbian, Gay, Bisexual, Transgender and Intersex \(LGBTI\) Ageing and Aged Care Strategy](#)
- [Removal of low care – high care distinction in permanent residential aged care from 1 July 2014](#)
- The [National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse \(CALD\) Backgrounds](#)
- [The Dementia and Veterans' Supplements Eligibility Guidelines](#)
- [Younger Onset Dementia Resources](#)
- [Guidance for Providers](#)
- [Policy](#) information including Dissemination of Information and Materials Policy and Branding and Due Recognition Policy
- Forms [website](#) – which includes links to:
 - ACCR Application form (text and [printable](#) versions)
 - ACAT Access to DHS-Medicare's Aged Care Online Claiming System form (text and [printable](#) versions)
 - Arrangements to Access Aged Care Client Record from DHS - Medicare's Aged Care Online Claiming Website document (text and [printable](#) versions)
- [Giving Reasons for Decisions](#)

PART A - INTRODUCTION

Part A Covers

Changes to Aged Care

My Aged Care Overview

Introduction of the Commonwealth Home Support Programme

Implementing CDC across the Home Care Packages Programme

Roles and responsibilities of:

- Australian Government
- State and Territory Government
- Evaluation Units

1. Changes to Aged Care

The Productivity Commission's (the Commission) *Caring for Older Australians* report of June 2011 identified the need for an improved entry point to the aged care system, to help older Australians to retain control over their lives. This would include information being more readily available and easily understood, the development of a simple and more accessible standardised needs assessment process, and access to services from approved providers.

The Commission recommended that a single integrated, independent assessment service be established. The service would use standardised assessment tools (including electronic records) to enable a single initial assessment as the foundation, with various triggers that indicate the need for additional support or more complex assessments where required. This core infrastructure would help avoid inappropriate access to services and ensure government resources are targeted appropriately.

The Commission also recommended that aged care services be consumer-directed, allowing older Australians to have choice and control over their lives and not be passive recipients of services, dependent on funded providers. The Commission also identified in their report key changes to the way older Australians should be able to access services including choice of provider and how the services are delivered. International research supports the Commission's recommendations identifying consumer choice as having better outcomes related to quality of life, independence, and satisfaction with care.

2. My Aged Care overview

2.1. Vision

The My Aged Care vision is to make it easier for older people, their families, and carers to access information on ageing and aged care, have their needs assessed and be supported to locate and access services available to them.

2.2. Background

My Aged Care was introduced on 1 July 2013 and assists older people, their families and carers to access aged care information and services via the My Aged Care website myagedcare.gov.au and national phone line (1800 200 422).

My Aged Care currently provides:

- Information about aged care to consumers, family members and carers
- Online service finders that provide information on aged care service providers and assessors
- Online fee estimators for pricing on Home Care Packages and aged care homes.

2.3. *Changes to My Aged Care in 2015*

My Aged Care will be expanded in 2015 to include:

- A nationally consistent screening and assessment process
- A client record to allow client information to be appropriately shared with assessors and service providers
- Enhanced service finders (including information about non-Commonwealth funded services)
- Electronic referrals to Commonwealth-funded services, managed via the My Aged Care online portals

This process includes the introduction of the My Aged Care Regional Assessment Service (RAS). The RAS is a national assessment workforce, which will operate at a regional level in all states and territories, except Victoria and Western Australia. The RAS will be responsible for conducting face-to-face home support assessments of older people seeking entry-level support at home, provided under the Commonwealth Home Support Programme (CHSP). The RAS will also provide short term case management of vulnerable clients to assist them to access services.

ACATs will continue to conduct face-to-face comprehensive assessments to determine a client's eligibility for care types under *the Aged Care Act 1997 (Aged Care Act)* with approval subject to a decision by an ACAT Delegate.

These changes will result in:

- A consistent, streamlined and holistic assessment of clients using the National Screening and Assessment Form (NSAF)
- Better access to accurate client and service information (for clients, representatives, carers and family members, service providers and assessors)
- Appropriate and timely referrals for assessment and services.

2.4. *How people will access aged care services*

From July 2015, people seeking access to aged care services for the first time can contact the My Aged Care contact centre to discuss their aged care needs and have a client record created.

People receiving services prior to July 2015 do not need to contact My Aged Care unless their needs change.

2.5. *Key rollout dates*

The key rollout dates are:

- April 2015: early implementation project in one region in Victoria
- July 2015: national rollout commences, introducing client registration, screening, home support assessment conducted by the RAS, and referral to Commonwealth Home Support Programme service providers. Most ACATs will commence accepting/rejecting referrals on the My Aged Care assessor portal from July.

- September 2015 - December 2015: ACATs will fully transition to using the My Aged Care system.

My Aged Care will enable assessors to undertake assessments in accordance with the new, National Assessment Framework. Assessors will be supported by a national assessment tool and their activities underpinned by web-based customer relationship management (CRM) processes and workflow.

An assessor will be able to use My Aged Care to:

- register their assessment organisation details and manage the registration of individual staff members
- manage referrals for assessment
- conduct assessments using the National Screening and Assessment Form (NSAF)
- make recommendations for delegate approval
- refer clients for service
- review and update client records with the support plan and assessment outcomes.

More information about the changes to My Aged Care in 2015 is available from [My Aged Care](#).

3. Introduction of the Commonwealth Home Support Programme

From 1 July 2015, the Commonwealth HACC Program, National Respite for Carers Program, Day Therapy Centre Program, and the Assistance with Care and Housing for the Aged Program will be combined to form the new Commonwealth Home Support Programme.

Due to the continued operation of the jointly government funded Home and Community Care programme in Victoria and Western Australia, the changes to My Aged Care in 2015 will differ in these states. More information is available at dss.gov.au/MyAgedCare.

The CHSP represents the entry tier of the aged care system. In conjunction with the Home Care Packages Programme, residential aged care and other specialised aged care programmes, it forms part of an end-to-end aged care system offering frail, older people a continuum of care options as their care needs change over time.

4. Implementing Consumer Directed Care across the Home Care Packages Programme

From 1 July 2015, all Home Care Packages will be offered on a Consumer Directed Care (CDC) basis.

CDC is both a philosophy and an orientation to service delivery where consumers can choose in partnership with the provider the services they get, to the extent that they are capable and wish to do so.

CDC is not one model of care but a spectrum of options for how the provider delivers their services and how consumers direct their care.

The introduction of CDC will give older people or their representative greater control over their health and wellbeing by allowing them to make choices regarding their needs and goals, the types of care and services they receive, the location of where those services are delivered and by whom.

5. Roles and Responsibilities

5.1. Australian Government

The ACAP is an initiative of the Australian Government represented by the Department of Social Services (the Department). The Department's role and responsibilities in the ACAP include:

- setting the policy and operating guidelines for the ACAP including the ACAP National Training Strategy and coordination of national communication.
- managing the process under the Aged Care Act 1997 (the Act) which allows the Secretary of the Department to delegate to ACATs the authority to approve people for Commonwealth Government subsidised aged care services
- managing the process of reconsideration of reviewable decisions under the Act.
- the storage and governance, and provision of routine and ad hoc reports on the ACAP MDS and the My Aged Care functionality as collected under the Act.
- providing the State with access to the Client and Service Provider eAnalysis and Reporting (CASPER) system to enable reports on ACAP MDS
- publishing ACAP data, monitor the performance of ACATs against the ACAP benchmarks

5.2. State and Territory Government

State and territory governments are responsible for the delivery, management and performance of ACATs including:

- the day to day operation of the ACAP in a timely and professional manner in accordance with the ACAP Guidelines and Standards
- state-wide delivery of ACAT services to eligible persons in accordance with ACAP Guidelines and Standards and facilitation of equity of access by people with special needs in accordance with the Act and associated principles
- ensuring all ACATs can lodge Aged Care Client Records with Medicare Australia electronically and provide data in the required format
- collecting and providing data for the ACAP MDS in accordance with ACAP Guidelines and Standards and the Act
- that all members of the ACAT meet the National Minimum Training Standards as set out in the ACAP National Training Strategy

5.3. Joint responsibilities

The Commonwealth and the State are jointly responsible to:

- establish communication protocols to facilitate effective administration of the programme.
- work cooperatively to develop a national understanding of ACAP operations
- be represented at relevant Officials meetings and actively contribute to discussion of the national administration of the programme.

PART B -THE ASSESSMENT PROCESS

Part B Covers.

Assessment under the *Aged Care Act 1997*

Referral

Priority Categories

Consent and Confidentiality

Assessing Eligibility for Services

Involvement of Family and Carers

ACAT Assessment Principles

Components of the Assessment

Availability of Care Services

Assessment in a Hospital Environment

Assessment of People with Special Needs

Other Groups with Significant Needs

1. **Assessment under the *Aged Care Act 1997***

The focus of Aged Care Assessment Teams (ACAT) is the comprehensive assessment of the care needs of frail older people. In doing so, they use a multi-disciplinary and multi-dimensional approach as outlined in Part B 7.3 below.

Under subsection 96-2(5) of the *Aged Care Act 1997* (the Act), the Secretary has delegated the power under Part 2.3 of the Act, to approve a person as eligible to receive different types of aged care, to positions within ACATs. Occupants of these positions are known as ACAT Delegates.

Subsection 22-4(1) of the Act states that "Before deciding whether to approve a person under this Part, the Secretary must ensure the care needs of the person have been assessed".

This Part of the Guidelines explains the role of the ACAT in assessing a person's care needs. The approval process is outlined in Part G of these Guidelines. The assessment and approval processes are separate functions and there can be no assumption that assessment automatically leads to a person's approval as a care recipient.

A person is eligible for approval for care if the person meets the eligibility requirements under Division 21 of the Act and Part 2 of the *Approval of Care Recipient Principles 2014* (the Principles). Where a person is determined as not meeting the eligibility requirements of any care programme under the Act, the assessment would result in "No Care Approved". The specific eligibility requirements for the different types of care and the limitations that can be placed on approvals are set out the Act and the Principles. Eligibility requirements are also explained in these Guidelines.

ACATs may also recommend other forms of care and support that are not covered by the Act, including assessments where no care under the Act is approved. For example, services provided under a locally run specialised program may be more appropriate to meet the needs of the person being assessed.

Approval does not mean that a person is obliged to access the approved care. Rather, if the person decides to, they are eligible to receive Commonwealth subsidised care from an Approved Provider.

Broadly, ACATs aim to:

- conduct a comprehensive assessment of the physical, medical, psychological, cultural social and restorative dimensions of a client's care needs, and provide a choice of appropriate services to meet their needs, and
- provide information and refer clients to services that are appropriate and available (including facilitating access to broader services such as HACC – Commonwealth Home Support Package (CHSP), in states/territories other than Victoria and Western Australia, after 1 July 2015, or mental health or disability services) to meet their needs and preferences.

In undertaking this work, ACATs:

- focus on the needs and preferences of the client being assessed
- take into account the needs and preferences of the client's carer or advocate, if any
- have the capacity to refer to a range of services (including home care and rehabilitation services)
- actively encourage client and provider involvement in the planning, development and management of assessment services at the regional and state or territory level
- promote how they can assist potential clients
- establish and maintain links with providers of residential care, home care and flexible care and other health services, and GPs in their region
- ensure equity of access to assessment services by clients and potential clients, including those with special needs
- ensure that clients understand the assessment process and the options to exercise their rights, and
- participate in ACAP data collection processes.

ACAT's responsibilities in meeting the objectives of the ACAP and in fulfilling their role under the Act are described in these Guidelines. The operations and practices of ACATs in implementing their responsibilities vary widely, reflecting the diversity of health systems and local environments in which they operate. It is not possible to classify teams into distinct operating models.

2. Referral

ACATs can receive requests or referrals for assessment from any source. Screening as part of the intake process will ensure that only those people needing a comprehensive assessment progress to an assessment and those with urgent needs are seen in a timely manner consistent with the priority category ratings. All requests and referral details must be recorded from the point of initial contact, even if the referral is not accepted for ACAT assessment.

Referrals can be accepted for any person in Australia or about to arrive in Australia. This includes Australian citizens, permanent residents, people in Australia on any kind of visa and people whose visas have expired or who have entered the country without a visa. These people may also be approved for care under the Act if they meet the relevant eligibility criteria.

2.1. *Non-acceptance of a referral*

Although non-acceptance of a referral for ACAT assessment is not a reviewable decision under the Act, non-acceptance of a referral will be reviewed by the Department if a complaint is made.

As such, intake officers are advised to record information about the referral and the reason why it was not accepted to ensure that all facts are available if they are needed.

While non-acceptance of a referral is not a reviewable decision under the Act, it should be noted that a rejection of an application for approval (the front page of the Aged Care Client Record (ACCR)) is a reviewable decision. Therefore, if a referral is in the form of an application for approval, this would be a reviewable decision.

2.2. *Intake process and requirements*

An appropriate intake process seeks to establish whether the person:

- has a condition of frailty or disability which indicates they may need the type and intensity of aged care services under the Act
- is incapable of living in the community without support
- is a person with special needs (refer to section 11.3 of the Act), and
- has any culturally specific assessment requirements (eg, the assessment would be assisted by an interpreter and/or Aboriginal Liaison Officer).

It is important to note that the Act does not define the age of an older person.

In accordance with the Act and associated Principles, referral to an ACAT of a person who is not an aged person can occur where the person meets the eligibility criteria for aged care services and where it can be demonstrated that 'there are no other care facilities or care services more appropriate to meet the person's needs'.

ACATs may redirect a referral to other services such as Disability Services, Mental Health services or other services where appropriate.

If the referral is accepted for ACAT assessment, the intake officer will:

- gather appropriate client information using intake documentation that may include an intake tool or screening questions
- seek the client's agreement to contact a carer or advocate, GP and relevant service providers and involve them in the assessment process, (GPs, in particular, may be able to provide background information to support the assessment process)
- allocate the client an assessment priority category according to the urgency of the client's needs as set out in Part B – Section 3
- if the client has not already done so, [refer to My Aged Care \(www.myagedcare.gov.au\)](http://www.myagedcare.gov.au) or the national contact centre (1800 200 422) for information on aged care fees and income and assets forms – ACATs should not provide financial advice
- advise clients that they will be asked to complete and sign the Application Form on the Aged Care Client Record (ACCR) prior to the assessment commencing
- identify any risks and implement mitigation strategies – this may include referral back to the person's GP, hospital or emergency care provider, or conducting the visit with a second team member, and

- provide written information to the client (and carer) on the ACAT's role and responsibilities, the assessment process, the client's rights and the care planning process.

3. Priority categories

ACATs should respond to referrals in a timely and efficient manner by allocating a priority category based on the client's needs at the time of acceptance for referral for an assessment.

The allocation of a priority category for time from referral to first clinical intervention should be based on the information available at referral and should reflect factors related to client need.

Priority Category 1

Within 48 hours: refers to a client who, based on information available at referral, requires an immediate response (i.e. response within 48 hours). An urgent assessment is required if the person's safety is at risk (e.g. high risk of falls or abuse), or there is a high likelihood that the person will be hospitalised or required to leave their current residence because they are unable to care for themselves, or their carer is unavailable. This may be due to a crisis in the home involving either the client or the carer or a sudden change in the client or carer's, medical, physical, cognitive or psychological status.

Priority Category 2

Between 3 and 14 days: should be used when information available at referral indicates that the client is not at immediate risk of harm. Referrals that indicate progressive deterioration in the client's physical, mental or functioning status, or that the level of care currently available to the client does not meet their needs or is not sustainable in the long-term, should be allocated to this priority category.

Priority Category 3

More than 14 days: refers to cases where the referral information indicates that the client has sufficient support available at present, but that they require an assessment in anticipation of their future care requirements. Examples include the carer planning a holiday, which will result in the care recipient requiring the provision of substitute care or recognition that the person is having increased difficulty living independently and options for future care need to be discussed with the client and their carer or family. In deciding to use this code the ACAT is making a judgement that delaying an assessment for more than 14 calendar days will not jeopardise the client's health and well-being.

Key Performance Indicators for the ACAP are based on the priority categories and used for reporting purposes.

4. Consent and confidentiality

ACATs must obtain consent, written or verbal, from the client or their representative prior to undertaking an assessment. This must be documented. ACATs must ensure that people referred for an ACAT assessment understand what the assessment process involves and their rights and responsibilities. If a client is unable to understand the assessment process to provide consent and does not have a legally appointed representative, such as a guardian or power of attorney (as relevant in that jurisdiction), consent from the next of kin or the client's carer should be obtained.

When obtaining the client's consent to the assessment, the assessor should explain the role of the ACAT and inform them that information gathered as part of the assessment could be provided to appropriate service providers. ACATs should use consent forms which meet legal and business requirements.

After obtaining the client's consent, information collected by the assessor in the course of conducting their assessment, including contacting the person's GP, other health professionals, family members or carers, and information in their Aged Care Client Record, is "protected information" under Division 86 of the Act.

It is an offence to disclose protected information except in certain circumstances specified in the Act. The maximum penalty for this offence is imprisonment for 2 years. Under section 86-4 of the Act, an ACAT Delegate can disclose a person's assessment information for the purpose of providing aged care or other community, health or social services to the person with the following caveats:

- That when the client has consented to an assessment, the client is made aware that they are agreeing to their information being shared with other parties for the purposes of providing aged care. The client must be able to make an informed decision about whether they want personal information disclosed to others.
- The ACAT should carefully document the purpose and circumstances of any such disclosure of a client's personal information.
- A client's right to confidentiality must always be respected. If an ACAT member considers that maintaining confidentiality will interfere with or compromise their role in relation to a client, the matter should be discussed with the client or their carer.

Clients should be made aware that once consent for assessment is gained for the use and disclosure of personal information as authorised by the Act and the ACCR application for approval is finalised, records need to be retained in accordance with the *Archives Act 1983* (See Part K – Section 2).

ACATs should also be aware, and should explain to clients, that the Application Form in the Aged Care Client Record (ACCR) is an application for approval to receive aged care under the Act, and not a consent form for the assessment or for the ACAT to obtain information from other parties. However, the Application Form does authorise the ACAT to provide information to service providers.

The client should also be made aware that the information gathered on the ACCR is part of a national, de-identified data set, which assists in the monitoring and management of the ACAP.

5. Assessing eligibility for services

ACAT assessments are comprehensive and holistic, independent, multi-disciplinary and multi-dimensional and client-focussed.

As part of the process, a client's physical, medical, psychological, cultural, social and restorative care needs are assessed to determine the type of services and supports that would be most appropriate to meet the client's needs. The ACAT also considers the client's usual accommodation arrangement, financial circumstances, need for assistance, access to transport and community support systems and any other relevant matters. The needs of the carer or advocate are also taken into account.

