STREAMLINED CONSUMER ASSESSMENT FOR AGED CARE

DISCUSSION PAPER - DECEMBER 2018

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1. PURPOSE OF THE DISCUSSION PAPER

In the 2018-19 Budget, the Government announced that it will design and implement a new framework for streamlined consumer assessments for all aged care services, to be delivered by a new national assessment workforce from 2020.

The *Better Access to Care – streamlined consumer assessment for aged care* measure addresses an issue identified in the *Legislated Review of Aged Care 2017* (Tune Review), that there is duplication and inefficiency within the current assessment process. The Tune Review recommended that the government integrate the existing two assessment workforces comprising Regional Assessment Services (RAS) and Aged Care Assessment Teams (ACATs) and consider integrating residential care funding assessments after the outcomes of the review of the Aged Care Funding Instrument.

Consultation with the sector on future care at home reform indicated there was broad support for an integrated assessment workforce to streamline the assessment process and provide a better experience to senior Australians.

This paper seeks your feedback on key design issues to inform the development of a streamlined consumer assessment model for aged care, including:

- The initial triage process;
- Referrals by health professionals;
- Expedited access to a single time-limited service;
- Managing support plan reviews;
- Qualifications and other considerations for a national assessment workforce;
- Assessment arrangements in the hospital setting;
- Assessment approaches in remote Australia;
- Embedding wellness and reablement in assessment practice; and
- Linking support for vulnerable older people.

Decisions have not been made about specific implementation or tender arrangements for a new national assessment workforce. This discussion paper does not make assumptions about who the providers of assessment services will be into the future with regard to their status as existing or new providers, or as public, private or non-government organisations.

Once a streamlined assessment model has been developed in consultation with stakeholders, proposed implementation arrangements will be subject to government agreement. In the meantime, funding has been committed to existing assessment arrangements through to 30 June 2020.

2. CONTEXT

2.1 The reform agenda

The Government's *More Choices for a Longer Life Package* announced in the 2018-19 Budget aims to support senior Australians to be better prepared to be healthy, independent, connected and safe. It includes a range of measures to enhance aged care services, as well as support older people to remain healthy as they age.

The *More Choices for a Longer Life Package* responds to a number of recommendations of the Tune Review and the Review of National Aged Care Quality Regulatory Processes (Carnell-Paterson Review). It also builds on other reforms aimed at making aged care services more responsive to consumers' needs, improving access to services, and enhancing the quality and safety of aged care services. The Royal Commission into Aged Care Quality and Safety will be commencing its examination of those issues in parallel to the development of a streamlined assessment model for aged care.

There are several measures in the *More Choices for a Longer Life Package* that lay the foundation for a more integrated aged care system, including:

- streamlined consumer assessments for all aged care services, to be delivered by a new national assessment workforce from 2020;

- innovative approaches to support senior Australians to stay living independently in their own homes for longer, including the implementation of a reablement-focussed assessment model in identified RAS sites;

- improving access to aged care through enhancements to My Aged Care; and

- introducing aged care system navigator trials to help senior Australians who have difficulty engaging with and understanding the aged care system.

Funding arrangements for the Commonwealth Home Support Programme (CHSP) are in place until 30 June 2020. Whilst the Government has announced its intention to streamline aged care assessment from 2020, no decisions have been made about a future integrated care at home program.

In developing a streamlined assessment model, consideration will also be given to residential care funding reform, which is investigating alternative approaches to deliver more stable residential care funding arrangements. The Tune Review recommended that, following a review of the Aged Care Funding Instrument, the government integrate residential aged care funding assessment with the combined RAS and ACAT functions, independent of aged care providers. While the Government has not made a decision about the implementation of residential care funding reform, the formation of a national assessment workforce could provide a potential delivery mechanism for assessment of eligibility, aged care needs and residential funding.

2.2 The current assessment system

My Aged Care was established as a single gateway for senior Australians to obtain information and seek access to aged care services. This paper discusses assessment with regard to three stages:

- *the Entry stage* is when a person contacts the My Aged Care Contact Centre (Contact Centre), registers to be assessed and is asked screening questions to identify their level of need and whether they require an assessment (home support assessment by RAS or comprehensive assessment by ACAT).

- *the Assessment stage* involves conducting an assessment using the National Screening and Assessment Form and developing a support plan that will best meet the person's needs and goals. Assessment outcomes may include recommendation for CHSP services (by a RAS or ACAT) or approval for services under the *Aged Care Act 1997* (the Act)[1] (by an ACAT).

