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Why was My Aged Care introduced?

The Living Longer Living Better: Aged Care Reform Measures were introduced in May 2012; they remain consistent with the Current Governments focus. The link to the full package can be found [here](#). The package is far reaching and comprehensive in its approach to overhaul and standardise aged care systems across Australia. The measures could be summarised into three main areas:

1. Staying at Home

Increased programs and funding to enable older Australians to stay at home longer and with better Carer support; to include a universal entry point, easier access, single funding instrument, single assessment tool.

2. Residential Care

Simplifying the transition to aged care, a universal assessment tool, better directed care, better relationships with other health care providers.

3. Tackling Dementia

Specific programs to support dementia in the home and in residential aged care.

The Productivity Commission made a number of findings that have brought about My Aged Care, including:

- Challenge of finding reliable information about aged care;
- Difficulty in understanding how to navigate aged care;
- People are often asked to provide the same information multiple times;
- Varied assessment approaches can lead to different outcomes for people with similar needs.

Aged Care Reform changes

As a continuance of the Living Longer Living Better Aged Care Reform package, the service platform for the provision of Home Care Packages is now at its final implementation point.

Changes so far	Impact on General Practice
<i>Residential Aged Care Facility (RACF) beds</i>	
<ul style="list-style-type: none"> • All beds transition into being Commonwealth funded; same assessment criteria to access RACF. • Aged Care Assessment Team (ACAT) will continue to be the assessment for access to residential Aged Care. • Beds are no longer Low or High in terms of funding. Each Resident is now assessed according to their actual conditions, requirements for care and support of activities for daily living. 	<ul style="list-style-type: none"> • Increased number of residents. • Aged Care Funding Instrument (ACFI) requires documented clinical diagnosis and guidance from General Practitioners. • A Comprehensive Medical Assessment (CMA) is best practice to ensure ALL conditions are listed. GPs should actively use the care planning / case conferencing items to document directives for care.
<i>Medication Management</i>	
<ul style="list-style-type: none"> • To reduce unnecessary medication use in RACF and the complications which arise, RACF's will be updating and improving the systems they have in place to deliver and monitor medication. • To institute and actively use Medication Advisory Committees in RACF; these are to comprise of Pharmacy, General Practice and RACF staff. 	<ul style="list-style-type: none"> • The General Practice needs to ensure that they are referring for the Residential Medication Management Review and that they use and / or refer to this document in their prescribing. • General Practice needs to be prepared to support Medication Advisory Committees in the RACF.
<i>The establishment of the My Aged Care website</i>	
<ul style="list-style-type: none"> • All Residential Home Providers are required to list full location, types and costs of services on the website. 	<ul style="list-style-type: none"> • Access to information and services for entry to Residential Aged Care Facilities.

Key changes from the 1st July 2015

Change	Purpose	Key recommendations for Aged Care Reform
myagedcare.gov.au Portal	Aged Care will now be provided as a continuum of service. All referrals and triage for service through a single entry / capture service.	Single Entry Point through myagedcare.gov.au for any service to support ageing.
Regional Assessment Services	Provide assessment service responsive to homecare needs. Standardised assessment formats.	Provide a consistent assessment process to access home care.
Consumer Directed Care	Consumers actively direct and engage with the services they need to support active ageing in the home.	Tailoring home care packages to better support those at home.
Central Client Record	To facilitate the collection and sharing of client information between assessment, service provision, client carers and / or other Providers.	Consistent tracking of all assessments, services and client / provider contact

My Aged Care Single Entry Point

www.myagedcare.gov.au or call 1800 200 422.

(Telephone operating hours: Mon to Fri - 8am to 8pm and Sat – 10am to 2pm)

A website / telephone support system which is accessible by all Australians at all times. Clients will be registered and then have a single client record which enables each step / provider to engage.

Current services:

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

Services available through the My Aged Care entry point:

1. [Home Support program](#)
Home and Community Care (HACC), Day Therapy Centre (DTC), National Respite and Care Program (NRCP)
2. [Home Care packages](#)
Level 1 to 4 Care packages to support those from basic to high level needs.
3. [Residential Aged Care](#)
For entry to Residential Aged Care the referral for assessment will go to the ACAT regional provider.