ACATs should include, or have access to, a range of disciplines, skills and expertise sufficient to make accurate and complete assessments of the client's care needs. Geriatricians, medical specialists, GPs, rehabilitation specialists, nurses, social workers, physiotherapists, occupational therapists and psychologists, for example, can all play a role in the assessment process and in determining care needs.

Face-to-face contact is a core element of any ACAT comprehensive assessment and must take place where possible. Where face-to-face contact between the ACAT member and a client is not possible, for example, when assessing a client in a remote area, a phone, video conference, telehealth or teleconference assessment may be undertaken. Another suitably qualified person (such as a local health worker) may attend the assessment with the client to assist the assessment process.

An ACAT approval is only required for the following types of Commonwealth subsidised aged care services under the Act:

- Residential aged care (permanent and/or respite)
- Home Care, or
- Flexible Care in the form of Transition Care.

However, ACATs can refer to a variety of other aged care services that do not require approval, such as those provided by a Multi-Purpose Service or a service funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme or HACC services (Commonwealth Home Support Package (CHSP) – in states/territories other than Victoria and Western Australia, after 1 July 2015).

5.1. *Core assessment activities*

There are three core activities that are critical to an ACAT comprehensive assessment:

5.1.1 Initial Client Assessment and Needs Identification

Assessment is a process of consultation, observation, negotiation and liaison between the assessor, the client, the client's carer or family or partner and/or independent advocate and service providers. The process may also involve diagnosis where a medical professional is involved in the assessment.

The Department developed the *National Screening and Assessment Form* (NSAF) and the *ACAP Toolkit for Assessors* and recommends its use to promote national consistency of assessment and the use of appropriately validated tools.

If possible the initial assessment should be made in the client's usual accommodation setting. This does not mean that assessments cannot take place in other settings including hospital or residential aged care. Assessment in the client's usual accommodation setting will assist the ACAT to complete the environmental, physical and social components of the comprehensive assessment by observing the client's level of independence and functioning and existing support arrangements in familiar surroundings.

Where the client is in hospital the ACAT must ensure that a carer or other advocate is advised of the assessment in all circumstances and is present during an assessment where possible.

During the initial assessment all aspects of the process should be explained to the client and their carer, including:

- the role of the assessor and the overall team, including the multi-disciplinary case conference
- possible referral to other services, and

- follow-up or re-assessment procedures.

The process should incorporate a discussion of the client's needs and expectations, including the client's preference to receive home care services or residential care. The assessment will consider the care needs and preferences of the client and carer in the assessment process rather than the interests of service providers or other organisations.

The use of other documentation, such as care notes and the Aged Care Funding Instrument (ACFI) appraisal where the client is a resident of an aged care home, can also provide additional information which may assist in determining the person's care needs and eligibility for care.

5.1.2 Development of a Care Plan

Considering all of the information gathered during the initial assessment and needs identification, and in collaboration with the client, the ACAT should develop a suitable care plan which details the types of services recommended to support the client. When a client is accepted by a home care or residential care service provider, the service provider will develop a detailed care plan to inform service delivery.

Where the client and/or their carer are unable to arrange care, the ACAT should coordinate the provision of services to the point of effective referral as described below.

Where a client has been approved for Transition Care, the hospital geriatric rehabilitation services and the Transition Care provider play a key role in developing a care plan.

5.1.3 Care Coordination to the Point of Effective Referral

Care coordination is:

- any activity, additional to assessment, undertaken by ACATs that involves monitoring referrals and care plans
- assistance in implementing a care plan, including helping the client access services, advocacy on the client's behalf, liaising with the client and service providers to ensure that appropriate services are received, negotiating for alternative services if necessary, and
- supporting the client and their family during care plan implementation.

Examples of effective referral include:

- the client being admitted to an aged care home with a current approval
- a carer who is willing to assume responsibility for coordinating service provision being identified and taking on that role, or
- a home care provider agreeing to provide a Home Care Package for the client.

Placement of a client on a waiting list is not considered effective referral as the client has not accessed services. If approved care is not available, the ACAT may arrange alternative options such as the provision of HACC services (Commonwealth Home Support Package (CHSP) – in states/territories other than Victoria and Western Australia, after 1 July 2015), or a lower level Home Care Package, as an interim measure to ensure that the client is receiving care.

If an ACAT is planning to transfer care coordination responsibility to another person or organisation they must consider:

- the capability and willingness of formal services to assume a care coordination role, particularly if the client requires services outside the scope of the identified service provider, and
- any informal carer's capability and willingness to continue to care for the client and the sustainability of that arrangement.

Care coordination activities normally take place after the assessment end date. However in some exceptional circumstances, activity prior to the assessment end date can be regarded as care coordination, including where the ACAT undertakes substantial activity to facilitate immediate access to services in the interests of client safety.

6. Involvement of family and carers

Where possible, in assessing a client and developing a care plan, the ACAT should involve the person's carer, family or other nominated representative, as they also play an integral part in developing the most suitable care plan.

The client being assessed has a right to privacy and confidentiality, and their consent must be sought before other parties, including family members become involved in the assessment and discussion of care options. (See Part B – Section 4)

In circumstances where family and carers are not able to be physically involved in the assessment, the ACAT should (with the client's consent) contact them to gain an understanding of their wishes for the client and their capacity to continue in a caring role.

In assessing care needs where family and carers are involved, ACATs may find that they need to balance the client's concerns and preferences with those of their family and/or carers.

7. ACAT assessment principles

There are a number of distinguishing principles which underpin ACAT assessments:

7.1. *Comprehensive and holistic*

A comprehensive assessment should include an evaluation of a person's, physical, medical, psychological, cultural, social and restorative dimensions of care needs.

It is important that ACATs take into consideration all of the client's care needs during the assessment process, including the needs of their carer or advocate, so that the most appropriate combination of services may be recommended.

Once provided with information about the range of options available, the client will be in the best possible position to choose services that suit their care needs.

The ACAT should take into account practical issues such as the client's usual accommodation, need for advocacy or legal assistance, suitability of accommodation and access to transport, in addition to their care needs. The use of residential and day respite care and other programmes to support carers should also be considered.

The assessment process should always address the client's potential for rehabilitation and restorative care and provide health information about options and choices appropriate to their needs.

7.2. *Independent*

ACATs are funded by the Commonwealth independently of other services. ACATs need to have some autonomy within the health system and as such, decisions made by ACAT Delegates need to be made objectively and based on evidence. Other requirements about reporting and auspice arrangements for ACATs are determined locally by state and territory governments. However, it is critical that these arrangements support the role of ACATs to provide independent assessments and decisions.

Regardless of location, ACATs should establish a separate identity as a regional service.

7.3. *Multi-disciplinary and multi-dimensional*

Each ACAT should include members from a range of health-related disciplines such as geriatrics, medicine, registered nursing, social work, physiotherapy, occupational therapy and psychology. Access to other disciplines such as speech therapy, neuro-psychology, podiatry and dietetics outside the formal structure of the ACAT should be available, if necessary, on a sessional basis.

Many frail older people have medical or physical conditions that underlie or contribute to increased dependency. ACATs should be able to make referrals to, or access information provided by, geriatricians or medical practitioners experienced in gerontology to be able to use medical assessments and accurate diagnoses in the course of the assessment. If this is not possible there should be close consultation with a practitioner who can advise on the medical aspects of the assessment.

Multi-disciplinary assessment can be achieved through case conferencing, joint assessments with other service providers where necessary, follow-up visits, cross referral, multi-disciplinary consultations, or delegation processes. A case-conference, where all relevant members of the team contribute their professional expertise to a discussion of a client's condition, is a vital component of comprehensive assessment, particularly for complex or difficult assessments.

7.4. *Client-focussed*

ACATs should ensure assessments are client-focussed and promote the client's right to:

- involve a carer or other advocate
- privacy and confidentiality
- be informed
- make a complaint, and
- request a review of the decision.

7.4.1 Carer or Advocate Involvement

The importance of the role of carers should be acknowledged during the assessment process. Carers may include family members, friends or neighbours who have been identified as providing regular and sustained care and assistance to the client. In the absence of a carer, clients have the right to have an advocate present during the assessment. An independent advocate could be a GP, legal representative, person appointed by the guardianship board or another person who can represent the client's interests.

ACATs must use their professional judgment if a client has dementia or is confused. In these cases the input of carers or advocates is particularly important.

It is preferable for the client to determine who is involved in the assessment process. The client's right to privacy and confidentiality must be respected, and the participation of others in the assessment process should only occur if the client gives their consent.

7.4.2 Right to be informed

With the introduction of My Aged Care, the national contact centre (1800 200 422) and [website \(www.myagedcare.gov.au\)](http://www.myagedcare.gov.au) perform an important role as the first point of contact for consumers for information about aged care.

Members of ACATs also have a role in making relevant information available to their clients so they are able to make informed choices. This will include information on the range of residential, rehabilitation, home care and other home support or community based services available.

Clients (or their representatives) should be encouraged to access information about income assessment, aged care services and other aged care information from My Aged Care prior to the face-to-face assessment.

Clients should be advised that a person is not compelled to enter residential aged care or accept a Home Care Package or any other service recommended by an ACAT once eligibility has been determined.

Similarly, clients should be made aware that being approved for an aged care service does not ensure the availability of that service.

Clients must be advised promptly in writing of the outcome of their assessment using the template letters developed for this purpose.

7.4.3 Right of review

Under section 85 of the Act, the Secretary of the Department of Social Services can reconsider a reviewable decision if they are satisfied that there is sufficient reason to reconsider the decision. (See Part J – Section 2).

Any client who is not satisfied with a decision made by a delegate, can request the Secretary to reconsider the decision. Information about review rights is included in the letter advising clients of the outcome of their assessment.

The reconsideration process may involve a reassessment of the client prior to the Secretary making a new decision. If this is the case, it is preferable for the reassessment to be conducted by a different ACAT. If this is not possible, the reassessment may be undertaken by different assessor from the same team.

7.4.4 Right to complain

Clients and their carers or advocates have the right to complain and to have their complaints dealt with promptly and impartially. (See Part J – Section 1).

Complaint is related to Australian Government policies, guidelines or decisions should be referred to the Department of Social Services. Contact details for the Department of Social Services are at Appendix 2.

Complaints relating to the conduct or operation of an ACAT should be directed to the ACAT initially. If the complaint cannot be resolved at this level it should be directed to the relevant state or territory government department, which employs the ACAT.

Clients, carers or advocates may also contact the [Aged Care Complaints Scheme](#) on 1800 550 552 for complaints relating to Approved Aged Care Providers. The Scheme provides a free service for people to raise concerns about the quality of care or services delivered to people who receive Commonwealth subsidised residential or community aged care services. The Scheme can be contacted on free call on 1800 550 552 or by visiting their [website](http://www.agedcarecomplaints.govspace.gov.au) <http://www.agedcarecomplaints.govspace.gov.au>.

8. Components of the assessment

A fundamental requirement of an ACAT assessment is that it is comprehensive. To ensure this, several components of a person's circumstances need to be considered in all assessments.

The ACAP Toolkit for Assessors has been developed by the Department of Social Services and is available for use by all ACATs. The Toolkit provides ACATs with a set of nationally consistent assessment tools and guidance material. The following elements are a part of every assessment.

8.1. *Medical condition*

The client's medical condition, diagnosed by suitably qualified medical personnel, should be considered in the assessment. If the client's medical condition is unstable, the assessment should not proceed until the person's medical condition has stabilised and any rehabilitation is completed.

8.2. *Physical capability*

The assessor should use appropriate validated tools to gather evidence of the client's capacity to perform the activities of daily living and functional limitations, with specific regard to:

- mobility, including walking, transfers and climbing stairs
- maintaining personal hygiene, including bathing, grooming, toileting, continence and dressing
- eating and drinking
- their level of independence, including capacity to use transport, shop, prepare meals (including special dietary requirements), engage in home maintenance and housekeeping, and manage personal finances, and
- ability to manage health conditions, including medication compliance and management.

For assessments conducted in hospital, the assessor should also consider the client's potential for rehabilitation, which might be based, for example, on their capacity to benefit from therapy and support that might be provided through the Transition Care Programme. ACATs may need to use the expertise of the geriatric rehabilitation service (or equivalent) of the hospital to help assess rehabilitative potential.

For assessments conducted in the client's home, the assessor should consider the need to refer the client to other community based rehabilitation options.

8.3. *Cognitive and behavioural factors*

An assessor should consider whether the client has cognitive difficulties, or behavioural problems related to such difficulties and/or the presence of depression or delirium, with specific regard to:

- evidence of verbal and physical aggressiveness and disruption, self-destructive behaviour, confusion and/or impaired judgement, reasoning or attention, and

- medical tests or investigations carried out by the client's GP or medical specialist for a more detailed picture of their cognitive status.

Other psychosocial factors such as the person's experience of loneliness, bereavement or loss of motivation, and their impact on cognitive functioning also need to be considered. It may be appropriate for the ACAT to refer the client for specialist psychogeriatric evaluation.

8.4. *Social factors*

ACATs should gain a full understanding of the client's support networks, including the identification of the client's social needs and the extent of social support available (including family, carers, neighbours and friends). The needs and resources of the client's carer should also be considered to confirm their ability to continue to provide care and support. Referral to carer specific support services should also be considered.

If a client does not have supportive informal social networks, other ways to assist them to meet their social needs should be considered.

Social factors may also include cultural considerations, financial considerations and possible cases of neglect or abuse. ACATs must comply with relevant laws in their state or territory if neglect or abuse is suspected. ACATs should also be familiar with any protocols or procedures in their state or territory which address the neglect or abuse of older people.

8.5. *Physical environmental factors*

Physical environmental factors relate to facilities and limitations within the client's living environment. ACATs should consider the nature and suitability of the physical environment, including safety issues which may require resolution and modifications or equipment that the client may require to remain in their home and be as independent as possible.

8.6. *Personal choice*

ACAT assessments involve a consultative process. ACATs therefore need to ensure the client being assessed has access to information about the process and all appropriate care options available to them. The client's preferences for care services and living arrangements must be considered within the assessment process.

9. Availability of care services

ACATs should consider all care options available to meet the needs of the client. Consideration should be given to both the availability and the capability of services to meet the client's care needs. This may include home care, residential care, transition care, respite services, other services subsidised under the Act, and any other aged or community services available in the region.

ACATs should note that a care service is available if there are allocated places in the area, regardless of whether there is a vacancy at the time of the assessment and approval of the client.

Information about Commonwealth funded aged care services is available as part of the My Aged Care service finder. More information will become available as non-Commonwealth funded aged care services provide their information via a self-service portal that will be available from July 2015.

ACATs need to establish strong links with service providers in their local regions and be informed of services that are in place and their capacity to cater to particular types of clients. Options for services may be affected by their proximity to the person or cultural appropriateness of the services. Where a particular care service is not available (i.e. there are no Home Care Packages at the level required by the client in the local area), the ACAT will need to recommend alternative care options, whether provided under the Act or other types of care, to meet the person's assessed needs.

10. Assessment in a hospital environment

Approvals for all types of care can be made following an assessment in a hospital environment.

For a client to be approved for the Transition Care Programme, the assessment must be conducted while the person is in hospital or in a hospital related programme such as Hospital in the Home.

ACATs should not be pressured to approve older people for residential or transition care before the full range of clinical and rehabilitation support has been exhausted and the client is in a stable condition. A stable condition is required to ensure that the care needs of a person can be accurately assessed and the most appropriate care services recommended. There should be no presumption that older people will progress from hospital to residential care, as they may be able to return to their previous living arrangements.

Clients assessed in hospital should be assessed in the same way as those assessed at home, including consideration of the home environment and social issues. Hospital based ACAT assessments must also be multidisciplinary and comprehensive.

The usual consent and privacy considerations must be followed for assessments in hospitals. The Aged Care Client Record contains protected information under Division 86 of the Act. See Part B – Section 4 for more information.

11. Assessments of people with special needs

To assist in achieving more equitable access to ACAT services, section 11-3 of the Act identifies the following people with special needs:

- (a) people from Aboriginal and Torres Strait Islander communities
- (b) people from culturally and linguistically diverse backgrounds
- (c) people who live in rural or remote areas
- (d) people who are financially or socially disadvantaged
- (e) veterans
- (f) people who are homeless or at risk of becoming homeless
- (g) care-leavers
- (ga) parents separated from their children by forced adoption or removal
- (h) lesbian, gay, bisexual, transgender and intersex people

- (i) people of a kind (if any) specified in the Allocation Principles. Part 4 of the *Allocation Principles 2014* states:

The kinds of people that may be specified in an invitation to apply for an allocation of places are as follows:

- (a) people with special needs;
- (b) low-means care recipients;
- (c) supported residents, concessional residents and assisted residents;
- (d) recipients of respite care;
- (e) people needing a particular level of care.

ACATs should be aware of people with special needs and engage in relevant training to be able to engage with them appropriately when assessing their care needs.

11.1. *Aboriginal and Torres Strait Islander people*

Assessments of Aboriginal and Torres Strait Islander people should be carried out in an appropriate manner by people who are acceptable to both the client and their community and who are qualified to carry out such assessments. Assessors should observe local protocols and create a culturally safe environment.

It is desirable that ACATs develop a good understanding of the communities in which they operate. This will ensure that advice and assistance provided to clients is appropriate for their needs. ACATs should be aware of culturally safe services for frail older people in their region and establish links with Aboriginal and Torres Strait Islander community and health services.

If it is not possible for the ACAT to fulfil this requirement, ACAT members should seek advice from Aboriginal health workers based in local clinics, who are known and accepted by their clients and would be willing to assist the ACAT in undertaking the assessment.

ACATs operating in areas with established Aboriginal or Torres Strait Islander communities should consider engaging suitably qualified staff from relevant backgrounds. ACATs are encouraged to explore ways of facilitating culturally safe assessments and engaging with local communities.

11.2. *People from culturally and linguistically diverse backgrounds*

ACATs should identify, facilitate and promote culturally sensitive forms of assessment for people from culturally and linguistically diverse backgrounds.

To ensure an accurate exchange of information, independent, qualified interpreters should be used to assist people who do not speak English as their main language. Client or carer consent regarding the use of an interpreter must be sought in all cases. ACATs in areas with culturally diverse populations should consider engaging liaison workers from relevant backgrounds.

ACATs should be aware of culturally appropriate residential and home care services for frail older people in their region. It would be appropriate to establish links with culturally diverse organisations, services and support workers in the region.

ACATs may also utilise the services of specialised workers for older people from culturally diverse backgrounds, contact a local migrant resource centre or refer to the [Federation of Ethnic Communities' Councils of Australia](#) (FECCA) for information on specific support groups.