- *the Review stage* is where people receiving services have their support plan reviewed because services are time-limited or their care needs or circumstances have changed. Reviews can result in an increase or decrease in services, no change to services, or a new assessment.

The table below presents an overview of the existing aged care assessment pathways.

Table 1. Aged care assessment pathways

	Regional Assessment Services	Aged Care Assessment Teams
Main function	Assessment for entry-level support at home under the CHSP	Assessment for people requiring aged care services under the *Aged Care Act 1997*.
Contracted providers	17 Regional Assessment Services	8 state and territory governments, operating 80 Aged Care Assessment Teams
Target clients	Frail senior Australians aged 65 years or older (or 50 years or older for Aboriginal and Torres Strait Islander people)[2]	People with more complex needs requiring access to higher intensity care available under home care, residential care (including respite), transition care or short term restorative care [3]
Assessment volume (2017-18)	232,612[4]	186,128[5]
Assessment setting	Community setting only	Community and hospital setting
Links to *Aged Care Act 1997*	None	Powers are delegated to specific ACAT positions under the Act.

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[1] Services under the Act include home care, residential care (including respite) and flexible care (transition care and short term restorative care)

[2] Also includes prematurely aged people 50 years or older (or 45 years or older for Aboriginal and Torres Strait Islander people) who are on a low income and who are homeless or at risk of homelessness

[3] A person can be approved for care under the Act if they have made an application for care and satisfied the eligibility requirements under Division 21 of the Act

[4] RAS: 2017-18 unpublished data extracted July 2018. Data does not include assessments completed for older people for the Home and Community Care Program in Western Australia

[5] ACAT: 2017–18 Report on the Operation of the *Aged Care Act 1997*

	Regional Assessment Services	Aged Care Assessment Teams
Role with access to services	Following assessment, a person may be: - referred for CHSP services - recommended to receive linking support or reablement services - referred for a comprehensive assessment - provided with information	Following approval, a person may be: - referred for home care, residential care (including respite), transition care or short term restorative care - referred for CHSP services - referred for other aged care services[6] - provided with information[7]
Workforce qualifications	Assessors typically have vocational education and training (VET) qualifications in aged care and community services.	Multi-disciplinary tertiary-qualified staff from health-related disciplines such as medical practitioner, registered nursing, social work, physiotherapy, occupational therapy and psychology
Assessment Funding model	Most RAS are funded through unit pricing arrangements[8]	Jurisdictions are block funded

2.3 Issues with the current arrangements

In feedback to the Tune Review, stakeholders reported that there is duplication, inefficiency and delays for senior Australians by having separate home support and comprehensive assessment pathways. Issues that may have contributed to duplication and delays in the current assessment system are outlined below.

Entry:

- Determining the assessment type (home support or comprehensive) at the beginning of the assessment process through screening can result in older people being referred for the wrong type of assessment.
- People who require a single time-limited CHSP service such as community transport are required to undergo a holistic face-to-face home support assessment, which may be excessive for their needs.

Assessment:

- Stakeholders have reported it is common for an older person who receives a home support assessment to require a separate comprehensive assessment a short time later, in order to be assessed for services under the Act (including residential respite and home care).

Review:

- Older people who require a review of their care needs may encounter delays if they are directed to the incorrect assessment service. People may also experience delays if they receive a review from a RAS and are then referred for a comprehensive assessment from an ACAT because their needs have become more complex.

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[6] Other aged care services may include Multi-Purpose Services (MPS) or National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)
[7] Information may include advice on access to other support services including health and community services
[8] RAS services in Victoria and Western Australia are currently block-funded under transition arrangements

3. DESIGN PRINCIPLES

The following principles for aged care assessment have been informed by feedback from the aged care sector, and underpin the proposed streamlined assessment model:

1. *Outcome focus* - assessment is focussed on outcomes for older people including wellness and reablement approaches which support independence and quality of life.

2. *Access* - free assessment is available to older people to support appropriate access to Commonwealth-funded aged care services, including for people being discharged from hospital, those in remote areas, and people from special needs groups (as defined under the Act).

3. *Quality* - an appropriately qualified, trained and supported workforce provides quality assessments that are effective, timely and face-to-face whenever possible, which meet the needs of senior Australians.

4. *Comprehensiveness* - holistic assessment is undertaken which may apply team-based and multidisciplinary approaches, for example involving nurses, allied health and medical professionals as required.