Regional Assessment Services

National assessment process which starts from the 1st of July 2015. Service providers for each region will be listed on the My Aged Care website. The intention of the service is to:

- Learn what the client needs;
- Learn what the client wants;
- Work with the client's family and or carer;
- Make a suggested plan to forward to a service provider.

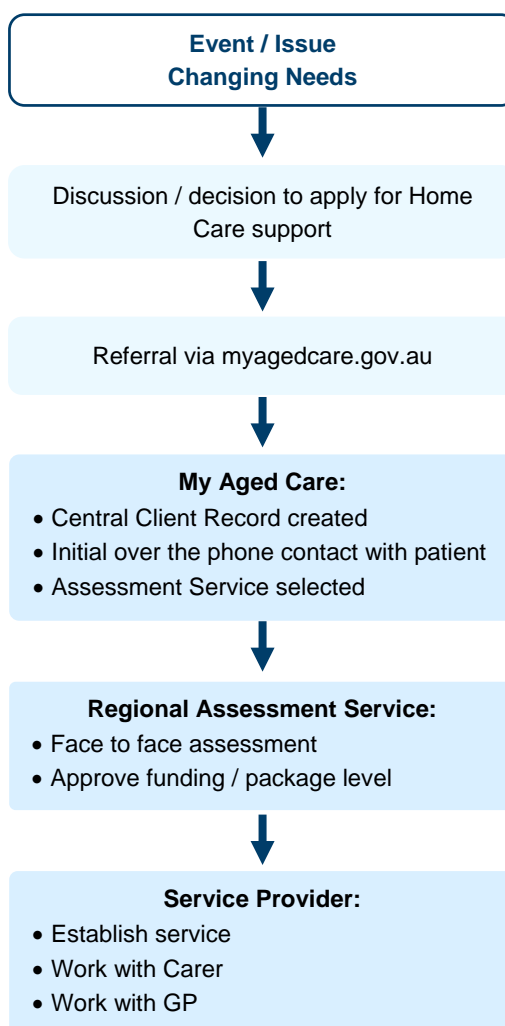
Regional Assessment process

- Registration by client, carer or GP
- Preliminary over the phone detailing
- Selection of Assessment provider, this can be a choice in some areas
- Assessment provider does home assessment
- Request for services provided to My Aged Care, with a qualification as to the level of service approved
- My Aged Care works with client to select provider for services
- Provision of services

What is in the assessment?

<i>Phone / Online Assessment</i>	<i>Face to Face Assessment</i>
<ul style="list-style-type: none"> • Who is making the referral: client, client carer or other source; • Client's consent **** the Dementia patient with lack of insight; GP support to enable Carer consent; • Client demographic details; • Client home details; • Client carer and or representative details; • Pension and Health insurance status; • Client reason for contact. 	<ul style="list-style-type: none"> • Family, community engagement and support profile; • What does client's carer already do to support ADL; • Support for everyday living; • Client carers view, what are they able to do; • Health and lifestyle profile; • Support for medical conditions; • Sight, hearing and dental health; • Physical infirmity and limitations.

Access to Home Care Services flowchart



Consumer Directed Care (CDC)

Once assessed, a client will be offered a program from the following options:

- Commonwealth Home Support Program (CHSP)
From 1st July 2015, previously individually funded Home & Community Care (HACC), Day Therapy Centre (DTC), National Respite & Carer Program (NRCP) and the Assistance with Care and Housing for the Aged (ACHA) will be brought together under the single streamlined CHSP. The CHSP funding is for people 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people).
- Home Care Packages (HCP)
Includes level 1 to 4.

Consumer Directed Care - empowers the consumer and focuses on strengths not deficits;
- focuses on choice and control on social, emotional and health needs. A holistic approach based on values, culture, background and choice.

The CDC model is more than just adding an individual budget to what we already do, it's about re-enablement.

Principles of Care and Service Delivery

- Treat people as individuals and value their perceptions & beliefs of their wellbeing;
- Set goals and measure progress towards attainment of those goals in partnership with the client;
- Recognise that concepts of individualised care and service delivery are challenging and need commitment from all parties;
- Recognise that whatever the person's situation, environment or conditions there is an element of rehabilitative potential.