The [National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse \(CALD\) Backgrounds](#) is designed to inform the way the Australian Government supports the aged care sector to deliver care that is appropriate and sensitive to the needs of older people from CALD backgrounds.

11.3. *People from rural and remote areas*

A small number of ACATs service areas which cannot be routinely visited due to geographical isolation.

Assessments may be conducted by telephone or telehealth where no other options are available. In all such cases a suitably qualified person from within the local health or community care environment should be present to support the client and to facilitate the assessment under direction from the ACAT assessor.

ACATs should endeavour to develop good working relationships with health and community workers in rural/remote communities, who may be called on to assist with assessments. This should include training community workers in the objectives and guidelines of the ACAP to ensure the best outcome for the client is achieved in all instances.

Where assessment and approval by an ACAT is not required to access a particular aged care service an ACAT comprehensive assessment may still be appropriate. An assessment will ensure that the client's care needs are identified and that the most suitable types of aged care services are recommended to meet those needs, which may include receiving services from an MPS or from a service funded by the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme.

11.4. *People who are financially or socially disadvantaged*

Financial or social disadvantage can often create a significant barrier for people to access a wide range of services in the community. ACATs should ensure that they develop and promote links with organisations in their area which attempt to overcome these barriers, and provide ACAT assessments to people who may benefit from an ACAT approval regardless of their financial or social circumstances.

People who are financially or socially disadvantaged may also experience difficulties in accessing services after their approval. ACATs should be prepared to engage in a wider range of care coordination activities on behalf of these clients to ensure that they receive the care which they need and to which they are entitled.

A person's access to aged care must not be affected by their ability to pay consumer fees, but should be based on the need for care, and the capacity of the provider to meet that need.

11.5. *Veterans and war widows and widowers*

The Australian Government recognises the special aged care needs of the veteran community.

The veteran community is ageing at a faster rate than the general population, and the majority of veterans and their widows or widowers are now aged over 70 years. The ageing of the veteran community is creating demand for a wider range of health care and support services including residential and home care services.

ACATs should establish links with relevant veterans' organisations in their communities and foster links between veterans and home care and residential care services. They should aim to facilitate an understanding of veterans' particular needs and to improve integrated care and access.

ACATs should have a good understanding of services provided by the Department of Veterans' Affairs including the Veterans Home Care Program, the Coordinated Veterans Care Program and other mental health and rehabilitation programs.

11.6. *People who are homeless or at risk of becoming homeless*

The Act and the *Allocation Principles 2014* do not define "homeless" or "at risk of becoming homeless". However, the [Programme Manual for the Assistance with Care and Housing for the Aged \(ACHA\) Programme](#) uses the following definition of "homeless".

Homeless means people who are:

- a) without any acceptable roof over their head e.g. living on the streets, under bridges, in deserted buildings etc. (absolute homelessness or 'sleeping rough');
- b) moving between various forms of temporary or medium term shelter such as hostels, refuges, boarding houses or friends;
- c) constrained to living permanently in single rooms in private boarding houses; or
- d) housed without conditions of home e.g. security, safety, or adequate standards (includes squatting).

ACATs have a responsibility to recognise clients who are homeless, or at risk of becoming homeless, and to ensure that they are able to access an ACAT assessment and any aged care services approved for them. Liaison between ACATs and support services for homeless people is particularly important for this cohort because of their extreme vulnerability.

ACAT assessors should take particular care to understand the client's usual living arrangements and their particular circumstances when arranging an assessment and assessing the person for care.

ACATs should also be aware that homelessness alone is not grounds to approve a client as eligible for residential or other forms of aged care. The person should meet the eligibility criteria set out in the Act and *Approval of Care Recipients Principles 2014*. ACATs should be prepared to make appropriate referrals and work with their state and territory government housing and homeless services.

11.7. *Care-leavers*

The [DSS website](#) provides information on care leavers, including a description of the term "care-leaver":

This term refers to children who were in institutional and other out of home care through the last century, including:

- Forgotten Australians – people who spent a period of time as children in children's homes, orphanages and other forms of out-of-home care in the last century; and
- Former Child Migrants – children who arrived in Australia through historical child migration schemes and who were subsequently placed in homes and orphanages.

Care leavers are recognised as people with special needs under the Act.

ACATs should be particularly sensitive to the effects of care-leavers' childhood experiences with government officials, authorities and institutional care. ACATs should emphasise that clients are not obliged to take up any care which may be approved, that care can be provided in the client's home if that is their preference, and that the wishes of the client are taken into account throughout the assessment process.

11.8. *Parents separated from their children by forced adoption or removal*

The [DSS Website](#) provides information on forced adoption practices, including a description of the term: “parents separated from their children by forced adoption or removal”.

This term refers to

- the policies and practices that resulted in forced adoptions and the removal of children throughout Australia, particularly during the mid-twentieth century.

Parents separated from their children by forced adoption or removal are recognised as people with special needs under the Act.

Forced adoption practices impacted a large number of Australians and caused significant ongoing effects for many people, particularly mothers, fathers and adoptees. The 2013 Senate Inquiry report estimated that there were 140,000 to 150,000 total adoptions in the period between 1951 and 1975, and potentially as many as 250,000 total adoptions in the period from 1940 to the present day.

ACATs should be particularly sensitive to those who have been adopted or impacted by past adoption practices as these experiences can have significant personal and psychological impacts. ACATs should be particularly sensitive to the effects of forced adoption or removal and interactions with government officials, authorities and institutional care. ACATs should emphasise that clients are not obliged to take up any care which may be approved, that care can be provided in the client’s home if that is their preference, and that the wishes of the client are taken into account throughout the assessment process

11.9. *Lesbians, Gay, Bisexual, Transgender and Intersex people (LGBTI)*

ACATs should not make assumptions about the sexual orientation or gender identity of clients, nor the nature of the relationship between LGBTI clients and members of their support network.

LGBTI people may be more inclined to disclose their sexual orientation or sex/gender identity to ACATs if a non-judgemental, supportive and LGBTI inclusive environment is provided for the client including their support network during assessment. The choice to disclose or not disclose is entirely the client’s decision. Where a client does disclose this information, the ACAT should emphasise that the information is protected information under the Act. Part K – Section 1 of these guidelines provides additional information about the protection of information. In the case of transgender and intersex clients, where specific medical history may need to be communicated to service providers, it is important to discuss the way this information will be provided to the providers.

ACATs should also be aware of service providers who provide LGBTI specific services and those that are LGBTI inclusive, and be prepared to advocate for LGBTI clients with other service providers as necessary as part of their care coordination activities.

The [National Lesbian, Gay, Bisexual, Transgender and Intersex \(LGBTI\) Ageing and Aged Care Strategy](#) informs the way the Australian Government supports the aged care sector to deliver care that is sensitive to and inclusive of the needs of LGBTI people, their families and carers. It is used to guide future funding priorities by assisting the Department in implementing changes to aged care.

12. Other groups with significant needs

While younger people with disabilities, people with dementia and people with mental health disorders are not specified as people with special needs under the Act, each case warrants careful consideration based on individual circumstances.

12.1. Younger people with disability

States and territories have established collaborative, localised protocols between their relevant disability services and ACATs. These protocols are consistent with the *National Guiding Principles for the Referral and Assessment of Younger People with Disability: between state and territory disability services and Aged Care Assessment Teams*. The principles were developed between the Commonwealth and state and territory governments for the referral of younger people with disability for assessment and coordination of their specialist disability accommodation and support services.

12.1.1 National Guiding Principles

State and territory protocols may differ in accordance with the local legislative and regulatory environment. However, all protocols should be consistent with the following guiding principles:

- Residential aged care services are designed specifically to meet the needs of frail older people, and are not oriented to provide for the needs of younger people with disability.
- The most appropriate outcome for younger people with disability is to access specialist disability accommodation, support services and age appropriate services, rather than aged care services.
- Younger people with disability, living in residential aged care or who are at risk of entering residential aged care, should be considered as priority for access to specialist disability accommodation and support services that are appropriate to their needs.
- Referral from disability services of younger people with disability to ACATs for assessment and approval for aged care services should only occur where it can be demonstrated that all disability service options have been exhausted and no other services more appropriate to meet the person's needs are available. Detailed documentation should be provided to this effect by the state and territory disability services.
- To minimise duplication in the assessment process, with the client's consent, any information from the assessment carried out by the disability services assessor must be provided to the ACAT as part of the referral.
- An aged care service provider has the right to determine whether they will accept placement of a younger person with disability, based on their capacity to meet their individual needs.

12.1.2 Assessment of Younger People with Disability

Under the *Approval of Care Recipients Principles 2014* a person who is not an aged person is eligible to receive residential care or home care only if they meet the eligibility criteria for aged care services *and* 'there are no other care facilities or care services more appropriate to meet the person's needs'.

It is the responsibility of the relevant state or territory disability services agency to initially assess younger people with disability and ensure they are referred to the most appropriate care service available. All options for specialist disability accommodation and support services should be fully explored and utilised before an ACAT accepts a referral for assessment and approval.

ACATs should be aware of the National Guiding Principles and local protocols with disability services.

12.1.3 Reviews for Younger People with Disability in Residential Aged Care

Wherever possible younger people with disability who remain living in, or enter a residential aged care facility, should receive enhanced specialist disability support services. These services should aim to provide them with opportunities for community access, to maintain family and social relationships and to live a more age appropriate lifestyle.

If a younger person with disability enters a residential aged care facility, a review mechanism should be negotiated between all parties particularly where approvals may be time limited. This should be regular, and involve the younger person with disability and their family and/or support network.

12.1.4 National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides community linking and individualised support for people with permanent and significant disability, their families and carers. The National Disability Insurance Agency (NDIA) has been established to implement the scheme.

The NDIS funds disability support services for people who are under 65 years at the time of making an application to join the scheme. The scheme is not intended to replace other mainstream systems. Indeed, the Scheme's financial sustainability depends on other systems continuing their efforts to support people with disability.

Once in the scheme, a person who turns 65 years is to be given the option of remaining in the scheme or transferring to the aged care system. The advice of treating health professionals may be helpful in these cases. More information on the NDIS is available at www.ndis.gov.au/.

12.2. People with dementia

The Australian Government recognises the special needs of people with dementia and their carers. ACATs should foster links with dementia specific services, including Dementia Behaviour Management Advisory Services (DBMAS), and where relevant, include this expertise in the assessment process. This will facilitate an understanding of the needs of ageing people with dementia and their carers and assist improved linkages, integrated care and access.

12.3. People with mental illness

ACATs are encouraged to make links with mental health services which will assist in understanding the needs of older people with mental illness and improve linkages, integrate care and help these clients to access appropriate care and support services.

In most jurisdictions the majority of people who receive specialist mental health services are in a community setting. In these circumstances, specialist mental health care is often provided as acute treatment, but individuals who receive treatment are sufficiently stable to be managed in the community.

Involuntary mental health care is governed by separate mental health legislation in each state and territory. It is generally a legislative requirement that people with mental illness receive specialist mental health care in the least restrictive environment possible. Generally people with mental illness with involuntary status are provided with specialist services in a range of community settings, although some people are cared for in mental health residential settings. People who are placed under some form of an involuntary order (e.g. to manage their medicines when living in the community) may be eligible for aged care services. ACATs should consider each referral on a case by case basis.

Aged care services usually do not have the capacity to adequately address the support and associated needs of people with a serious uncontrolled mental illness without the support of, and treatment by, mental health services. Persons who are a danger to themselves or others may not be suitable for entry to an aged care service.

Frail older people with a mental illness however, may require access to a range of supports including Commonwealth subsidised aged care services that require ACAT assessment and approval.

ACAT assessment and approval is only appropriate if the intensity, type and model of care is the most appropriate to meet the client's care needs, including that:

- The person meets the eligibility criteria set out in the *Aged Care Act 1997* and *Approval of Care Recipients Principles 2014*.
- The client's acute treatment has stabilised the condition. For clients with a mental illness, their condition should be stable prior to being assessed although it is understood that many may still have significant symptoms.
- Community mental health services will continue to provide collaborative care for those elderly patients who have significant or unstable psychiatric symptoms.

An ACAT assessment is also required to access residential aged care facilities in jurisdictions where Commonwealth subsidised residential aged care facilities are part of the aged mental health service system.

It is important to obtain informed consent either from the person if they have the capacity to do so, otherwise, a decision maker consistent with state guardianship legislation who is able to make decisions regarding health, accommodation and daily living care, prior to an ACAT assessment.

In some jurisdictions, under certain circumstances, mental health legislation empowers the treating psychiatrist to make accommodation decisions in the best interests of a person receiving treatment under an involuntary order. This power is only exercised when a particular accommodation setting is required to facilitate the treatment of a person's mental illness. It does not replace the need for Guardianship when mental illness is incidental to that person's need for placement in residential care.

All jurisdictions should develop protocols that reflect relevant state or territory legislation and regulations, to ensure that older people with a mental illness are directed to the responsible agency to assess and recommend services most appropriate to meet their care and support needs. The protocol should outline mutual obligations and responsibility to provide assistance and expertise in the person's assessment, care and service coordination. This could take the form of a memorandum of understanding between the ACAT and aged persons mental health services. It is important that protocols ensure that people with mental illness are not discriminated against in accessing aged care services.

The protocol should support good working relationships between ACATs and mental health services to ensure appropriate, responsive and timely service provision to older people with a mental illness. The pathways could include a link to primary health care programs such as the Pathways in Recovery (PIR) program, specialist older person's mental health programs for short term and medium case management or to community based services.

PART C – INCOME OR INCOME AND ASSETS ASSESSMENTS

Part C Covers:

Income or Income and Assets Assessments

Charging fees while awaiting the results of an income or income and assets assessment

1. Income or Income and Assets Assessments

It is important that clients understand the potential costs of care early in their interaction with the aged care system. **ACATs are not responsible for providing detailed financial information about the fees or charges that a person may be charged for residential or home care.**

However, ACATs do have a role in advising clients about where they can access the information they need and what the process may entail. Ideally, clients should be referred to the My Aged Care website and contact centre for detailed information regarding care costs and fees prior to the face-to-face assessment. This gives the client time to consider the information prior to the assessment.

If a person is interested in taking up permanent residential care or home care, the process is simpler if an income and/or asset assessment has been completed prior to the commencement of care.

Income and/or income and asset assessments made before entering care are valid for 120 days unless there is a significant change in the person's circumstances.

1.1. *Assessment purpose – home care consumers*

- For home care consumers, an income test determines the person's contribution to their care, known as an 'income tested care fee'. Full pensioners will not be asked to pay an income tested care fee.
 - DHS will have the income information of anyone in receipt of a means tested income support payment, and will be able to determine the income tested care fee (if any) without the person completing an income assessment form.
 - Where a person is not in receipt of a means tested income support payment and does not complete an income assessment form, their income tested care fee will be set at the maximum per day rate for a self-funded retiree.
- Even where a person does not need to complete the form, he or she may wish to complete it prior to entry to receive an indication of the fees that will be payable.
- Providers do not need to wait for an income assessment to be completed before a consumer can commence a home care package. However, providers maintain their own individual admissions policies. Some providers may require the income assessment to be completed prior to a consumer being offered a home care package. There is nothing in the *Aged Care Act 1997* which prevents a provider from setting this requirement.
- Rather than try and make a judgment as to whether a person needs to complete the income assessment form, the ACAT should leave a form with the prospective home care consumer. The form and information booklet gives the person information, including a contact number at DHS, to request fee advice. Hard copies of forms and booklets should be ordered from DHS.

Useful websites, forms and publications – home care

Home care online fee estimators <http://www.myagedcare.gov.au/personal-stories/aged-care-fee-estimators>

Home Care - Aged Care Fees Income Assessment form (SA456)

Information you need to know about your request for Aged Care Fees Income Assessment form (CI019) <http://www.humanservices.gov.au/customer/forms/sa456>

1.2. Assessment purpose – clients entering permanent residential care

- For care recipients entering permanent residential care from 1 July 2014, a combined income and asset assessment is required to determine the person's contribution to their care costs, known as a 'means tested care fee' and whether the person is eligible to receive government assistance with their accommodation costs.
- Residential care recipients who receive a means tested income support payment from Centrelink and who are recorded as being a non-homeowner for age pension purposes do not need to complete the combined income and asset assessment form.
 - Given this is a small cohort of people, it is reasonable to expect that most prospective care recipients should complete the form.
 - Where a care recipient entering permanent residential care from 1 July 2014, who is not in the category above, elects not to complete the income and assets assessment form, they will be liable to pay the full cost of their care, until they reach the annual cap, and pay the accommodation price agreed with the aged care provider.
- Even where a person does not need to complete the form, he or she may wish to complete it prior to entry to receive an indication of the fees that will be payable.
- Providers do not need to wait for an income assessment to be completed before a consumer can be admitted to residential care. However, providers maintain their own individual admissions policies. Some providers may require the income and assets assessment to be completed prior to the care recipient being admitted. There is nothing in the *Aged Care Act 1997* which prevents a provider from setting this requirement.

Useful websites, forms and publications – Residential Care

Residential care fee estimators <http://www.myagedcare.gov.au/personal-stories/aged-care-fee-estimators>

Permanent Residential Aged Care - Request for a Combined Assets and Income Assessment form (SA457)

Information you need to know about your Permanent Residential Aged Care Request for a Combined Assets form (CI020) <http://www.humanservices.gov.au/customer/forms/sa457>

1.3. *Useful phone numbers*

1800 200 422 – My Aged Care contact centre	If clients would like an estimate of fees
1800 227 475 – DHS Aged Care line	To request a hard copy of either form For assistance with completing the form If waiting on the completion of an assessment
1800 195 206 – DHS Aged Care enquiries line	If aged care providers would like a copy of the form

2. Charging fees while awaiting the results of an income or income and assets assessment

A provider may choose to charge an interim fee while waiting on the results of the assessment. However, the Government does not set an amount of interim fee. Once DHS has advised of the fees payable any overpayment would need to be refunded.

Where the care recipient is already known to DHS and all the required income and asset information is available already, a simple assessment is usually completed within 24-48 hours.

More complex assessments or where further information is required from the care recipient, can take up to four weeks to complete from the time the application is lodged.

DHS is also producing letters on demand where they become aware of an urgent requirement for an assessment to be progressed.

More information is available on the [DHS website](#).