5. *Independent assessment* - aged care assessment which is separate from service provision, and enables older people to receive assessment for all aged care services and where necessary, have their care needs reviewed as they change.

6. *Consistency* – assessments are consistent for senior Australians regardless of where they live or of who assesses them, supported by the National Screening and Assessment Form, to assess eligibility and aged care needs.

7. *Efficiency and effectiveness* - the assessment process includes efficient and effective intake and triage, appropriate referral pathways, and proportionate assessment that takes account of other service systems.


Question:

1. Are the proposed design principles appropriate for a streamlined assessment model? Are there any other principles that you believe should be included?

4. ASSESSMENT MODEL

The Department has developed the framework of an assessment model based on the Design Principles set out in Section 3. The Department is seeking views and supporting evidence on the development of more detailed operational features to 'fill out' this framework.

Figure 1 outlines the proposed streamlined assessment model compared with the current arrangements.

Figure 1: Proposed Assessment Model
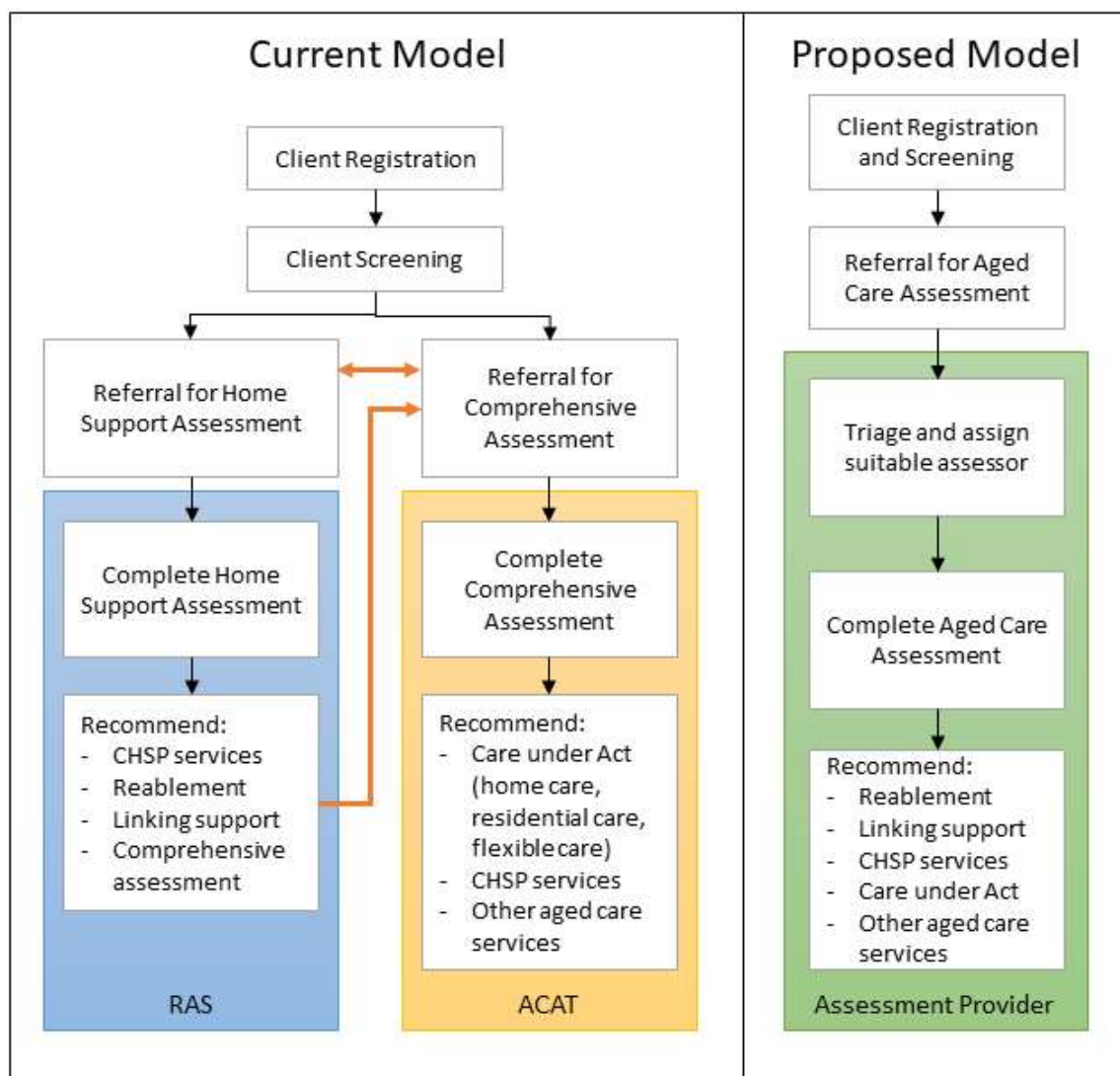
The key elements of the proposed model are:

Entry/triage:

- An assessment provider manages triage to determine the most suitable aged care assessor based on the person's needs and the assessor's qualifications and skills.