Consumer Directed Care in practice

- Consumers use the self-assessment to set priorities and goals as well as to identify what services they want. This approach can actually save time, thus putting more resources into direct service;
- Quality information is a key requirement to support consumers' decision making;
- Increased options for older people by challenging us and them to think more flexibly and problem solve;
- Balancing choice and risk;
- Providing monthly service statements to identify current level of funds which allows the consumer and opportunity to change / modify services if desired.

List of Care and Services

- Personal care;
- Activities of daily living;
- Nutrition, hydration, meal preparation;
- Management of skin integrity;
- Continence management;
- Mobility and dexterity;
- Support services;
- Leisure, interests and activities;
- Clinical care;
- Access to other Allied Health and related services.

Central Client Record

With the client's consent, a personalised or central [client record](#) will be created which will hold information on your needs and any services put in place. The concept is that information will be built upon and the current time and frustration in the repetition of the assessment will be minimised.

The record will be created from the client's first contact and will be built to include:

- Assessments;
- Referrals from General Practice and Care Plans (e.g. Medication charts);
- Other documents such as Advanced Care Plans, Medical Power of Attorney etc.;
- Care Plans and packages provided.

Clients will be able to have access to their own record and/or nominate a carer or support to have access also. This will allow them to:

- Update personal details;
- Make comments and provide feedback on care;
- Update client representatives. These are the people the client has given permission to view their client record.

For further details and referencing, please view My Aged Care's [privacy statement](#).

Dementia and My Aged Care

For those clients being referred to My Aged Care with diminished capacity, there is difficulty in consistent consent. GPs may be called upon to support and confirm the condition of a client who requires advocacy. If a referral is being made online, there is the capacity to attach supporting documents to enable this.

To support using the Aged Care services, the Council of the Ageing (COTA) have a very helpful [Home Care Today website](#).

Transitioning to My Aged Care

Those currently receiving services will be transitioned into the My Aged Care. The current providers of services are generating client records and uploading their current client details to the My Aged Care system. This will enable current recipients to make use of the continuum of aged care provision.

- "Grand parenting" funding arrangements are in place so that no-one will be worse off.
- All HACC and Home Care Package providers will be required to maintain updated details of their services to My Aged Care
- Funding will now be attached to the client, at the level approved by the Regional Assessment Service
- A Co- payment will start at any level of service provided.
- The Client passage through aged care is now a single continuum in the Central Client record and the tracking of funding.

Client Payments

[Fee information](#) on Home Care and or Residential Aged Care services:

- By navigating to the provider of services within your region their fee schedule will be available on the My Aged Care website.
- There will be an online fee estimator for both Home and Facility care providers.
- The fee schedule will vary according to level of pension and or self-funded status of the care recipient.
- Details on funding can be made by using the online fee estimator, or by selecting a provider you can learn the costs of their system.

If a client takes up a Home Care Package on or after 1 July 2014, their service provider may ask them to pay:

- A basic fee of up to 17.5% of the single basic Age Pension.
- An income-tested care fee if their income is over a certain amount.

Annual caps

The maximum in income-tested care fees a client can be asked to pay each year is:

- \$5,105.74 per year for part pensioners
- \$10,211.48 per year for self-funded retirees.

These caps are indexed. Once this cap is reached, you cannot be asked to pay any more income-tested care fees until the next anniversary of the date you first began receiving aged care. Your service provider can still ask you to pay the basic fee.

Lifetime cap

Please note there will be a lifetime cap for fees paid. The maximum in income-tested care fees a client may be asked to pay in their lifetime is \$61,268.92. Any means-tested care fees a client pays in residential care will also be counted towards the lifetime cap. This cap is indexed.

Other Resources

- [Home Care Today](#) – Explains services, provides checklists and information:
- [Planning your Care](#) – Essentially think ahead, talk it through with family.
- [Your Rights and Responsibilities](#) – What you are able to ask for, what you are responsible for.
- [Asking the Right Questions](#) – Checklists for working with Assessors and providers.