PART D - RESIDENTIAL CARE

Part D Covers

- Defining Residential Care
- Eligibility for Residential Care
- Services Provided in Residential Care
- Residential Care
- Residential Respite Care

1. Defining Residential Care

Section 41-3 of the *Aged Care Act 1997* (the Act) defines residential care as:

- (1) **Residential care** is personal care or nursing care, or both personal care and nursing care, that:
- (a) is provided to a person in a residential facility in which the person is also provided with accommodation that includes:
 - (i) appropriate staffing to meet the nursing and personal care needs of the person; and
 - (ii) meals and cleaning services; and
 - (iii) furnishings, furniture and equipment for the provision of that care and accommodation; and
 - (b) meets any other requirements specified in the Subsidy Principles.
- (2) However, residential care does not include any of the following:
- (a) care provided to a person in the person's private home;
 - (b) care provided in a hospital or in a psychiatric facility;
 - (c) care provided in a facility that primarily provides care to people who are not frail and aged;
 - (d) care that is specified in the Subsidy Principles not to be residential care.

2. Eligibility for residential care

Eligibility requirements for residential care are set out in the Act and the Principles as below. These are the criteria which a person must meet before being approved for residential care. A person must meet all the eligibility criteria in order to be approved by an ACAT as eligible to receive residential care.

Section 21-2 *Aged Care Act 1997*

A person is eligible to receive **residential care** if:

- (a) the person has physical, medical, social or psychological needs that require the provision of care; and
- (b) those needs cannot be met more appropriately through non-residential care services; and
- (c) the person meets the criteria (if any) specified in the Approval of Care Recipient Principles as the criteria that a person must meet in order to be eligible to be approved as a recipient of residential care.

Subsection 21-2(c) above requires that a person must also meet the criteria set out in the *Approval of Care Recipients Principles 2014* before being approved for residential care.

Section 6 Approval of Care Recipients Principles 2014**6 Residential care**

- (1) For paragraph 21-2(c) of the Act, a person is eligible to receive residential care only if:
 - (a) the person is assessed as:
 - (i) having a condition of frailty or disability requiring continuing personal care; and
 - (ii) being incapable of living in the community without support; and
 - (b) for a person who is not an aged person—there are no other care facilities or care services more appropriate to meet the person's needs.
- (2) In deciding if a person meets the criteria mentioned in subsection (1), the Secretary must consider the person's medical, physical, psychological and social circumstances, including (if relevant) the following:
 - (a) evidence of a medical condition, as decided by a suitably qualified medical practitioner;
 - (b) evidence of absence or loss of physical functions, as established by assessment of capacity to perform daily living tasks;
 - (c) evidence of absence or loss of cognitive functioning, as established by:
 - (i) a medical diagnosis of dementia or other condition; or
 - (ii) assessment of capacity to perform daily living tasks; or
 - (iii) evidence of behavioural dysfunction;
 - (d) evidence of absence or loss of social functioning, as established by:
 - (i) information provided by the person, a carer, family, friends or others; or
 - (ii) assessment of capacity to perform daily living tasks;
 - (e) evidence that the person's life or health would be at significant risk if the person did not receive residential care.

ACATs should consider both the type and intensity of services required by the client in determining the appropriateness of care.

Some clients may have special needs that may be best met by residential aged care facilities which offer particular kinds of care, such as dementia specific facilities. If this is the case, then ACATs should include this information in the record of assessment.

Assessors should be familiar with the range of aged care support services and residential facilities available in the region, including specialist facilities and programmes such as those for people with challenging behaviours. This information should be made available to clients, and their carers or advocates as appropriate.

ACATs are encouraged to use the service finders located on the [My Aged Care](#) website to assist people to identify the residential aged care facilities in their area. The final choice of an aged care facility for a client is made by the person, their family, and the service provider.

3. Services provided in residential care

Part 2, section 7 of the *Quality of Care Principles 2014* identifies the care and services that residential aged care providers must provide.

4. Residential care

A person eligible for residential care may require daily assistance with:

- meals including provision of special diets
- bathing, showering, dressing and personal hygiene
- toileting and continence management
- organising, supervising and administering medication

- communication assistance, fitting sensory or communication aids
- transfers and mobility
- assessment and referral for appropriate support
- emotional support.

Residential care may be a suitable option for a client currently living in the community who is no longer be able to be adequately cared for by carers or family, even with the full range of community supports in place. Other factors may include the client's ability to manage their continence, cognitive impairment and the ability of residential care services to meet their needs. Information provided by the client's GP and family may assist the assessor to determine a client's overall care needs.

Following a client's admission, residential service providers conduct an appraisal using the Aged Care Funding Instrument (ACFI) to determine the level of care to be provided to meet the client's current needs and establish the related Australian Government subsidy.

5. Residential respite care

Respite care is defined in Schedule 1 - Dictionary of the Act, as meaning 'residential or flexible care (as the case requires) provided as an alternative care arrangement with the primary purpose of giving a carer or care recipient a short term break from their usual care arrangement.'

Residential respite care may be used on a planned or emergency basis to help with carer stress, illness, holidays, or non-availability of the carer for any other reason. Respite care is provided as an alternative care arrangement with the primary purpose of giving a carer or a care recipient a short-term break from their usual care arrangement. Residential respite is not intended as an alternative to aged care rehabilitation services or restorative care following an acute episode.

To be eligible for respite care, a person must meet the eligibility criteria for residential care as described in section 21-2 of the Act. A person may be approved for both respite care at a high or low level and permanent residential care simultaneously.

There are two levels of subsidy for respite care, high and low. The approval of a person for either high or low level of care ensures the person receives care at the appropriate level and regulates the respite subsidy payable to the residential facility for the care of the person. If a client's care needs span between high and low care the ACAT is advised to approve the client for a high level of respite care to ensure the client's care needs can be met by the service provider

A respite care approval entitles the client to a maximum of 63 days of respite care in a financial year. This limit is set in section 23 (1) (c) of the *Subsidy Principles 2014*, based on paragraph 44-12 (2) (c) of the Act.

Respite care cannot be taken in a residential aged care facility if a care recipient is already receiving permanent residential care in an aged care facility.

5.1. Residential respite care extensions

Section 23(2) of the *Subsidy Principles 2014* allows for extensions of up to 21 days to be added to the maximum number of days. There is no limit on the number of extensions that may be granted. Each extension can be for a period of up to 21 days.

The power to grant an extension is delegated to ACAT Delegates. Delegates should assess each request for an extension on a case by case basis.

- (2) The Secretary may increase the number of days on which a care recipient can be provided with residential care as respite care during a financial year by up to 21 if the Secretary considers that an increase in the number of days is necessary because of any of the following:
- (a) carer stress;
 - (b) severity of the care recipient's condition;
 - (c) absence of the care recipient's carer
 - (d) any other relevant matter

ACATs must use the Residential Respite Extension Form – 21 Day Extension (2670) for respite extensions and submit the form to DHS. The 21 day extension form must be completed whenever an extension is required. Any 21 day extension that is current on 30 June in a given year will cease on that day, as the person automatically becomes eligible for their annual allocation of another 63 days of respite from 1 July each year.

There is no provision to backdate a 21 day extension so application must be made before the additional respite days are needed. It is the responsibility of the service provider to ensure that the client has a valid approval in place prior to providing care. ACATs are not obliged to keep track of a client's number of available respite days.

Any extension will be at the approved level of care. If a higher level of care is required, the client must be reassessed and approved by the ACAT for the higher level of care.

Further information on the approval for residential respite care is at Part D – Section 5 of these guidelines.

PART E - HOME CARE

Part E Covers

Home Care

Defining Home Care

Eligibility for Home Care

Consumer Directed Care

Respite Care for Home Care Package Clients

1. Home Care

The Home Care Packages Programme commenced on 1 August 2013 and replaced Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) packages and Extended Aged Care at Home Dementia (EACHD) packages.

A Home Care Package provides a co-ordinated package of services tailored to meet the consumer's specific care needs to:

- to assist people to remain living at home, and
- to enable consumers to have choice and flexibility in the way that the consumer's aged care and support is provided at home.

There are four levels of home care:

- Home Care Level 1 – a package to support people with basic care needs.
- Home Care Level 2 – a package to support people with low level care needs (*equivalent to the former CACP package*).
- Home Care Level 3 – a package to support people with intermediate care needs.
- Home Care Level 4 – a package to support people with high care needs (*equivalent to the former EACH package*).

From 1 July 2015, all Home Care Packages will be delivered on a CDC basis.

CDC means the consumer will:

- get more say in the care and services they access, how it's delivered and who delivers it
- have conversations with their provider about their needs and goals
- work in partnership with the provider to co-design their care plan
- agree to the level of involvement they will have in managing their care package
- have a greater understanding about how their package is funded and how those funds are spent through an individualized budget and monthly income and expense statement
- have ongoing formal reviews to ensure that their package still meets their needs.

2. Definition of home care

Section 45-3 of the *Aged Care Act 1997* (the Act) defines home care in the following way:

- (1) **Home care** is care consisting of a package of personal care services and other personal assistance provided to a person who is not being provided with residential care.
- (2) The Subsidy Principles may specify care that:
 - (a) constitutes home care for the purposes of this Act; or
 - (b) does not constitute home care for the purposes of this Act.

3. Eligibility for home care

Eligibility requirements for home care are set out in the Act and the Principles as below. These requirements are the legal criteria a person must meet before being approved for home care. ACATs are required to assess people in accordance with these criteria and only approve those who are assessed as requiring this type of care. Section 21-3 of the Act states:

21-3 Eligibility to receive home care

A person is eligible to receive **home care** if:

- (a) the person has physical, social or psychological needs that require the provision of care; and
- (b) those needs can be met appropriately through non-residential care services; and
- (c) the person meets the criteria (if any) specified in the Approval of Care Recipients Principles as the criteria that a person must meet in order to be eligible to be approved as a recipient of home care.

Subsection 21-3(c) above requires that a person also meet the criteria set out in the *Approval of Care Recipients Principles 2014* before being approved for home care.

7 Home care

Home care—levels 1 and 2

- (1) For paragraph 21-3(c) of the Act, a person is eligible to receive home care at level 1 or level 2 only if:
 - (a) the person is assessed as having needs that can only be met by a coordinated package of care services; and
 - (b) the person is assessed as requiring a low level of home care; and
 - (c) the person prefers to remain living at home; and
 - (d) the person is able to live at home with the support of home care at level 1 or level 2; and
 - (e) for a person who is not an aged person—there are no other care facilities or care services more appropriate to meet the person's needs.

Home care—levels 3 and 4

- (2) For paragraph 21-3(c) of the Act, a person is eligible to receive home care at level 3 or level 4 only if:
 - (a) the person is assessed as having needs that can only be met by a coordinated package of care services; and
 - (b) the person is assessed as requiring a high level of home care; and
 - (c) the person prefers to remain living at home; and
 - (d) the person is able to live at home with the support of home care at level 3 or level 4; and
 - (e) for a person who is not an aged person—there are no other care facilities or care services more appropriate to meet the person's needs.

ACAT approvals for home care are broad-banded to two categories: home care level 1 or 2 or home care level 3 or 4.

ACATs should provide sufficient information on the assessment record to inform the development of a care plan by the Home Care Package provider. This will:

- minimise duplication of assessment of the person
- allow the service provider to benefit from the ACAT's professional expertise
- ensure the best choice of care for a person, and
- facilitate the transition from assessment to provision of service for the client.

ACATs should not discuss the hours of care a client will receive under a Home Care Package during the assessment process.

Home care packages provide tailored individualised services that may include, but are not limited to, personal, domestic and clinical supports and services. A package may also include aids and equipment, telehealth options and home modification. The provision of services under CDC is broad ranging to ensure that consumers can stay in their homes for longer with a better quality of life.

The structure of a client's package will be determined by the provider working in partnership with the consumer to co-design the package that best meets their care and support needs.

An approval for a Home Care Package does not lapse unless the ACAT Delegate time-limits the approval.

A client approved for home care level 1 or 2 who requires a higher level of package due to increased care needs must first be reassessed and approved by an ACAT for a home care level 3 or 4.

However, an approval for home care level 3 or 4 allows a client to receive care at a lower level, that is, level 1 or 2 without the need for reassessment.

4. Consumer Directed Care (CDC)

From 1 July 2015, all Home Care Packages must be delivered on a CDC model of care.

CDC is an approach to the planning and management of care, which allows consumers and their carers more power to influence the design and delivery of the services they receive. It also allows them to exercise a greater degree of choice in what services are delivered and where and when they are delivered.

Under a CDC approach, consumers are encouraged to identify goals, which could include independence, wellness and reablement. These will form the basis of the Home Care Agreement and care plan.

CDC will also provide greater transparency to the consumer about what funding is available under their package of care and how those funds are spent through the use of an individualised budget. This will assist the consumer in accounting for the funds spent on their care and ensures greater accountability for the way service providers manage their Home Care Packages.

The consumer can also decide the level of involvement they wish to have in managing their Home Care Package, which could range from involvement in all aspects of the package, including co-ordination of care and services, to a less active role in decision-making and management of the package. There should also be ongoing monitoring and a formal re-assessment by the provider (at least every 12 months) to ensure that the package continues to be appropriate for the consumer.

This information will need to be recorded in the consumer's care plan and individualised budget. The [homecareservice](http://www.homecareservice.gov.au) website provides valuable information for consumers and service providers to increase knowledge and capacity to operate in the new CDC model of care environment.

[More information about CDC and homecareservice is available on the My Aged Care website at http://www.myagedcare.gov.au/home-care-packages.](http://www.myagedcare.gov.au/home-care-packages)

5. Respite Care for Home Care Package Clients

Clients receiving a Home Care Package may also be approved for residential respite care.

Additional information on leave provisions can be obtained from the [Home Care Package Guidelines](#) on the Department's website.

PART F - FLEXIBLE CARE

Part F Covers

Flexible Care under the Act

Transition Care

Innovative Care Services

Multi-purpose Services

1. Flexible care under the Act

Under section 49-3 of the Act, flexible care means "care provided in a residential or community setting through an aged care service that addresses the needs of care recipients in alternative ways to the care provided through residential care services and home care services".

Flexible care can take the form of:

- Transition care
- Innovative care services
- Multi-Purpose Services

Section 101 of the *Subsidy Principles 2014* states that people who do not need flexible care approval are those who receive aged care through a Multi-Purpose Service or an innovative care service.

Aged care services delivered a service funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme, are administered outside the operation of the *Aged Care Act 1997*.

2. Transition care

2.1. Definition of transition care

Chapter 4, section 106 of the *Subsidy Principles 2014* defines transition care in the following way:

106 Transition care

Transition care is a form of flexible care that:

- (a) is provided to a care recipient:
 - (i) at the conclusion of an in-patient hospital episode; and
 - (ii) in the form of a package of services that includes at least low intensity therapy and nursing support or personal care; and
- (b) can be characterised as:
 - (i) goal-oriented; and
 - (ii) time-limited; and
 - (iii) therapy-focussed; and
 - (iv) targeted towards older people; and
 - (v) necessary to complete the care recipient's restorative process, optimise the care recipient's functional capacity and assist the care recipient, and his or her family or carer (if any), to make long-term arrangements for his or her care.

The Transition Care Programme (TCP) provides short-term care and services that is therapeutic, goal oriented, time limited and targeted to clients at the conclusion of a hospital episode who require more time and support in a non-hospital environment to complete their recovery and optimise their functional capacity while assisting them and their family or carer to make long term care arrangements.

2.2. *Eligibility for transition care*

The eligibility criteria for flexible care in the form of transition care are set out in the Act as detailed below.

Section 21-4 Eligibility to receive flexible care

A person is eligible to receive flexible care if:

- (a) the person has physical, social or psychological needs that require the provision of care; and
- (b) those needs can be met appropriately through flexible care services; and
- (c) the person meets the criteria (if any) specified in the Approval of Care Recipients Principles as the criteria that a person must meet in order to be eligible to be approved as a recipient of flexible care.

Subsection 21-4(c) above requires that a person meet the criteria set out in the *Approval of Care Recipients Principles 2014* before being approved for flexible care. These criteria are detailed below:

8 Flexible care—transition care

For paragraph 21-4(c) of the Act, a person is eligible to receive flexible care in the form of transition care only if the person:

- (a) is assessed as satisfying all of the following requirements:
 - (i) the person is in the concluding stage of an in-patient hospital episode;
 - (ii) the person is medically stable;
 - (iii) the person has the potential to benefit from transition care; and
- (b) is in hospital at the time the assessment is undertaken; and
- (c) would be assessed as eligible to receive residential care if the person applied for residential care.

2.3. *Services provided by transition care*

Transition care provides a package of services that includes low intensity therapy (such as physiotherapy, occupational therapy and social work) and either nursing support or personal care. The transition care services provided are designed to meet the client's daily care needs and provide additional therapeutic care so that they can maintain and improve their physical, cognitive and psycho-social functioning thereby improving their capacity for independent living.

Transition care also provides medical support such as GP oversight, case management including establishing community supports, and services and, where required, identification of residential care options.

2.4. *Assessing for transition care*

In considering the appropriateness of transition care a number of factors need to be taken into account:

- At the time of assessment, the client must be an in-patient of a hospital, medically stable and ready for discharge.

- As entry to transition care must immediately follow a client's discharge from hospital, the assessment for transition care must only be made in hospital or in a hospital-auspiced programme, such as Hospital in the Home, where the person is an in-patient of the hospital.
- The intent of transition care is to benefit clients through a time-limited episode of low intensity therapeutic interventions immediately after a hospital episode, to optimise their functional capacity while assisting them and their family or carer to make long-term care arrangements.
- Clients waiting for a residential aged care placement, pending availability, and do not have the capacity to benefit from a further therapeutic care programme are not eligible and should not be approved for transition care.
- Given the nature of transition care, the ACAT should assess the client in consultation with the hospital geriatric rehabilitation service or equivalent, or members of the treating multidisciplinary team including a registered nurse, physician, occupational therapist, physiotherapist, speech therapist or social worker.
- The ACAT needs to ensure that the full range of clinical and rehabilitation support to be provided by the hospital has been exhausted before a client enters transition care.
- ACATs should, wherever possible, facilitate liaison between hospital discharge planners and Transition Care Service Providers to ensure that clients are able to access transition care in a timely manner.

2.5. *Lapsing of a Transition Care approval*

Section 23-3 (1) of the Act specifies that an approval will lapse if the person is not provided with care within the entry period specified in the Approval of Care Recipients Principles. Section 15 of the *Approval of Care Recipients Principles 2014* specifies that the entry period for an approval of a person as a recipient of flexible care in the form of transition care is four weeks beginning on the day after the approval is given.

2.6. *Duration of care*

Under section 111 (5) of the *Subsidy Principles 2014*, the maximum number of days for a transition care episode is 84 days or a maximum of 126 days, if the person has further transition care needs. The extension process is set out below.

2.7. *Extension of a transition care episode*

A care recipient may require an extension to the 84 day transition care episode. An assessment by an ACAT is required under section 111(5)(b) of the *Subsidy Principles 2014* to ensure that the further transition care needs of the care recipient are met.