Assessment:

- Assessment providers manage a workforce to undertake aged care assessment for access to all aged care services (CHSP and services under the Act).
- Changes are made to the National Screening and Assessment Form to support team-based and multidisciplinary assessment approaches.

- Support plans are standardised, enabling assessment to be undertaken and services to be recommended in consideration of the full range of aged care services and supports.
- Assessment providers are responsible for ensuring rigorous assessment is undertaken (including delegate approval for care types under the Act).

Review:
- Reviews of support plans are managed by the assessment provider, based on an individual's needs and in consideration of changes in circumstances.
- Where a new assessment is required following a review, the triage process matches the person to the most suitable aged care assessor based on the person's needs and the assessor's qualifications and skills.

The following sections outline a range of design considerations in relation to this model.

5. ENTRY PROCESSES

5.1 Intake and triage

My Aged Care will continue to provide the entry point for people who wish to access aged care services. Under current arrangements, the Contact Centre undertakes:
- Registration to create a client record in My Aged Care; and
- Screening to understand a person's needs in order to determine the appropriate pathway.

Under a streamlined assessment model, phone registration will continue to be conducted by the Contact Centre. The Contact Centre would also continue to perform the first part of screening, to establish the need and eligibility for an aged care assessment. There is a question about whether the second part of screening, which involves asking questions about a person's function, would continue to be asked by the Contact Centre, as it would no longer need to determine the most appropriate assessment workforce (RAS or ACAT).

In the future, there will also be the option of self-registration and potentially self-screening processes through the My Aged Care website for older people, carers and their family members.

Under a streamlined assessment model, assessment providers may have a greater role in triaging older people to ensure they receive the most appropriate assessment. This would enable assessment providers to:
- determine the person's level of need, complexity and priority (i.e. relative urgency/timeliness);
- assign the most appropriate assessor based on their skills and experience;
- apply a proportionate approach based on the needs of the person, which may include expedited access to a single time-limited CHSP service; and
- gather accurate and consistent information to support efficient assessment and reduce the need for people to repeat their story.

> **Question:**
> 2. What issues need to be considered for assessment providers to manage intake and triage under a streamlined assessment model? (e.g. staff skills required of a triage function; consistency of operational processes; and resource implications)

5.2 Health professional referrals

Under current arrangements, general practitioners (GPs) and other health professionals can refer people to My Aged Care through an online or fax referral form.

The number of screenings by health professional referral has increased in six consecutive quarters from approx. 47,000 (Quarter 3, 2016-17) to approx. 56,000 (Quarter 4, 2017-18). In contrast, phone screenings through the Contact Centre have decreased from approx. 61,000 (Quarter 3, 2016-17) to approx. 44,000 (Quarter 4, 2017-18)[9].

The growth of health professional referrals shows the potential for more streamlined pathways between health and aged care services. Work is being undertaken to enable registration and referrals to be received in My Aged Care directly from clinical software used by GPs.

Referrals from health professionals currently incorporate screening information on a person's function and recommendations for either comprehensive or home support assessment. The current level of screening information could be reviewed to ensure it is not duplicated in the assessment process.

> **Question:**
> 3. How can a streamlined assessment model enhance referrals and collaboration between health professionals, My Aged Care and a national assessment workforce?

5.3 Expedited access to a single time-limited CHSP service

Stakeholder feedback has consistently raised that assessment for some people is disproportionate to the services being sought, particularly for a single time-limited CHSP service such as community transport.

Under a streamlined assessment model the triage process undertaken by assessment providers could 'fast-track' access to a single time-limited CHSP service. Expedited access to service would remove unnecessary burden for older people requiring basic assistance and free up assessors to focus on people with greater needs. It would represent a shift from existing principles of My Aged Care assessment, where all people with non-urgent needs are expected to receive a holistic face-to-face assessment prior to service delivery.

