

HACC Transition - My Aged Care update for Victorian HACC Assessment Services

December 2015

Introduction

This My Aged Care update for HACC Assessment Services (HAS) provides an overview of the recent HAS forums conducted and a consolidated Question and Answer (Q&A) from the forums.

Many questions were raised throughout the forums and subsequently with the Victorian Department of Health & Human Services (DHHS) by HASs. The Q&A provided in this bulletin reflects a high level summary of some of the themes of questions raised.

The current environment is very dynamic. The Commonwealth Department of Health (DoH) and Victorian DHHS continue to have discussions regarding the future arrangements for the delivery of assessment services in Victoria.

Some questions that were asked have not been addressed in this Q&A, as work is still in progress. At this point in time only those questions where we have answers have been included.

A full record of all questions raised is being kept by the DHHS HACC Transition - My Aged Care team and we will address these in future bulletins as answers become available.

Monthly communication bulletins are planned from now until June 2016 and these will be joint bulletins from Victorian DHHS and Commonwealth DoH. These will focus on the following:

- IMIT requirements – hardware and software
- Referral allocation and procedures
- Reviews, re-assessment, care coordination
- Workforce roles
- Training plan

A Glossary of Terminology will also be developed to assist in a shared understanding between all stakeholders as Victorian HASs and HACC service

providers transition into the My Aged Care environment.

Assessment forums

In November/December 2015 DHHS conducted regional forums with all HASs in Victoria. A representative from Commonwealth DoH also attended the Assessment forums. The purpose of the forums was to:

- Provide an overview of the Bilateral Agreement (September 2015) between the Commonwealth and Victoria in relation to Assessment, what it means for implementation - tasks and time frames;
- Provide an overview and discussion on the learnings, challenges and opportunities of the My Aged Care Early Implementation project; and
- Begin the discussion on the way forward for the establishment of the proposed virtual Victorian Regional Assessment Services (RAS).

DHHS was very fortunate to have the Early Implementation Council Aged & Disability Managers and the pilot RAS Coordinator, attend each of the forums. This provided an opportunity for HASs across the State to hear directly from colleagues about their experience as early adopters of My Aged Care. Some of the high level learnings the early implementation HASs spoke about were:

- Ensuring processes are in place so that assessors remain focused on good practice whilst also working within the My Aged Care system and with the National Screening & Assessment Form (NSAF).
- Communication and supporting staff through the change is crucial.
- Having a RAS Coordinator provides support and consistency of practice and processes across the three HASs.

- The interface between assessment and service provision is critical to achieving positive outcomes for clients and their carers. Building and maintaining relationships with all the CHSP providers is essential.

Q&A

ACAS and RAS

How does ACAS fit with the RAS?

The ACAS is not part of the RAS. This is consistent across all jurisdictions. The ACAS and RAS have separate but complimentary assessment functions in My Aged Care.

My Aged Care has three tiers of assessment, all using the NSAF that creates a single client record:

1. Registration & screening undertaken by the My Aged Care Contact Centre to gain an initial understanding of a client's needs to determine the appropriate assessment pathway. Clients can also be referred directly to Commonwealth Home Support Programme (CHSP) services, in some circumstances.
2. Home Support Assessment undertaken by Regional Assessment Services (currently HAS in Victoria).
3. Comprehensive Assessment undertaken by Aged Care Assessment Teams.

The key point of difference between the Home Support Assessment and the Comprehensive Assessment is that the Home Support assessment function is assessment for people seeking entry-level support at home through the CHSP, whilst the Comprehensive assessment is for people who require aged care services approved under the Aged Care Act (i.e. home care packages and residential care).

Although the ACAS and RAS have separate assessment functions in My Aged Care, it is still important that ACAS and RASs have good working relationships to ensure that frail older people get the right assessment and service response at the right time. Good communication between ACAS and HASs is paramount for effectively operating in the My Aged Care environment.

Practice, Process & Funding

How have assessors in the early implementation conducted assessments?