111 Flexible care provided as transition care

- (5) The maximum number of days for which flexible care subsidy is payable in respect of an episode of transition care is:
- (a) 84 days; or
 - (b) such greater number of days, to a maximum of 126 days, as is necessary to ensure that the further transition care needs of the care recipient, as assessed by an Aged Care Assessment Team, or a member of such a team, are met.

Note: *Episode of transition care* and *further transition care needs* are defined in section 4.

To apply for an extension, the transition care service provider must complete and send to the ACAT a Transition Care Extension Application form with the care recipient (or representative) within the initial 84 day episode of transition care. The [Transition Care Extension Form](#) is available from the Department's website.

ACATs should only grant an extension if the care recipient has further therapeutic care needs and wishes to continue transition care. In such cases, an assessment for an extension to transition care, which specifies the duration of the extension, may be undertaken. The maximum duration for the episode, including the initial 84 days, is 126 days.

It is not necessary for an ACAT to comprehensively re-assess a transition care recipient if the service provider has identified that they require an extension and provides the following information:

- reasons why goals were not achieved in 84 days
- physical, cognitive and psychosocial goals that the care recipient would be working on during the extension
- team action required to achieve care recipient goals and discharge
- action required by external services to achieve care recipient goals and discharge
- relevant information from other sources such as the care recipient (or representative) or health professionals, and
- the proposed number of days of extension.

However, the ACAT may undertake a comprehensive re-assessment of the care recipient if they are not satisfied with the information provided by the transition care service provider. The extension form does not need to be signed by the delegate who originally approved the care recipient as eligible for transition care. However, the decision to extend or not extend the transition care episode does need to be made, and the form signed, before the end of the 84 days.

The transition care service provider should allow sufficient time for the ACAT to review the status of the care recipient if it is likely that a more comprehensive re-assessment is required.

While a decision to extend or not extend a care recipient's episode of transition care is not a reviewable decision under the Act, the Department will review the decision not to extend the episode of care if a complaint is made. In the first instance, the application for extension should be discussed with the ACAT. If the provider or care recipient still has concerns, they should contact the Department.

2.8. Re-admission to hospital from transition care

If a care recipient is readmitted to hospital during a transition care episode, the episode ceases. If the person is subsequently able to be discharged from hospital within the entry period relevant to their transition care approval, they are able to enter a new transition care episode without the need for an additional transition care approval. The maximum duration of the new transition care episode is 84 days, with the possibility of an extension to 126 days, regardless of the duration of the earlier episode.

2.9. *Approvals for transition care and longer term care options*

When a client is assessed and approved for transition care, the ACAT should also consider the client's longer term care needs. In some cases, based on the ACAT's professional judgement and in light of the preferences of the client and their family, the ACAT may be able to recommend services to meet the client's longer term care needs at the time of assessment. In other cases, it may be more appropriate to undertake a reassessment towards the end of the transition care episode.

3. Innovative Care Services

The Act allows subsidy to be paid for some kinds of flexible care that do not require ACAT approval.

Section 101 of the *Subsidy Principles 2014* states that people who do not need an ACAT approval to receive a subsidy for flexible care are those who receive care through a Multi-Purpose Service or an innovative care service.

101 Classes of people who do not need approval in respect of flexible care

For subparagraph 50-1(1)(b)(ii) of the Act, the classes of people who do not need approval under Part 2.3 of the Act in respect of flexible care are the following:

- (a) people who receive flexible care through a multi-purpose service;
- (b) people who receive flexible care through an innovative care service.

Note: Subsidy cannot be paid to an approved provider for providing flexible care in respect of a person unless the person is approved under Part 2.3 of the Act as a recipient of that kind of flexible care, or the person is included in a class of people specified in this section (see subsection 20-1(3) of the Act).

Section 50-2(1) of the Act states that the Subsidy Principles may specify kinds of care for which flexible care subsidy may be paid.

Section 105 of the Subsidy Principles specifies kinds of care under innovative care services.

105 Innovative care services

- (1) An **innovative care service** is a flexible care service through which any of the following is provided:
- (a) care that, by its nature, provides alternative care options, including care for older persons:
 - (i) with complex conditions; or
 - (ii) who require coordination and integration of care;
 - (b) care provided in circumstances that require the delivery of alternative care options, including care provided:
 - (i) in an emergency such as a natural disaster involving fire or flood; or
 - (ii) as part of an initiative to address access by older persons to, or the viability of, aged care services; or
 - (iii) where the care needs of a care recipient are not being adequately met by available residential care services or home care services; or
 - (iv) as part of a joint initiative between the Commonwealth and a State or Territory to promote alternative care options for older persons;
 - (c) care provided in a location that, by its nature, requires the delivery of alternative care options, including care provided in an area that is not a major city;
 - (d) care provided to a group of people who are in need of alternative care options, including care provided to older persons who:
 - (i) require coordination and integration of care; or
 - (ii) have complex, chronic conditions; or
 - (iii) need short term aged care following hospitalisation;
 - (e) care provided for a limited period to facilitate alternative care options, including care provided:
 - (i) by a pilot service or project; or
 - (ii) to care recipients in places that have been allocated for a limited time in an emergency;
 - (f) other kinds of care that, to the satisfaction of the Secretary:
 - (i) are provided in a residential or community setting; and
 - (ii) provide alternative care options.
- (2) For subsection (1), **alternative care options** are options for providing flexible care to older persons that meet the needs of care recipients in alternative ways to the care provided through residential care services and home care services.

3.1. Aged Care Innovative Pool

There are provisions in the Act and the Principles which allow the Australian Government to develop services that will:

- provide aged care services in new ways
- provide aged care services to client groups for whom current services are limited or to newly-emerging client groups, and
- provide aged care via new models of partnership and collaboration.

Funding for these services is provided through the Aged Care Innovative Pool. The services are generally time-limited and are evaluated to inform the Government about the innovative application of aged care services.

A wide variety of services have been offered in the past through these arrangements and many of the lessons learned have been brought into mainstream services. The Transition Care Programme and consumer directed care are two significant examples.

4. Multi-Purpose Services

Section 50-2(1) of the Act states that the Subsidy Principles may specify kinds of care for which flexible care subsidy may be paid.

Section 104 of the Subsidy Principles specifies kinds of care under multi-purpose services.

104 Multi-purpose services

A **multi-purpose service** is a flexible care service in relation to which the following requirements are satisfied:

- (a) residential care is provided through the service;
- (b) at least one of the following services is also provided through the service:
 - (i) a health service;
 - (ii) a home and community care service;
 - (iii) a dental service;
 - (iv) a transport service;
 - (v) a home care service;
 - (vi) a service for which a Medicare benefit is payable under the *Health Insurance Act 1973*;
 - (vii) a service that provides a pharmaceutical benefit under the *National Health Act 1953*;
 - (viii) a service that the Minister nominates, in an agreement with the responsible Minister of the State or Territory in which the service is located, as an appropriate service.

PART G - THE APPROVAL PROCESS

Part G Covers

- Approval as a Care Recipient
- Who Can Complete an ACCR?
- Types of Care
- Eligibility for Approval
- Limitation of Approvals
- Date of Effect of Approval
- Approvals that cease to have Effect
- Reassessment Requirements
- Functions and Powers Delegated to ACAT Positions
- Occupants of Delegate Positions

1. Approval as a care recipient

The approval of a person as a recipient of aged care services specified in the *Aged Care Act 1997* (the Act) is a central ACAT function.

In order to occupy a Commonwealth subsidised aged care place, a person must first be assessed and approved as eligible for that type of care (Part 2.3 of the Act).

Section 22-1 of the Act states that people can be approved as recipients of residential, home care or flexible care and must be approved if they have applied and are eligible.

22-1 Approval as a care recipient

- (1) A person can be approved as a recipient of one or more of the following:
 - (a) residential care;
 - (b) home care;
 - (c) flexible care.
- (2) The Secretary must approve a person as a recipient of one or more of those types of aged care if:
 - (a) an application is made under section 22-3; and
 - (b) the Secretary is satisfied that the person is eligible to receive that type of aged care (see Division 21).

Note: Rejections of applications are reviewable under Part 6.1.

Section 22-2 of the Act states that various limitations may be placed on approvals (see Part G - Section 5 for more information).

Section 22-3 of the Act specifies the requirements for applications for approval.

22-3 Applications for approval

- (1) A person may apply in writing to the Secretary for the person to be approved as a recipient of one or more types of aged care.
- (2) However, the fact that the application is for approval of a person as a recipient of one or more types of aged care does not stop the Secretary from approving the person as a recipient of one or more other types of aged care.
- (3) The application must be in a form approved by the Secretary. It may be made on the person's behalf by another person.

The Secretary has approved the Application Form on the Aged Care Client Record (ACCR) for a client to apply for approval as a care recipient.

It may be signed by the client, or by another person on the client's behalf.

If a client is unable to sign the ACCR there is an order of priority of who should sign on their behalf.

1. In circumstances where a person has already been appointed as legal representative through guardianship, administration or enduring power of attorney it is appropriate for that person to sign. This may depend on the nature of their appointment, however for the purposes of signing the ACCR this is a reasonable indication of their authority to sign.
2. Where there is no legally appointed person in place then the next of kin, other family member or carer should sign on the client's behalf.
3. If no such person exists then a solicitor, GP or other health professional who does not have a conflict of interest should sign on the client's behalf.

In all above circumstances, the ACAT assessor must indicate on the ACCR the reason the client was unable to sign, the name of the person signing on the client's behalf and their relationship to the client.

It is not appropriate for a member of an ACAT to sign the ACCR on the client's behalf. This would be a conflict of interest and contrary to the ACAT role as an independent assessor.

Under subsection 22-3 (2) of the Act, a person can be approved for types of care that they have not applied for.

2. Who can complete an ACCR?

Only members of an ACAT can complete an ACCR.

Information contained on an ACCR is protected information under the Act (see Part K – Section 1). This means that the information on the completed form must not be disclosed or distributed without the client's consent. The points below will assist assessors and delegates in their role:

- Blank ACCRs must not be given to a non-ACAT member
- ACAT assessors should collate evidence from a range of multi-disciplinary health professionals in the assessment process
- The ACAT assessor must document their own details and sign both the Application Form and the ACCR where indicated. This signature shows that the ACAT assessor is taking responsibility for the assessment process

- All ACAT Delegates must confirm that the ACAT assessor responsible for the assessment process completed the ACCR, and that they have documented, signed and dated the appropriate sections of the ACCR
- All non-ACAT members who contribute to the ACAT assessment process should be encouraged to undertake ACAT training.

3. Types of care

The Act allows for people to be approved for one or more of the following types of care:

- residential care (including residential respite care)
- home care
- flexible care.

4. Eligibility for approval

Under the Act, to be eligible for a type of care, a person must have care needs that can be appropriately met through the provision of that type of care.

The eligibility criteria for:

- residential care are covered in Part D of these guidelines
- home care are covered in Part E of these guidelines
- flexible care are covered in Part F of these guidelines.

ACAT Delegates should only approve a client for a particular type of care if the assessment demonstrates that they meet the eligibility criteria, and the type or types of care being approved are the most appropriate to meet their care needs.

5. Limitation of approvals

Subsection 22-2 of the Act deals with the limitation of approvals. The Secretary's functions under subsections (1), (3) and (4) are delegated to ACAT positions.

Section 22-2 Aged Care Act 1997 *Limitation of approvals*

(1) The Secretary may limit an approval to one or more of the following:

- (a) care provided by an aged care service of a particular kind;
- (b) care provided during a specified period starting on the day after the approval was given;
- (c) the provision of respite care for the period specified in the limitation;
- (d) any other matter or circumstance specified in the Approval of Care Recipients Principles.

The Secretary is taken to have limited an approval to the provision of care other than respite care, unless the approval expressly covers the provision of respite care.

Note: Limitations of approvals are reviewable under Part 6.1.

(2) A period specified under paragraph (1)(b) must not exceed the period (if any) specified in the Approval of Care Recipients Principles.

(3) The Secretary may limit the approval to one or more levels of care.

Note: Limitations of approvals to one or more levels of care are reviewable under Part 6.1.

(4) The Secretary may, at any time, vary any limitation under this section of an approval, including any limitation varied under this subsection.

Note: Variations of limitations are reviewable under Part 6.1.

(5) Any limitation of an approval under this section, including any limitation as varied under subsection (4), must be consistent with the care needs of the person to whom the approval relates.

Limitations specified in Part 3 of the *Approval of Care Recipient Principles 2014* are:

10 Residential care provided as respite care

- (1) Approval of a person as a recipient of residential care may be limited to respite care if respite care is appropriate to the needs of the person, the person's carer or both.
- (2) If a person's approval is limited to residential care provided as respite care, the approval may be limited to:
 - (a) low level residential respite care; or
 - (b) high level residential respite care.
- (3) However, if the person is approved as a recipient of high level residential respite care, the limitation of the approval does not prevent the person receiving low level residential respite care.

11 Home care

- (1) Approval of a person as a recipient of home care may be limited to one of the following levels of home care:
 - (a) level 1;
 - (b) level 2;
 - (c) level 3;
 - (d) level 4;

where level 4 is the highest level of home care and level 1 is the lowest.
- (2) However, if a person is approved as a recipient of a particular level of home care, the limitation of approval to that level does not prevent the person receiving home care at a lower level.

5.1. *Recommendation for specific kinds of care*

Under section 22-2(1)(a) of the Act, an ACAT Delegate can limit an approval to “care provided by an aged care service of a particular kind.” For example, this allows a delegate to limit flexible care to transition care, or residential care to residential respite care. This does not apply to care such as ‘dementia specific’ care.

Using Question 42 of the ACCR, an ACAT can recommend that a person should receive specialised care, such as care in a secure unit for a client with dementia.

ACATs should know the local facilities that are able to cater for clients with specific needs. The ACAT must also take into consideration the ability of the facility to provide a safe environment for the client, while noting that the final decision to enter care rests with the client, their family and the service provider.

5.2. *Limitation to residential respite care*

A client who has been approved for residential respite care is eligible to receive a maximum of 63 days of respite care in each financial year and can apply for extensions of up to 21 days.

An approval for residential respite care will be limited to either a high or low level. A person approved for a high level of care is able to access care at a lower level, without the need for reassessment and approval. However, if a person’s approval is limited to a low level, a reassessment and approval is required to access a high level of care.

5.3. *Varying a limitation*

Under subsection 22-2 (4) of the Act, the Secretary may, at any time, vary any limitation to an approval. This function is also delegated to ACAT Delegates under subsection 96-2(5) of the Act. This function is not generally exercised by ACAT Delegates as best practice is to reassess a person, in line with subsection 22-2(5) of the Act, if their care needs have changed.

Variations can include, for example, varying the limitation of low level residential respite care to high level residential respite care, varying any time limitation on the approval for a particular type of care, or varying the level of care approved within a Home Care approval. This does not apply to correction of administrative errors, such as approving low level respite care when the intent was to approve high level care.

The date the variation takes effect, is the date the new ACCR is approved and signed by the delegate. Under paragraph 22-6(3)(b) of the Act, the Secretary must also inform the approved person in writing of the variation to the limitation. This function is delegated to ACAT Delegate positions.

6. Date of effect of approval

Under section 22-5(1) of the Act, an approval takes effect on the day on which the Secretary approves the person as a care recipient.

Section 22-5 Aged Care Act 1997 - Date of effect of approval

(1) An approval takes effect on the day on which the Secretary approves the person as a care recipient.

Under the Act, an approval cannot be backdated. The default date of the decision is the date the delegate electronically signs and transmits the ACCR to DHS.

The delegate may have formed an opinion on an earlier date, but the decision is not final until the form is electronically signed and transmitted. There is scope for the date to be amended to allow for situations such as the unavailability of the electronic system. In all cases where the approval date is amended to a date prior to the date of transmission, the ACAT must hold a paper version of the ACCR which was signed and dated on the earlier date.

The exception to this is stated under subsection 22-5(2) of the Act - emergency care – where the date of effect is the date on which care started, if the delegate is satisfied that the person urgently needed the care and it was not practicable to apply for approval beforehand. See Part H of these guidelines (*Emergency Care*) for more information on what constitutes an emergency and how to apply for approval of emergency care.

7. Approvals that cease to have effect

Under Division 23 of the Act, a person's approval as a recipient of aged care can cease to have effect in one of three ways – it can expire, lapse or be revoked.

7.1. Approvals that expire

Under paragraph 22-2(1)(b) of the Act, a delegate can limit an approval to care provided for a specified period. After that period expires, the person is no longer approved for care and, if receiving care, is no longer able to receive that care.

7.2. Approvals that do not lapse

Approvals for the following types of care do not lapse:

- Residential care
- Respite care
- Home Care

7.3. Approvals that lapse

Transition care approvals will lapse if care is not received within the entry period (4 weeks beginning on the day after approval). If care has been received, an approval does not lapse unless there is a break of care of more than one day, excluding an overnight stay in hospital, after the entry period ends. See Part F – Section 2 for more information on transition care.

Some approvals prior to 1 July 2014 may lapse depending on circumstances. See the table in section 7.4 for details on lapsing approvals and reassessment requirements.

7.4. Reassessment requirements

Legislation changes on 1 August 2013 and 1 July 2014 mean that reassessment requirements for most types of care have changed.

The following table summarises when reassessment is required for approvals given on or after 1 July 2009 that are not time limited:

ACAT Approval	Is Reassessment Required?
The client is approved for: <ul style="list-style-type: none"> • Residential care (includes High or Low approvals) 	<p>No – for all approvals after 1 July 2014.</p> <p>No – for all high level residential care approvals.</p> <p>Yes – for low level residential care approvals if there was a break in care for more than 28 days prior to 1 July 2014.</p> <p>Yes – for low level residential care approvals given before 1 July 2013 if the client did not take up care within 12 months of approval.</p>
The client is approved for: <ul style="list-style-type: none"> • High level residential respite care 	<p>No</p>
The client is approved for: <ul style="list-style-type: none"> • Low level residential respite care 	<p>Yes – if the client's care needs change and they require a higher level of care.</p>
The client is approved for: <ul style="list-style-type: none"> • Home Care Package - Level 3 or 4 	<p>No</p>
The client is approved for: <ul style="list-style-type: none"> • Home Care Package - Level 1 or 2 	<p>Yes – if the client's care needs change and they require a level 3 or 4 HCP.</p>
The client is approved for: <ul style="list-style-type: none"> • Transition Care 	<p>No – if the client enters hospital from transition care for longer than an overnight stay, concludes their hospital episode and re-enters transition care (from hospital) within the 4 week entry period.</p> <p>Yes – if client is not provided with transition care within 4 weeks of approval.</p> <p>Yes – if there is a break in care of at least one day (excluding an overnight stay in hospital) after the 4 week entry period.</p> <p>Yes – A Transition care episode can be extended from 84 days up to a maximum of 126 days. An ACAT reassessment may be needed <i>if the delegate</i> is not satisfied with information about the care recipient's further transition care needs supplied by the service provider in the Transition Care Extension Form.</p>

1. If an approval is time limited, and care is required after the specified expiry date, reassessment will be required.
2. Approvals given before 1 July 2009 should be evaluated on a case-by-case basis to determine whether reassessment is required. Please contact DSS for guidance.
3. For community care approvals given before 1 August 2012, reassessment is required if the client was not provided with community care within 12 months of the approval.

7.5. *Revocation*

A client's approval can be revoked if, after ensuring that the client's care needs have been assessed, the Secretary is satisfied that the client has ceased to be eligible to receive a type of aged care for which they are approved. This power is not delegated to ACAT Delegates but to a departmental delegate. On the rare occasions that revocation is being considered, the departmental delegate will liaise with the ACAT to ensure that the necessary assessment is made.

Section 23-4 of the Act sets out the process for revocation of an approval.

A new approval for care does not revoke previous approvals.

8. Functions and powers delegated to ACAT positions

Under Part 2.3 of the Act, the Secretary has the power to approve a person as a recipient of Commonwealth subsidised aged care. Before deciding whether to approve a person the Secretary must ensure the care needs of the person have been assessed under section 22-4 of the Act. Under subsection 96-2(5) of the Act, these approval and assessment powers can be delegated to specified ACAT positions.

- (5) The Secretary may, in writing, delegate to a person making an assessment for the purposes of section 22-4:
- (a) all or any of the Secretary's functions under Part 2.3; and
 - (b) all or any of the Secretary's powers under the Subsidy Principles that relate to respite supplement.

The Secretary has delegated the following functions and powers under the Act to ACAT delegate positions.

22-1 Approval as a care recipient

- (2) The Secretary must approve a person as a recipient of one or more of those types of aged care if:
- (a) an application is made under section 22-3; and
 - (b) the Secretary is satisfied that the person is eligible to receive that type of aged care (see Division 21).

Note: Rejections of applications are reviewable under Part 6.1.

22-2 Limitation of approvals

- (1) The Secretary may limit an approval to one or more of the following:
- (a) care provided by an aged care service of a particular kind;
 - (b) care provided during a specified period starting on the day after the approval was given;
 - (c) the provision of respite care for the period specified in the limitation;
 - (d) any other matter or circumstance specified in the Approval of Care Recipients Principles.

The Secretary is taken to have limited an approval to the provision of care other than respite care, unless the approval expressly covers the provision of respite care.

- (3) The Secretary may limit the approval to one or more levels of care.
- (4) The Secretary may, at any time, vary any limitation under this section of an approval, including any limitation varied under this subsection.

22-4 Assessment of care needs

- (1) Before deciding whether to approve a person under this Part, the Secretary must ensure the care needs of the person have been assessed.

22-1 Approval as a care recipient

- (2) The Secretary must approve a person as a recipient of one or more of those types of aged care if:
- (a) an application is made under section 22-3; and
 - (b) the Secretary is satisfied that the person is eligible to receive that type of aged care (see Division 21).

Note: Rejections of applications are reviewable under Part 6.1.

- (2) The Secretary may limit the assessment to assessing the person in relation to:
- (a) the person's eligibility to receive one or more specified types of aged care; or
 - (b) the person's eligibility to receive a specified level or levels of care.

22-5 Date of effect of approval

- (2) However, an approval of a person who is provided with care before being approved as a recipient of that type of aged care is taken to have had effect from the day on which the care started if:
- (b) the Secretary is satisfied, in accordance with the Approval of Care Recipients Principles, that the person urgently needed the care when it started, and that it was not practicable to apply for approval beforehand.

Note: Determinations of periods and rejections of applications are reviewable under Part 6.1.

22-6 Notification of decisions

- (1) The Secretary must notify, in writing, the person who applied for approval whether that person, or the person on whose behalf the application was made, is approved as a recipient of one or more specified types of aged care.

22-6 (3) The Secretary must notify, in writing, a person who is already approved as a recipient of one or more types of aged care if the Secretary:

- (a) limits the person's approval under subsection 22-2(1) or (3); or
- (b) varies a limitation on the person's approval under subsection 22-2(4).

The Secretary has delegated the following power under the *Subsidy Principles 2014* to ACAT delegate positions.

23 Eligibility for respite supplement

- (2) The Secretary may increase the number of days on which a care recipient can be provided with residential care as respite care during a financial year by up to 21 if the Secretary considers that an increase in the number of days is necessary because of any of the following:
- (a) carer stress;
 - (b) severity of the care recipient's condition;
 - (c) absence of the care recipient's carer;
 - (d) any other relevant matter.

The Secretary has delegated the following powers under the *Approval of Care Recipients Principles 2014* to ACAT Delegate positions.

6 Residential care

- (2) In deciding if a person meets the criteria mentioned in subsection (1), the Secretary must consider the person's medical, physical, psychological and social circumstances, including (if relevant) the following:
- (a) evidence of a medical condition, as decided by a suitably qualified medical practitioner;
 - (b) evidence of absence or loss of physical functions, as established by assessment of capacity to perform daily living tasks;
 - (c) evidence of absence or loss of cognitive functioning, as established by:
 - (i) a medical diagnosis of dementia or other condition; or
 - (ii) assessment of capacity to perform daily living tasks; or
 - (iii) evidence of behavioural dysfunction;
 - (d) evidence of absence or loss of social functioning, as established by:
 - (i) information provided by the person, a carer, family, friends or others; or
 - (ii) assessment of capacity to perform daily living tasks;
 - (e) evidence that the person's life or health would be at significant risk if the person did not receive residential care.

13 Care provided in emergency circumstances

The Secretary may be satisfied that the person urgently needed the care when the care started if the Secretary is satisfied that an emergency existed when the care started.

8.1. *Appointment of ACAT Delegates*

The Secretary does not delegate powers and functions to individual ACAT members. Powers and functions are delegated to positions. Once powers and functions have been delegated to positions, state and territory governments are able to nominate individuals to occupy those positions. The occupants of those positions are known as "ACAT Delegates".

8.2. *Delegations round*

ACAT Delegations are updated in May and November each year. This update involves the revoking of previous instruments of delegation and remaking a consolidated instrument under the Act and the Principles. Attached to the instrument of delegation under the Act is a Schedule for each state and territory, which identifies the positions to which the functions under the Act and Principles are being delegated.

8.3. *Delegate ID*

Positions are identified using a 6 character code:

- Characters 1 – 3 are the ACAT ID
- Character 4 is the profession ID, identified by the following:
 - 1 = Medical Practitioner
 - 2 = Registered Nurse
 - 3 = Social Worker
 - 4 = Occupational Therapist
 - 5 = Physiotherapist
 - 6 = Other

7 = Psychologist

- Characters 5 – 6 are numbers identifying the position within the ACAT.

For example, the delegate position 6SR315 is in the Southern ACAT in Tasmania, can only be occupied by a Social Worker, and is identified by the position number 15 in that ACAT.

9. Occupants of delegate positions

Once delegate positions have been created, individual ACAT members can be nominated to occupy those positions by their team manager. This nomination must be endorsed by the relevant state or territory government prior to requesting agreement from the Department.

Nominated delegates will only be appointed to ACAT Delegate positions if they meet the delegate selection criteria.

9.1. Principles of delegation

The following principles of delegation underpin the delegation framework:

- Delegation is a responsibility which can relate to dramatic changes to a person's life circumstances and must be enacted with a commensurate responsibility and robust accountability.
- The composition of delegates within any one team should reflect the multidisciplinary approach and should include a mix of disciplines drawn from the core assessment professions.
- Wherever possible the approving delegate should not be the same person as the assessor, even though the assessor may also be a delegate.
- In approving a care recipient to receive Commonwealth subsidised aged care, the delegate must be satisfied that the person is not only eligible for the type of care approved, but that this outcome is the optimum for the care recipient. The delegate must be satisfied that the ACAT has:
 - conducted the assessment in accordance with relevant legislation and guidelines.
 - conducted an holistic assessment, including assessment of the person's usual living arrangements.
 - ensured that a multidisciplinary approach was taken and involved the disciplines required to assess different aspects of a person's care needs.
 - recommended the care type for which the person is eligible and that is most suitable to meet their care needs and wishes.
 - involved the client (and/or family as appropriate) in the assessment process.
 - collected adequate verbal or written assessment information, sufficient to address any queries the delegate may have.

Where the delegate is not satisfied, the delegate is responsible for obtaining the additional information required to make a fully informed judgment.

- The delegate should ensure that the Aged Care Client Record has been completed without errors, contradictions or omissions before signing.
- Delegates must comply with all applicable Australian Government and state or territory laws which include, but are not limited to:
 - The *Aged Care Act 1997* and associated Principles.
 - The *Privacy Act 1988*.

- Delegation to positions will be subject to the continued operation of the ACAT according to Commonwealth guidelines, funding conditions and any directions issued by the Secretary to the Secretary's delegates.

9.2. *Delegate selection criteria*

A review of nominees against the selection criteria assists in the appropriate selection of individuals to occupy delegate positions. ACAT Managers should nominate to their state or territory government new delegates who meet the following criteria:

1. is employed 0.5 full time equivalent (FTE) or greater on the ACAP
2. an employee on the ACAT Program for at least 12 months
3. routinely engaged in the full spectrum of ACAT work including community assessments
4. one of the core disciplines for the ACAT
5. successfully completed National Delegation Training.

In some circumstances a new delegate may not fully meet all criteria. This situation may arise in small or rural and remote teams. In these cases, the Department is able to exercise some flexibility, though it must be demonstrated that the person has the necessary skills and knowledge to undertake the role, and that a delegate in that position is necessary for the effective operation of the team.

These criteria ensure that ACAT members have appropriate levels of experience, knowledge and skills to competently undertake the delegate role. Further, the 0.5 FTE was designed to ensure that delegates have enough time to be able to attend appropriate training, and keep abreast of communication and changes. Therefore, any relaxation of these requirements should be treated with a degree of caution.

For Criterion 3, the delegate needs to maintain their practical assessment experience to complement the theoretical component of the National Delegation Training, in line with the ACAP National Training Strategy and the National Minimum Training Standards. This practical component should include being routinely involved in all aspects of ACAT work, including the clinical assessment of older people in the community and in hospital.

For Criterion 4, the core disciplines are Medical Practitioner, Registered Nurse, Social Worker, Occupational Therapist, Physiotherapist and Psychologist. Outside these disciplines (i.e. where the fourth character in the delegate's position number is using the value number "6"), delegation will only be granted where there is a demonstrated need for the person to hold the delegation and the need for the profession is agreed with the Australian Government to be critical to the assessment process. Where an outside profession is being considered, it is essential that the prospective occupant holds relevant skills and/or experience and there needs to be clear justification for that profession to be a delegate.

An ACAT member will not be considered for appointment as an ACAT Delegate if they do not satisfy Criterion 5.

Not all ACAT members need to be delegates. In most instances, no more than 65% of team members should be delegates, although there may be cases, for example in very small teams, where a higher proportion is necessary.

9.3. *Nomination process*

The nomination of a new delegate is initiated by the ACAT manager, who must complete a form providing information about each nominated delegate. The form indicates whether the proposed delegate meets all of the selection criteria and must be signed by the proposed delegate. The completed form is then sent to the relevant state or territory government for endorsement.

Where not all criteria are met, the ACAT manager should provide sufficient information and justification as to why the ACAT member should become a delegate. This should identify any relevant operational issues, the ACAT member's relevant skills and experience, and their suitability to perform as a delegate.

If the State or Territory government supports the nomination, the form and recommendation is sent to the Department of Social Services. The Department will discuss and clarify any issues with the State or Territory government as required. If the Department accepts the nomination, the Delegate's information will be sent to the Department of Human Services for access to the eACCR.

9.4. *Changes in occupant of a position*

When the occupant of a delegate position leaves that position, the ACAT must, through the state or territory government, advise the Department of Social Services. If another person is to take up the position, the nomination process above should be followed.

Although changes to delegate positions can only be made during the delegation rounds, changes to the occupant of a delegate position can be made at any time.

9.5. *Conflict of interest*

In accordance with state or territory government regulations, delegates should disclose and take reasonable steps to avoid, any conflict of interest (real or apparent). Types of interest and relationships that may need to be disclosed include shareholdings, gifts, employment, voluntary work, company directorships or partnerships that could or could be seen to impact upon the delegate's decision-making powers.

9.6. *Liaison with the Department of Human Services*

The Department of Human Services (DHS) manages the aged care payment systems, which provide subsidy payments to providers. ACAT approvals are communicated to the Department of Human Services (DHS) through the eACCR process. DHS also manages the provision of an ikey (also known as a shell token/ security certificate) to each ACAT Delegate which functions as the delegate's electronic signature.

9.7. *Roles and responsibilities of delegates*

The major roles and responsibilities of the delegate in approving a person for care are to ensure that:

- an assessment was undertaken which meets the requirements of the Act, the Principles and Guidelines
- the assessor conducted an holistic and multidisciplinary assessment, which involved the client, their carer and family (as appropriate)
- the client is eligible for the types of care for which he or she is being approved
- the care being approved is the optimal outcome of the assessment and approval process for the client

- all relevant documentation related to the assessment is retained in accordance with relevant legislation and is readily accessible should a request for reconsideration be lodged
- correct dates are entered at all points of the ACCR, including the date of approval and appropriate time limitation dates on any approvals that the delegate decides should be time limited
- approval information is transmitted to DHS using the usual process of the particular ACAT
- the client is advised of the outcome of the assessment using the appropriate template letter developed by the Department of Social Services
- if required, the delegate is available to appear before the Administrative Appeals Tribunal to give evidence in support of a decision, in the event that an appeal is made
- wherever possible, the delegate is not the same person as the assessor.

PART H - EMERGENCY CARE

Part H Covers

Emergency Circumstances

The Assessment and Approval Process in Emergency Circumstances

Emergencies

Extension of the Five Business Day Rule

Recipient Dies Prior to ACAT Assessment

1. Emergency circumstances

An emergency is defined as a situation in which a person's health, safety or life is at significant risk if they do not receive immediate care. Emergency admissions should occur rarely and will usually be precipitated by a crisis situation such as a sudden change in the person's health or wellbeing or a breakdown of existing care arrangements.

Section 22-5 of the *Aged Care Act 1997* (the Act) and section 13 of the *Approval of Care Recipients Principles 2014* deal with emergency care as follows:

22-5 Date of effect of approval

- (1) An approval takes effect on the day on which the Secretary approves the person as a care recipient.
- (2) However, an approval of a person who is provided with care before being approved as a recipient of that type of aged care is taken to have had effect from the day on which the care started if:
 - (a) the application for approval is made within 5 business days (or that period as extended under subsection (3)) after the day on which the care started; and
 - (b) the Secretary is satisfied, in accordance with the *Approval of Care Recipients Principles*, that the person urgently needed the care when it started, and that it was not practicable to apply for approval beforehand.

Note: Decisions about when a person urgently needed care are reviewable under Part 6.1.

- (3) A person may apply in writing to the Secretary for an extension of the period referred to in subsection (2). The Secretary must, by written notice given to the person:
 - (a) grant an extension of a duration determined by the Secretary; or
 - (b) reject the application.

Note: Determinations of periods and rejections of applications are reviewable under Part 6.1.

Section 13 of the *Approval of Care Recipients Principles 2014* states:

13 Care provided in emergency circumstances

The Secretary may be satisfied that the person urgently needed the care when the care started if the Secretary is satisfied that an emergency existed when the care started.

An emergency situation is the only circumstance in which there is provision for the date of effect of an approval to be on the day on which the care started rather than the day the approval was made by the ACAT delegate.

2. The assessment and approval process in emergency circumstances

In approving emergency care, the ACAT Delegate must determine the following:

- the client is eligible for the type of care being provided, and
- the client urgently needed the care at the time the care started, and
- it was not practicable to obtain approval beforehand, and
- there were no more than five business days between the date the care started and the date the Application for Approval was received by the ACAT (five business days rule).

2.1. Referral requirements

The Act requires that, in an emergency situation, the Application for Approval must be signed by the client, or a nominated representative, and by the service provider on admission of the care recipient.

The Application for Approval can be downloaded from the Department of Social Services [website](#) and is part of the Aged Care Client Record (ACCR). ACATs may also provide a hard copy to service providers when an emergency occurs.

The Application Form should be sent to the ACAT within five business days after the day on which the care started. The service provider must provide their Service Provider Number and the date that care started, and tick the box to say that the person urgently needed the care when it started and it was not practicable to obtain approval beforehand.

The ACAT should record the date the Application Form is received and retain the form on file. The referral date is the date the form is received by the ACAT.

As with all referrals, a priority category must be assigned when there is an emergency admission to care. Since the client is in care and not in danger, it is appropriate to assign the referral as priority category 2 where the client should be seen by an ACAT assessor between 3 and 14 days after the referral is received.

2.2. Assessment and approval

The ACAT assessment of a care recipient admitted to care in emergency circumstances should be conducted face-to-face and address:

- the client's eligibility as a recipient of aged care, and
- evidence that an emergency existed at the time the client entered care and that it was not practicable to obtain approval beforehand.

The ACAT Delegate is required to exercise the delegated powers to approve or not approve the person as a recipient of care and to be satisfied that an emergency existed at the time of admission, and that it was not practicable to obtain approval beforehand.

3. Emergencies

The assessor should gather evidence about the situation from as many people as possible, including the client, the carer (if available), the service provider and any other professional who was involved at the time.

There are some situations that are not emergencies and should not be approved as emergency admissions, for example, a bed becoming available in a residential care aged care facility and moving from an acute setting to another care setting.

If a delegate determines that the client is eligible for approval as a care recipient, but an emergency did not exist, then the date of effect of the approval is the date the approval was made. The service provider will not receive subsidy for the period from the date of admission to the date of approval. Decisions about when a person urgently needed care are reviewable under Part 6.1 of the *Aged Care Act 1997* (the Act).

4. Extension of the five business day rule

There are occasions where it is impossible to have the Application for Approval completed within five business days. Subsection 22-5(3) of the Act allows the Secretary to extend this period if an application in writing is made. This power has been delegated to departmental delegates, but has not been delegated to ACAT Delegates. The service provider can write to the Secretary at the Department's address in Appendix C setting out the details of the case and seeking an extension of the five business days rule.

The Secretary must then write to the person, either granting the extension or rejecting the application. If the extension is rejected, the service provider can seek review of the decision. Determinations of periods and rejections of applications are reviewable under Part 6.1 of the Act.