Practice has been varied. Assessors in the early implementation use laptops or ipads to complete the assessment.

More information on the IMIT requirements and options will be provided in the January 2016 Bulletin.

How has the early implementation HASs ensured that the system and NSAF does not drive practice?

Key learnings from the early implementation Council HASs:

- Give assessors time to get to know the NSAF and the questions so using the NSAF doesn't become a prescriptive process;
- Assessors have reported that using tablets instead of laptops is more client friendly and less restrictive enabling better conversation with clients; and
- That the My Aged Care system and NSAF training is not sufficient to ensure that good practice drives the assessment and support planning process. DHHS will be exploring what other support/ training would be beneficial to HAS assessors as they transition into the My Aged Care environment.

Is the assessment of people under 65 a different process?

Yes. Assessment for people under 65 (50 and under for Aboriginal people) is not undertaken in My Aged Care.

Only people aged over 65 (aged 50 and over for Aboriginal people) are eligible and will be registered on My Aged Care for CHSP services.

HAS funding for assessment will be split by age and the Assessment function for people under 65 will continue to be undertaken by HASs in Victoria using existing Victorian systems and processes.

The three year transition period means that there can be a consolidated approach to the under and over 65s (until the NDIS takes full effect and the State Government has made a decision about the future arrangements for the social care of people under 65 not eligible for the NDIS).

Training

What will the training requirements for My Aged Care be?

The training arrangements for Victorian HAS staff are currently being discussed between the Victorian DHHS and the Commonwealth DoH.

All assessors will require training on the My Aged Care system and the NSAF. DHHS will be working with DoH to identify what additional training will be relevant to assessors in Victoria given that there is already an established, qualified home support assessment workforce.

Training requirements and the timeframe and arrangements for the training will be included in the road map for full transition to My Aged Care which will be agreed to by DHHS and DoH by the end of February 2016.

What has the early implementation HASs done to upskill assessors to assess for the full suite of CHSP services?

A Home Support Assessor needs to have a good understanding of the range of service providers available to people in the local area. The CHSP includes not only what we currently know in Victoria as HACC services but also National Respite for Carers Program (NRCP), Assistance with Care and Housing for the Aged (ACHA) and Day Therapy Centres (DTC).

The key change for assessors is referrals. The actual scope of the practice of assessment should be no different to conducting a HACC Living at Home assessment. Assessors are not assessing specifically for services, but rather the needs of the person seeking assistance/support. All assessors should continue with person centred assessment practices that aim to gain a broad understanding of a person and their carers needs, in order to assist the person to live at home as independently as possible.

In October 2015 the early implementation HASs hosted a forum to bring together assessors, PAGs and the newly formed CHSP service providers (NRCP, ACHA, DTC).

The forum facilitated a 'get to know' one another approach, providing opportunity for assessors to understand the range of services available in the catchment and for providers to understand the role of a HASs in Victoria.

Feedback from the forum was very positive and DHHS will look at the benefits of conducting similar forums more broadly.

RAS Coordinator

What is the role of the RAS Coordinator?

In the early implementation catchment, the RAS Coordinator has the role of ensuring consistency of practices and messages across the three HASs. **The RAS Coordinator role is currently under review as part of identifying potential broader state-wide implementation.**

To date, the high level objectives of the early implementation RAS Coordinator role have been:

- To co-ordinate the workloads and efforts of a My Aged Care "virtual sub – regional assessment team" for the CHSP assessment function;
- To develop and monitor processes to ensure that face to face assessments for the CHSP are provided in a uniformly skilled, culturally appropriate way, from a wellness and person centred perspective;
- To facilitate and collate feedback from local service providers about how the assessment, support plans, review and monitoring processes are working between the RAS and service providers, and develop proposals for improvements;
- To facilitate the development of peer support, practice reflection and learning, uniform processes and practices to ensure that all older people/carers receive the same high standard CHSP assessment service across the catchment;
- To assist in the development and implementation of data across the RAS to determine performance and outcome indicators for future planning and evaluation purposes; and
- To assist the DHHS and the Early Implementation Project Management Group with the strategic directions of the virtual RAS, in the context of being part of My Aged Care.