5. Recipient dies prior to ACAT assessment

In a situation where a client enters aged care in an emergency and the provider applies for emergency care but the care recipient dies before the ACAT conducts an assessment the service provider or ACAT should contact the Department of Social Services to seek an approval.

Section 22-4(3) of the Act provides for the Secretary to approve a person as a recipient of residential and other types of aged care without the person's care needs being assessed, if the Secretary is satisfied that there are exceptional circumstances that justify making the decision without an assessment. This function is not delegated to ACAT Delegates. It is only delegated to some officers within the Department of Social Services.

The departmental delegate will make the decision to approve or not approve the client and advise the approved provider, DHS and the ACAT.

Where the ACAT assessor has completed an assessment and the client dies after the assessment, but before the delegate has made their decision, the ACAT Delegate can proceed as usual and make the decision to approve or not approve care. The completed ACCR would be submitted to DHS-Medicare by the ACAT delegate.

PART I - NOTIFICATION OF DECISIONS

Part I Covers

Notifying Clients of Decisions

1. Notifying clients of decisions

ACAT Delegates have a legal obligation to notify clients of the decision to approve or not approve them as recipients of Commonwealth subsidised aged care. This obligation is set out in legislation - sections 22-6 and 85-3 of the Act, and 25D of the *Acts Interpretation Act 1901* as detailed below.

22-6 Notification of decisions

- (1) The Secretary must notify, in writing, the person who applied for approval whether that person, or the person on whose behalf the application was made, is approved as a recipient of one or more specified types of aged care.
- (2) If the person is approved, the notice must include statements setting out the following matters:
 - (a) the day from which the approval takes effect (see section 22-5);
 - (b) any limitations on the approval under subsection 22-2(1);
 - (c) whether the approval is limited to a level or level of care (see subsection 22-2(3));
 - (d) when the approval will expire (see section 23-2);
 - (e) when the approval will lapse (see section 23-3);
 - (f) the circumstances in which the approval may be revoked (see section 23-4).
- (3) The Secretary must notify, in writing, a person who is already approved as a recipient of one or more types of aged care if the Secretary:
 - (a) limits the person's approval under subsection 22-2(1) or (3); or
 - (b) varies a limitation on the person's approval under subsection 22-2(4).

Section 25D of the *Acts Interpretation Act 1901* relates to notification given in writing.

25D Content of statements of reasons for decisions

Where an Act requires a tribunal, body or person making a decision to give written reasons for the decision, whether the expression "reasons", "grounds" or any other expression is used, the instrument giving the reasons shall also set out the findings on material questions of fact and refer to the evidence or other material on which those findings were based.

In addition, section 85-3 of the Act requires that reasons be given for reviewable decisions.

85-3 Secretary must give reasons for reviewable decisions

- (1) If this Act requires the Secretary or the Aged Care Pricing Commissioner to notify a person of the making of a reviewable decision, the notice must include reasons for the decision.
- (2) Subsection (1) does not affect an obligation, imposed upon the Secretary or the Aged Care Pricing Commissioner by any other law, to give reasons for a decision

The Department has drafted template letters to assist delegates to meet these legal requirements.

When delegates complete the templates in accordance with the included directions, the letters satisfy the requirements of the Act and the *Acts Interpretation Act 1901*. Delegates should be aware that the template includes information about the client's review rights. Part J – Section 2 of these guidelines provides more details about reviewable decisions and the process for clients to seek a review of a decision.

Delegates are also required to provide a printed copy of the client's ACCR to the client with the notification letter.

PART J – COMPLAINTS AND RECONSIDERATIONS

Part J Covers

Complaints

Reconsideration and Review of Decisions

Administrative Appeals Tribunal

Ombudsman

1. Complaints

All state and territory governments have complaint handling procedures. These should be followed if a complaint has been received. Complaints are only escalated to the Department of Social Services (DSS) if local procedures do not resolve the complaint, or the complaint is regarding ACAP policy.

2. Reconsideration and review of decisions

Division 85 of the *Aged Care Act* (the Act) deals with the reconsideration and review of decisions. “Reviewable decisions” and are listed in section 85-1 of the Act. Of these, eight decisions relate to the approval or non-approval of people as care recipients, as shown in the table below:

Item	Decision	Provision under which decision is made
19	To reject an application to approve a person as a care recipient	subsection 22-1(2)
20	To limit a person’s approval as a care recipient	subsection 22-2(1)
21	To limit a person’s approval as a care recipient to one or more levels of care	subsection 22-2(3)
22	To vary a limitation on a person’s approval as a care recipient	subsection 22-2(4)
23	As to when a person urgently needed care and when it was practicable to apply for approval	paragraph 22-5(2)(b)
24	To extend the period during which an application for approval as a care recipient can be made	subsection 22-5(3)
25	To reject an application to extend the period during which an application for approval as a care recipient can be made	subsection 22-5(3)
26	To revoke an approval of a person as a care recipient	subsection 23-4(1)

ACAT Delegates have the power to make five of these decisions (items 19-23). The power to make the other three decisions is delegated to departmental delegates (items 24-26).

Under sections 85-4 and 85-5 of the Act, the Secretary is able to reconsider a decision if satisfied that there is sufficient reason to do so, or if a person whose interests are affected by a reviewable decision writes to the Secretary to request that the decision is reconsidered. A person whose interests are affected includes potential and current care recipients and their immediate families, carers or legal guardians as well as aged care service providers.

A service provider may also request review of a decision in relation to emergency circumstances if the ACAT decided that a person did not urgently need care when they entered care. A decision that care was not urgently needed determines the date of effect of approval of care by an ACAT Delegate rather than the day on which care started.

Review rights are explained in the letter of notification to the client that accompanies the client's ACCR.

The power to reconsider a reviewable decision is delegated to departmental delegates but not to ACAT Delegates.

2.1. The reconsideration process

The request for a reconsideration must be made in writing within 28 days of the date on which the person first received written notice of the decision. However, there is provision for the departmental delegate to extend the period for submitting the request.

Once a request has been received, the decision must be reconsidered. The reconsideration will involve a review of the documentation supporting the original decision and may include a reassessment by another ACAT. Following the reconsideration, the delegate has three options:

- confirm the decision
- vary the decision
- set aside the decision and substitute a new decision.

2.2. The role of ACATs in the reconsideration process

As part of a reconsideration, the departmental delegate may request a reassessment of the client. The reassessment is usually done by an ACAT that was not involved in the original decision. The reassessing ACAT can consult the original assessors and delegate and as many relevant parties as possible to ensure a comprehensive reassessment is conducted.

There are some points to note about a reassessment:

- The Application for Approval is not signed by the client.
However, the informed consent of the client to the reassessment is still required and must be obtained prior to undertaking the reassessment.
- Part 6 of the ACCR (Approval as a Care Recipient) is not completed.
- The reassessment ACCR includes comprehensive information and recommendations, including any recommendations about limitations on approvals for the client.
- The assessor does not discuss the reassessment with the applicant, the client or any other party in any way after completing the reassessment.

2.3. Advice on the outcome of the reconsideration

The departmental delegate will write to the person who has sought the reconsideration to let them know the outcome of the review, and give reasons for the decision. Where appropriate, the departmental delegate will also advise any other relevant parties of the outcome.

The notice of the reconsideration decision includes additional information on further review rights available to the applicant.

3. Administrative Appeals Tribunal

If the person who has requested a reconsideration of a decision is dissatisfied with the outcome, an application may be made to the Administrative Appeals Tribunal (AAT) for a review of the decision. This will involve a fee.

ACATs must ensure that all information used in making approval decisions, including information gathered to support reviews of reviewable decisions is properly maintained and available for review by the Administrative Appeals Tribunal (AAT), if necessary.

The ACAT Delegate who made the original decision may be required to appear before the AAT.

4. Ombudsman

If a person wishes to complain about any administrative action taken by the DSS they can write to the Commonwealth Ombudsman's office.

The Ombudsman is an independent statutory officer who has extensive powers to investigate and report on official actions. However, matters that are being dealt with by a court or tribunal, including the AAT, or should be dealt with by a court or tribunal, are generally not investigated by the Ombudsman.

PART K - RECORD KEEPING

Part K Covers

Protection of information

Retention of the ACCR and related information

State and Territory Government Requirements

1. Protection of information

ACATs access and hold information about clients and their families as part of the assessment and approval process. The *Aged Care Act 1997* (the Act) has provisions to protect this information.

86-1 Meaning of *protected information*

In this Part, ***protected information*** is information that:

- (a) was acquired under or for the purposes of this Act or the *Aged Care (Transitional Provisions) Act 1997*; and
- (b) either:
 - (i) is *personal information; or
 - (ii) relates to the affairs of an approved provider; or
 - (iii) relates to the affairs of an applicant for approval under Part 2.1; or
 - (iv) relates to the affairs of an applicant for a grant under Chapter 5.

The Dictionary in the *Aged Care Act 1997* defines personal information as:

personal information means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

The *Privacy Act 1988* defines personal information as:

Part II—Interpretation

Division 1—General definitions

6 Interpretation

personal information means information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- (a) whether the information or opinion is true or not; and
- (b) whether the information or opinion is recorded in a material form or not.

The information about clients and their families which comes into the possession of ACATs meets this definition and is covered by this section of the Act.

1.1. *Using protected information*

Section 86-2 of the Act deals with the use of protected information.

86-2 Use of protected information

- (1) A person is guilty of an offence if:
- (a) the person makes a record of, discloses or otherwise uses information; and
 - (b) the information is *protected information; and
 - (c) the information was acquired by the person in the course of performing duties or exercising powers or functions under this Act or the *Aged Care (Transitional Provisions) Act 1997*.

Penalty: Imprisonment for 2 years.

Note: Chapter 2 of the *Criminal Code* sets out the general principles of criminal responsibility.

All ACAT staff must be aware that information they acquire in the course of their work that is personal information may not be recorded, disclosed or otherwise used apart from the exceptions noted below. For instance, clients may not be discussed with the staff member's family or friends in any way that would allow a client to be identified, written records of 'interesting cases' may not be kept by staff members, and cases may not be referenced in public discussion such as in a Letter to the Editor or in social media.

Any systems developed for the collection and analysis of data should incorporate adequate procedures to protect the privacy of people being assessed. If data is to be used for purposes other than assessment, or individual care planning, ACATs must have procedures in place to ensure that client confidentiality is maintained and individuals cannot be identified.

1.2. *Exceptions to the general prohibition*

Subsection 86-2(2) of the Act sets some very specific exceptions to the general prohibition on the use of the information.

86-2 Use of protected information

- (2) This section does not apply to:
- (a) conduct that is carried out in the performance of a function or duty under this Act or the *Aged Care (Transitional Provisions) Act 1997* or the exercise of a power under, or in relation to, this Act or the *Aged Care (Transitional Provisions) Act 1997*; or
 - (b) the disclosure of information only to the person to whom it relates; or
 - (c) conduct carried out by an approved provider; or
 - (d) conduct that is authorised by the person to whom the information relates; or
 - (e) conduct that is otherwise authorised under this or any other Act.

Note: A defendant bears an evidential burden in relation to the matters in subsection (2) (see subsection 13.3(3) of the *Criminal Code*).

Paragraph (a) allows the ACAT staff to use protected information to carry out their functions and duties and to exercise their delegated powers (if they are delegates) under the Act.

Paragraph (b) allows them to disclose information about the client only to the client, and information about a family member only to the family member. ACATs should note that this subsection does not allow them to disclose information about the client to a family member.

Paragraph (d) allows ACAT staff to use protected information in ways that have been authorised by the person to whom the information relates. If the client has given permission, this subsection allows the ACAT to disclose information about the client to a family member. If a family member has given permission, it also allows the ACAT to disclose information about the family member to the client.

Paragraph (e) removes any potential conflict between the Act and any other Act which may authorise some other use of information which is protected under the *Aged Care Act 1997*.

It is important to understand the penalty and the notes which are included in section 86-2. A person who commits the offence which is established by subsection (1) can face a maximum penalty of imprisonment for 2 years. The note attached to this provision makes it clear that this is a criminal offence and a person found guilty of the offence has a criminal record. The note at the end of subsection (2) means that if a person is charged with the offence created by subsection (1), and wishes to use one of the exemptions in subsection (2) as a defence (eg, claim that what they did was authorised by the person to whom the information relates), the defendant has to produce the evidence that proves, on the balance of probabilities, that the person authorised the action.

These are extremely serious matters, which relate to the daily work of all ACAT staff. All staff should exercise extreme caution in handling the personal information of ACAT clients.

1.3. *Additional exceptions for people conducting assessments*

Section 86-4 of the Act allows some further exceptions for ACAT staff from the general prohibition on the use of protected information.

86-4 Disclosure of protected information by people conducting assessments

A person to whom powers or functions under Part 2.3 have been delegated under subsection 96-2(14), or a person making assessments under section 22-4, may make a record of, disclose or otherwise use *protected information, relating to a person and acquired in the course of exercising those powers or performing those functions, or making those assessments, for any one or more of the following purposes:

- (a) provision of *aged care, or other community, health or social services, to the person;
- (b) assessing the needs of the person for aged care, or other community, health or social services;
- (c) reporting on, and conducting research into, the level of need for, and access to, aged care, or other community, health or social services.

This section allows a further exemption to the prohibition on using protected information. The exemption allows ACAT assessors and delegates to release information for the purposes of the provision of aged or other care, assessing care needs, and reporting on and conducting research into the need for care services. It does not remove the obligations imposed by section 86-2.

1.4. *The Privacy Act 1988*

The *Privacy Act 1988* also applies to the collection, retention and use of personal information by ACATs.

The Privacy Act includes 13 [Australian Privacy Principles](#) that apply to the handling of personal information by most Australian and Norfolk Island Government agencies and some private sector organisations. Both use and disclosure of personal information is covered by Australian Privacy Principle (APP) 6.

Australian Privacy Principle 6 — use or disclosure of personal information

Use or disclosure

6.1 If an APP entity holds personal information about an individual that was collected for a particular purpose (the primary purpose), the entity must not use or disclose the information for another purpose (the secondary purpose) unless:

- a. the individual has consented to the use or disclosure of the information; or
- b. subclause 6.2 or 6.3 applies in relation to the use or disclosure of the information.

Note: Australian Privacy Principle 8 sets out requirements for the disclosure of personal information to a person who is not in Australia or an external Territory.

6.2 This subclause applies in relation to the use or disclosure of personal information about an individual if:

- a. the individual would reasonably expect the APP entity to use or disclose the information for the secondary purpose and the secondary purpose is:
 - i. if the information is sensitive information — directly related to the primary purpose; or
 - ii. if the information is not sensitive information — related to the primary purpose; or
- b. the use or disclosure of the information is required or authorised by or under an Australian law or a court/tribunal order; or
- c. a permitted general situation exists in relation to the use or disclosure of the information by the APP entity; or
- d. the APP entity is an organisation and a permitted health situation exists in relation to the use or disclosure of the information by the entity; or
- e. the APP entity reasonably believes that the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body.

Note: For permitted general situation, see section 16A. For permitted health situation, see section 16B.

6.3 This subclause applies in relation to the disclosure of personal information about an individual by an APP entity that is an agency if:

- a. the agency is not an enforcement body; and
- b. the information is biometric information or biometric templates; and
- c. the recipient of the information is an enforcement body; and
- d. the disclosure is conducted in accordance with the guidelines made by the Commissioner for the purposes of this paragraph.

6.4 If:

- a. the APP entity is an organisation; and
- b. subsection 16B(2) applied in relation to the collection of the personal information by the entity;

the entity must take such steps as are reasonable in the circumstances to ensure that the information is de-identified before the entity discloses it in accordance with subclause 6.1 or 6.2.

Written note of use or disclosure

6.5 If an APP entity uses or discloses personal information in accordance with paragraph 6.2(e), the entity must make a written note of the use or disclosure.

Related bodies corporate

6.6 If:

- a. an APP entity is a body corporate; and
- b. the entity collects personal information from a related body corporate;

this principle applies as if the entity's primary purpose for the collection of the information were the primary purpose for which the related body corporate collected the information.

Exceptions

6.7 This principle does not apply to the use or disclosure by an organisation of:

- a. personal information for the purpose of direct marketing; or
- b. government related identifiers.

ACATs must ensure that they only release information which they have appropriate authority to release. In cases where there is any doubt about the release of information, the ACAT member should discuss the situation with the ACAT manager. The ACAT manager should also consult the state or territory government, the Department, or obtain legal advice if there is any doubt, before releasing information.

2. Retention of the Aged Care Client Record and related information

The [Archives Act 1983](#) governs the record keeping procedures for Australian Government agencies. Agencies must also comply with any directions issued by the National Archives of Australia (NAA). As delegates of the Secretary, ACATs must also comply with Commonwealth legislation. Any information collected by ACATs for the purpose of assessing recipients for the provision of Commonwealth subsidised aged care is collected on behalf of the Commonwealth and is therefore Commonwealth property. This includes client notes or any other material or documents brought into existence for the purpose of preparing the ACCR. It also includes ACCRs created for a person who has ultimately not required aged care services under the Act, but has been referred to other services such as HACC (Commonwealth Home Support Package (CHSP) – in states/territories other than Victoria and Western Australia, after 1 July 2015).

Therefore, as a current form and a Commonwealth record, the ACCR is covered by the former Department of Health and Ageing's Records Authority (RA) [2011/00396196](#), which is available on the [National Archives of Australia website](#). The ACCR and related documents belong to Class No 51170 in that Records Authority. The requirements for this class of documents are set out below.

Class No	Description of records	Disposal Action
51170	<p>Records, including case files, relating to the recipients of residential care, community care, or flexible care services. Includes:</p> <ul style="list-style-type: none"> • advice and other forms of information received or provided to aged care recipients, including about recipient care levels. Includes forms providing detailed information about the level of care required by recipients, correspondence, briefs, phone transcripts and visit reports; • receipt, assessment, processing and approval of applications for subsidies and financial hardship assistance from care recipients; • expiration, lapsing or revocation of approvals for recipients of aged care services; and • determinations and notifications, including the notification of decisions to recipients of aged care or other services. 	Destroy 7 years after the care recipient ceases to receive care

Note: If an assessment record is also a state or territory record (such as clinical notes), the ACAT should seek advice from their state or territory government on any local requirements or legislation.

After the ACCR Application Form has been saved in electronic form, the ACAT is not required to retain the hard copy provided compliance with the following Commonwealth legislation occurs.

Subsection 12(2) of the [Electronic Transactions Act 1999](#) makes it acceptable for an ACAT to scan the hard copy (signed) Application for Approval and store it electronically as part of the client's record:

Retention of written document

- (2) If, under a law of the Commonwealth, a person is required to retain, for a particular period, a document that is in the form of paper, an article or other material, that requirement is taken to have been met if the person retains an electronic form of the document throughout that period, where:
- (a) in all cases—having regard to all the relevant circumstances at the time of the generation of the electronic form of the document, the method of generating the electronic form of the document provided a reliable means of assuring the maintenance of the integrity of the information contained in the document; and
 - (b) in all cases—at the time of the generation of the electronic form of the document, it was reasonable to expect that the information contained in the electronic form of the document would be readily accessible so as to be useable for subsequent reference; and
 - (c) if the regulations require that the electronic form of the document be retained on a particular kind of data storage device—that requirement has been met.
- (3) For the purposes of subsection (2), the integrity of information contained in a document is maintained if, and only if, the information has remained complete and unaltered, apart from:
- (a) the addition of any endorsement; or
 - (b) any immaterial change;
- which arises in the normal course of communication, storage or display.

Section 12 (4) of the *Electronic Transactions Act 1999* provides for electronic communications that are required to be retained for a period to be retained in an electronic form:

- (4) If, under a law of the Commonwealth, a person (the **first person**) is required to retain, for a particular period, information that was the subject of an electronic communication, that requirement is taken to be met if the first person retains, or causes another person to retain, in electronic form, the information throughout that period, where:
- (a) in all cases—at the time of commencement of the retention of the information, it was reasonable to expect that the information would be readily accessible so as to be useable for subsequent reference; and
 - (b) in all cases—having regard to all the relevant circumstances at the time of commencement of the retention of the information, the method of retaining the information in electronic form provided a reliable means of assuring the maintenance of the integrity of the information contained in the electronic communication; and
 - (c) in all cases—throughout that period, the first person also retains, or causes the other person to retain, in electronic form, such additional information obtained by the first person as is sufficient to enable the identification of the following:
 - (i) the origin of the electronic communication;
 - (ii) the destination of the electronic communication;
 - (iii) the time when the electronic communication was sent;
 - (iv) the time when the electronic communication was received; and
 - (d) in all cases—at the time of commencement of the retention of the additional information covered by paragraph (c), it was reasonable to expect that the additional information would be readily accessible so as to be useable for subsequent reference; and
 - (e) if the regulations require that the information be retained, in electronic form, on a particular kind of data storage device—that requirement is met throughout that period.

This allows for emails to be stored as emails in an electronic form for a period of 7 years after the care recipient ceases to receive care.

Section 11 (1) states:

11 Production of document

Requirement to produce a document

- (1) If, under a law of the Commonwealth, a person is required to produce a document that is in the form of paper, an article or other material, that requirement is taken to have been met if the person produces, by means of an electronic communication, an electronic form of the document, where:
- (a) in all cases—having regard to all the relevant circumstances at the time of the communication, the method of generating the electronic form of the document provided a reliable means of assuring the maintenance of the integrity of the information contained in the document; and
 - (b) in all cases—at the time the communication was sent, it was reasonable to expect that the information contained in the electronic form of the document would be readily accessible so as to be useable for subsequent reference; and
 - (c) if the document is required to be produced to a Commonwealth entity, or to a person acting on behalf of a Commonwealth entity, and the entity requires that an electronic form of the document be produced, in accordance with particular information technology requirements, by means of a particular kind of electronic communication—the entity’s requirement has been met; and
 - (d) if the document is required to be produced to a Commonwealth entity, or to a person acting on behalf of a Commonwealth entity, and the entity requires that particular action be taken by way of verifying the receipt of the document—the entity’s requirement has been met; and
 - (e) if the document is required to be produced to a person who is neither a Commonwealth entity nor a person acting on behalf of a Commonwealth entity—the person to whom the document is required to be produced consents to the production, by means of an electronic communication, of an electronic form of the document.

This makes it acceptable for ACATs to provide electronic versions of assessment records by email when they are required to provide those records.

Where the Electronic Transactions Act refers to maintaining the integrity of a document or the integrity of the information contained in a document, it includes a statement that the integrity is maintained:

“if, and only if, the information has remained complete and unaltered, apart from:

- (a) the addition of any endorsement; or
- (b) any immaterial change;

which arises in the normal course of communication, storage or display.”

2.1. *Methods of destruction of records*

The destruction of paper records must be by secure waste bins, through a T4 accredited waste management agency. Further information about T4 accreditation is available on the [Australian Security Intelligence Organisation website](#). ACATs must also maintain a means of identifying what has been destroyed, and provide a copy to the Department on an annual basis.

The destruction of electronic records requires the deletion of all copies of the record from any system in such a way that it is impossible to restore the record. This destruction should also be included in the means that identifies what has been destroyed.

3. State or territory government requirements

If a record of an assessment is a state or territory government record as well as being a Commonwealth record, there may be other requirements to retain and store the information under local legislation. ACATs should seek advice from their state or territory government on any local requirements and meet all the requirements set by both levels of government.

APPENDIX 1 - THE AGED CARE ACT 1997 AND THE AGED CARE PRINCIPLES

The *Aged Care Act 1997* (the Act) is the legislative basis for the Australian system of aged care. Commonwealth subsidised aged care is provided under the Act as either residential, home care, or flexible care.

The Act also enables the Minister to make Principles required or permitted under the Act, or necessary or convenient to carry out or give effect to Parts or sections of the Act. (See section 96-1 of the Act)

These Guidelines include content from the Act and the Principles. Although these were correct at the time of drafting the Guidelines, the Act and the Principles can be amended by the Parliament and the Minister respectively. Current versions of the Act and the Principles can be accessed through the [ComLaw](#) website maintained by the Office of Parliamentary Counsel.

The Act is available under “Acts” and is simply called the *Aged Care Act 1997*. The Aged Care Principles are available under “Legislative Instruments” or can be searched for by name. They can only be accessed under their individual names. The following is a list of the Aged Care Principles:

<i>Accountability Principles 2014</i>	replaces <i>Accountability Principles 1998</i>
<i>Aged Care (Transitional Provisions) Principles 2014</i>	new principles capturing arrangements for continuing care recipients who were in care before 1 July 2014
<i>Allocation Principles 2014</i>	replaces <i>Allocation Principles 1997</i>
<i>Approval of Care Recipients Principles 2014</i>	replaces <i>Approval of Care Recipients Principles 1997</i>
<i>Approved Provider Principles 2014</i>	replaces <i>Approved Provider Principles 1997</i>
<i>Classification Principles 2014</i>	replaces <i>Classification Principles 1997</i>
<i>Committee Principles 2014</i>	replaces <i>Committee Principles 2013</i>
<i>Complaints Principles 2014</i>	replaces <i>Complaints Principles 2013</i>
<i>Extra Service Principles 2014</i>	replaces <i>Extra Service Principles 1997</i>
<i>Fees and Payments Principles 2014 (No. 2)</i>	replaces <i>Fees and Payments Principles 2014</i> (made in January 2014), also includes some components from the <i>User Rights Principles 1997</i>
<i>Grant Principles 2014</i>	combined <i>Advocacy Grant Principles 1997</i> , <i>Community Visitors Grant Principles 1997</i> and the <i>Residential Care Grant Principles 1997</i>
<i>Information Principles 2014</i>	replaces <i>Information Principles 1997</i>
<i>Quality of Care Principles 2014</i>	replaces <i>Quality of Care Principles 1997</i>
<i>Records Principles 2014</i>	replaces <i>Records Principles 1997</i>
<i>Sanctions Principles 2014</i>	replaces <i>Sanctions Principles 1997</i>
<i>Subsidy Principles 2014</i>	replaces <i>Flexible Care Subsidy Principles 1997</i> , <i>Home Care Subsidy principles 2013</i> and the <i>Residential Care Subsidy Principles 1997</i>
<i>User Rights Principles 2014</i>	replaces <i>User Rights Principles 1997</i>

APPENDIX 2 - CONTACT DETAILS

Department of Social Services – Central Office

☎ 1300 653 227

📧 Assessment Section
Access Reform Branch
Access, Quality and Compliance Group
Department of Social Services
PO Box 7576
Canberra Business Centre ACT 2610

✉ ACAP.policy.operations@dss.gov.au

Department of Social Services – New South Wales/ACT State Office

☎ 1300 653 227

📧 Aged Care Assessment Programme
Aged Care Branch (NSW and ACT)
Department of Social Services
GPO Box 9820
Sydney NSW 2001

Department of Human Services – Central Office

☎ Aged Care helpdesk 1800 195 206

✉ agedcare.support@humanservices.gov.au

APPENDIX D – GLOSSARY

Item	Meaning
AAT	Administrative Appeals Tribunal. The AAT is an independent body that a person may seek review from if they do not agree with certain decisions that have been made about them by an Australian Government Agency. The AAT can only review a decision where it has been given jurisdiction to do so under relevant Commonwealth legislation. Section 85-8 of the <i>Aged Care Act 1997</i> ("the Act") gives the AAT the jurisdiction to review reviewable decisions under the Act that have been the subject of a reconsideration by the Secretary under sections 85-4 or 85-5 of the Act.
ACAP	Aged Care Assessment Programme
ACAP MDS V2	Aged Care Assessment Programme National Minimum Data Set Version 2. The MDS is an important source of information for the ACAP and the aged care system generally. It contains data on assessments by ACATs, as set out in the ACAP Data Dictionary.
ACAS	Aged Care Assessment Service (ACATs are known as ACASs in Victoria).
ACAT(s)	Aged Care Assessment Team(s)
ACAT DELEGATE	Under subsection 96-2(5) of the <i>Aged Care Act 1997</i> , (the Act), the Secretary has delegated the power under Part 2.3 of the Act, to approve a person as eligible to receive different types of aged care, to positions within ACATs. Occupants of these positions are known as ACAT Delegates.
ACCR	Aged Care Client Record The ACCR is the Secretary's approved form for a person to apply to be approved as a recipient of aged care under section 22-3(3) of the <i>Aged Care Act. 1997</i>
ACFI	Aged Care Funding Instrument. The ACFI is used by residential aged care approved providers to make an appraisal of a client's care needs. The result of the appraisal determines the level of funding for providing care to the client.
AGED CARE ACT 1997 ("the Act")	The principal legislation that regulates the aged care programme. The Act covers residential aged care, flexible care and home care. The Act does not cover Home and Community Care (HACC) services, Carers Allowance and aged care services that are administered under State or Territory legislation (such as Retirement Villages).
AGED CARE COMPLAINTS SCHEME	The Aged Care Complaints Scheme provides a free service for people to raise their concerns about the quality of care or services being delivered to people receiving aged care services subsidised by the Australian Government, including residential home and flexible aged care as well as Commonwealth funded HACC (Commonwealth Home Support Package (CHSP) – in states/territories other than Victoria and Western Australia, after 1 July 2015).
AGED CARE INNOVATIVE POOL	The Aged Care Innovative Pool of flexible care places was established in 2001-02 to enable the provision of aged care services via new models of partnerships and collaboration with stakeholders, including state and territory governments and approved providers.
APPLICATION FORM	<p>The Application Form records the client's application for aged care services under the <i>Aged Care Act 1997</i> and authorises the disclosure of the client's personal information in accordance with Part 6.2 of the <i>Aged Care Act 1997</i>.</p> <p>The Application Form also contains an emergency care section which, where applicable, is completed by a service provider in an emergency situation where it was not practicable to apply to an ACAT for approval beforehand.</p>
APPs	Australian Privacy Principles under the <i>Privacy Act 1988</i> (for acts or practices that occur after 12 March 2014)

Item	Meaning
APPROVED PROVIDER	<p>A person or body approved by the Secretary of the Department of Social Services under Part 2.1 of the Act to operate Commonwealth subsidised aged care services.</p> <p>In these Guidelines and in the Home Care Packages Programme Guidelines, the term 'home care provider' is generally used to refer to the 'approved provider' – the corporation that has been approved by the Department of Social Services under part 2.1 of the Act as suitable to provide home care.</p>
CACP	Community Aged Care Package CACPs were individually planned and coordinated packages of care, designed to meet older people's daily care needs in the community. On 1 August 2013 these packages transitioned to home care level 2 packages.
CARE RECIPIENT	A person approved by an ACAT as having significant care needs which could be met through the provision of residential care, Home care and/or flexible care.
CARER	A person, who may also be a family member, next of kin, friend or neighbour, who has been identified as providing regular and sustained care and assistance to a person without payment other than a pension or benefit.
CENTRAL OFFICE	The office of the Department of Social Services in Canberra where the Aged Care Assessment Programme is managed and administered nationally.
COMMONWEALTH HOME SUPPORT PROGRAMME	<p>The Commonwealth Home Support Programme (CHSP) is the entry level of Australia's aged care system for older people who need assistance with daily living to remain living independently at home.</p> <p>The CHSP consolidates four Commonwealth-funded home support programmes into one streamlined and simplified programme:</p> <ul style="list-style-type: none"> • Commonwealth Home and Community Care (HACC) Program • National Respite for Carer Program (NRCP) • Day Therapy Centres (DTC) Program, and the • Assistance with Care and Housing for the Aged (ACHA) Program. <p>The CHSP begins on 1 July 2015 in states and territories other than Western Australia and Victoria.</p>
DELEGATE	Under subsection 96-2(5) of the <i>Aged Care Act 1997</i> , the Secretary of the Department of Social Services (DSS) has delegated powers and functions to positions within ACATs and DSS. Occupants of these positions are regarded as delegates, or a delegate, of the Secretary.
DEPARTMENT	The Department of Social Services
DEPARTMENTAL DELEGATE	Under subsection 96-2(5) of the <i>Aged Care Act 1997</i> , (the Act), the Secretary has delegated powers and functions under the Act to positions within DSS. Occupants of these positions are known as departmental delegates.
DHS	The Department of Human Services. DHS receives information about approved care recipients from ACATs and makes payments to approved aged care service providers, including home care providers, for the care they provide to those care recipients.
EACH	Extended Aged Care at Home (EACH) packages. These were Individually planned and coordinated packages of care, designed to meet older people's daily care needs in the community. On 1 August 2013, these packages become Home Care level 4 packages.
EACH – DEMENTIA	Extended Aged Care at Home Dementia packages. These were individually planned and coordinated packages of care, designed to assist frail older people with dementia and behaviours of concern associated with their dementia, who require management of behaviours and services, because of their complex needs. On 1 August 2013, these packages become Home Care level 4 packages.

Item	Meaning
FLEXIBLE CARE	Under the Act, one of three care types, the other being home care and residential care. Flexible care includes Multi-Purpose services, innovative care services and transition care.
GP	General Practitioner
GUARDIAN	A person appointed under state or territory legislation to have guardianship of another person's affairs.
HACC	Home and Community Care. A programme of basic maintenance and support services to prevent premature admission to residential care. Services include home nursing, home help, respite care and assistance with meals and transport. Access to HACC services is on the basis of relative care need and the availability of services. ACAT assessment and approval is not required to access HACC. From 1 July 2015, HACC will be replaced by the Commonwealth Home Support Programme (CHSP) in Australian states and territories other than Victoria and Western Australia.
HOME CARE	<p>A Home Care Package provides a co-ordinated package of services tailored to:</p> <ul style="list-style-type: none"> • meet the consumer's specific care needs; • assist people to remain living at home, and • enable consumers to have choice and flexibility in the way in which their care and services are provided at home. <p>Home care commenced on 1 August 2013 and consists of four levels of package. Community Aged Care Packages (CACPs) Extended Aged Care at Home (EACH) packages and Extended Aged Care at Home Dementia (EACHD) packages became home care at this time</p>
MINISTER	The Australian Government Minister for Social Services
MPS	Multi-Purpose Service. MPSs are a form of flexible care. The requirements of what constitutes an MPS are contained within sections 104 and 109(2) of the <i>Subsidy Principles 2014</i> .
MY AGED CARE	My Aged Care assists older people, their families and carers to access aged care information and services via the My Aged Care website (myagedcare.gov.au) and national phone line (1800 200 422).
NSAF	The National Screening and Assessment Form used by My Aged Care to understand a client's needs in order to determine an appropriate pathway for them.
NTFF	National Transaction File Format. The NTFF sets out the requirements for the ACAP data which state and territory governments provide to the Department.
OLDER PERSON	Under the Act, there is no definition of an older person or an aged person. However, an older person may be regarded as someone who is 65 years or older, or, if they are Aboriginal or Torres Strait Islander people, 50 years or older.
PERSONAL INFORMATION	Is defined in the <i>Aged Care Act 1997</i> as information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.
PLACE	A place is the capacity within an aged care service for the provision of one of the three types of aged care for which subsidy is payable under the Act.

Item	Meaning
PROTECTED INFORMATION	Is defined under section 86-1 of the <i>Aged Care Act 1997</i> as information that: <ul style="list-style-type: none"> (a) was acquired under or for the purposes of this Act or the <i>Aged Care (Transitional Provisions) Act 1997</i>; and (b) either: <ul style="list-style-type: none"> (i) is *personal information; or (ii) relates to the affairs of an approved provider; or (iii) relates to the affairs of an applicant for approval under Part 2.1; or (iv) relates to the affairs of an applicant for a grant under Chapter 5
RAS	The My Aged Care Regional Assessment Service (RAS) assesses the needs of people for a lower intensity of care provided by the Commonwealth Home Support Programme (CHSP). The RAS will operate in all jurisdictions, other than Western Australia and Victoria where current state operated approaches will be maintained for the present time.
RESIDENT	A person residing in a Commonwealth subsidised aged care facility.
RESIDENTIAL CARE	Under the Act, one of three care types, the others being flexible care and home care. Residential Care is defined in section 41-3 of the Act.
RESPITE CARE	Care given as an alternative care arrangement with the primary purpose of giving the carer or a care recipient a short term break from their usual care arrangement.
SECRETARY	The person filling, or temporarily filling, the position of Secretary to the Department of Social Services.
PEOPLE WITH SPECIAL NEEDS	A group of people that may experience unequal access to services on the basis of their circumstances. People with special needs are identified in the Act and the Principles.
STATE OFFICE	A state or territory office of the Department of Social Services.
SUBSIDY	Australian Government funding paid to an approved provider of aged care to subsidise the provision of care in a Commonwealth subsidised aged care place. Providers are paid subsidy for each approved care recipient cared for during the claim period.
TRANSITION CARE	Transition care is a form of flexible care that is legislated by the Act and the Principles. Transition care is provided at the conclusion of an in-patient hospital episode. It provides a range of services that includes low intensity therapy (such as physiotherapy, occupational therapy and social work) and either nursing support and/or personal care. Transition care is goal-oriented, time-limited, therapy-focussed and targeted towards older people. It helps older people complete their restorative process, optimise their functional capacity, while assisting them and their family or carer to make long-term care arrangements.