System

What kind of information do you get from registration and screening in a referral from My Aged Care Contact Centre?

The My Aged Care Contact Centre will register and screen clients and make referrals for assessment and in some circumstances referrals direct to service.

Currently information includes basic demographic information and screening information includes items such as reason for contact, current health status, current support, including caring arrangements, safety concerns, special needs and complexities and ability to undertake daily activities.

The level of information and quality of information received in referrals has varied in the early implementation.

Improving the quality of referrals and My Aged Care contact centre processes has been a key focus for the Commonwealth since national rollout occurred on 1 July 2015. The Commonwealth has a number of system upgrades planned which will improve the quality of information provided in a referral.

The next system release is scheduled for March 2016. The release will focus on changes to enable:

- assessment organisations to transfer referrals to other assessment organisations;
- attachments to be added, reviewed and removed in each portal;
- report names to display more meaningful information for assessors and service providers;
- improved My Aged Care contact centre processes, for example, streamlining the screening process.

(Note: the scope of the release is subject to change).

What has been the client experience of My Aged Care in the Early Implementation catchment?

When the early implementation went live on 13 April 2015, My Aged Care was not very well known and it was challenging for people to understand the change to the way in which they accessed home support and aged care services. The HASs in the early implementation supported clients through this process and ensured that when clients were 'warm transferred' to the contact centre for registration and screening that they were then referred back for assessment in a timely way.

The HASs and all service providers in the early implementation have worked hard to ensure that the system has not prevented or unnecessarily delayed the provision of services and support to people when they need it.

Significant improvements have been made to both the call wait times and the length of time clients and their carers are on the phone for the screening process. The experience for clients is very different now to what it was at the beginning of the early implementation. The

system enhancements scheduled for March 2016 (as described in the previous answer) will further add to an improved client experience with My Aged Care.

Do I need to upgrade my client management system to access the My Aged Care assessor portal?

No. HASs do not need to update client management systems to use My Aged Care. The assessment function, including the use of the NSAF, constructing a support plan and match and referring to CHSP providers will all be done in the My Aged Care assessor portal which will be accessed via the internet from a desktop, laptop or tablet/ipad.

Will existing clients need to be transferred to My Aged Care from 1 July 2016?

No. From 1 July 2016 only new clients will be registered with My Aged Care.

Clients receiving services prior to the transition to My Aged Care in Victoria do not need to register unless their needs and/or circumstances change. The way in which existing clients become registered on My Aged Care is through the review or reassessment process.

Which service providers can assessors refer to using My Aged Care?

Home Support Assessors match and refer to CHSP service providers using My Aged Care. If a referral for other services e.g. state funded services is required, the referral will need to be made outside of the My Aged Care system. Currently My Aged Care does not include the functionality for referrals to be made to non-Commonwealth funded aged care services.

Independence of Assessment from Service Provision

How will HASs in Victoria be able to demonstrate independence of assessment from service provision?

DHHS will be undertaking a project in early 2016, that will document how positive client outcomes can be achieved in a model of independence of the assessment function from service provision. This will include what it means for the range of HASs i.e. Councils - rural and metro, Health services – rural and metro and NGOs.

DHHS will share the outcomes of this work in early 2016 and aims to conduct broader consultation with HASs across the state.

Can joint case conferences between HASs and community health continue in a model of independence of functions?

The relationship between assessment and service provision is critical in achieving a wellness and reablement approach. Arrangements such as co-location, joint case conferencing for common complex clients is good practice that the DHHS considers to be central to achieving a person centred and coordinated approach to integrated care arrangements.

As part of the indicators project described in the answer above, DHHS will explore how these arrangements can be articulated in a model of independence of assessment from service provision.

For further information, questions or comments please email deb.a.warren@dhhs.vic.gov.au and jayne.power@dhhs.vic.gov.au with a cc to your regional DHHS contact.