The potential downside of a new pathway is the risk of delaying access to more appropriate aged care services, including reablement opportunities, if an older person's care needs are underestimated or misunderstood. The pathway could have unintended consequences if misused to bypass holistic assessment or to put in place 'desired', rather than 'required' services.

In the lead-up to 2020, expedited access to a single time-limited CHSP service is being trialled in identified RAS sites, to inform the streamlined assessment model. The trial is targeting older people who self-identify a need for a single CHSP service for a period of 6 to 12 weeks. The trial will examine the effectiveness of the pathway in addressing short-term needs.

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[9] Unpublished data, 2016-17 and 2017-18

> **Question:**
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> 4. How do you think the triage process should operate to expedite access to a single time-limited CHSP service? What are the risks and how could these be managed?

5.4 Support plan reviews

Reviewing support plans[10] as people's care needs change is an important process. Over the past 18 months, there has been a growth in requests for support plans reviews, which has presented a workload challenge for ACATs and RAS. The Department has been working closely with assessment services to improve processes and to collect data to understand the reasons for the increasing demand. In some cases, older people and service providers are initiating reviews to seek re-assessment for additional CHSP services or higher-level home care packages.

A streamlined assessment model could help to improve the management of support plan reviews, as assessment providers would have broader responsibility and perspective to undertake reviews (and where necessary reassessments) across the spectrum of need and aged care services, including CHSP and services under the Act. In addition, the development of a new model will examine how reviews could be better managed, including consideration of assessment resources, funding and performance.

> **Question:**
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> 5. How can support plan reviews be better managed under a streamlined assessment model?

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[10] A support plan is developed during an assessment to reflect a person's strengths and abilities, areas of difficulty and the support that will best meet their needs and goals. It includes consideration of formal and informal services as well as reablement pathways where appropriate.

6. THE ASSESSMENT WORKFORCE

6.1 Qualifications

Under current assessment arrangements, the RAS and ACAT workforces have different qualification requirements which reflect their specific roles.

RAS assessors typically have vocational education and training (VET) qualifications in aged care and community services[11]. By contrast, each ACAT is multi-disciplinary and includes tertiary-qualified staff from health-related disciplines such as medical practitioner, registered nursing, social work, physiotherapy, occupational therapy and psychology.

Under the proposed streamlined assessment model, a national assessment workforce would comprise assessors from both non-clinical and clinical backgrounds to undertake aged care assessment for access to all aged care services. The model would require a number of design features to ensure people are assessed appropriately, including:

- A robust intake and triage process;
- Mechanisms to ensure the assessment workforce includes staff with clinical qualifications from health-related disciplines (equivalent to ACATs);
- Team-based multidisciplinary approaches which support clinical input, case conferencing, collaboration and escalation;
- Strategies to build a diverse assessment workforce, including through recruitment and training, to support appropriate and culturally-safe assessment practice for people with special or specialist needs[12]; and
- Delegate responsibilities under the Act (including approvals for care types) are exercised appropriately, with regard to thorough assessment, documented evidence and a quality management approach.

A key issue is how a streamlined assessment model can be designed to support an integrated workforce. It will continue to be important that older people with low-level care needs are not over-assessed, and that those with more complex care needs have access to expert clinical-based assessment. If residential care funding reform results in the need for independent assessment of resident care needs, the qualifications required for such a workforce would also need to be considered.

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[11] VET qualifications range from certificate II to certificate IV, and diploma and advanced diploma.

[12] The My Aged Care Assessment Manual (June 2018) provide guidance on assessment practice for people with special or specialist needs including:
- 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 and war widows and widowers;
- 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 with dementia;
- people with mental illness;
- young people seeking aged care services; and
- carers.

6.2 Training

The My Aged Care Assessment Workforce Training Strategy defines the operational requirements for the My Aged Care assessment workforce and sets the minimum training requirements for workforce roles. This includes the Statement of Attainment 1 for Contact Centre staff, Statement of Attainment 2 for home support assessors within RAS, Statement of Attainment 3 for comprehensive assessors with ACATs and delegation training for ACAT delegates.

The Department requires all home support and comprehensive assessors to undertake:
- National Screening and Assessment Form and Systems Training;
- Self-Paced Learning (or demonstrated equivalence) for Working with Aboriginal and Torres Strait Islander People, Working with Culturally and Linguistically Diverse People and Working with Carers and the Care Relationship; and
- Organisational-specific induction training.

From 1 July 2018, the Department also introduced an Aged Care Assessment Quality Framework. A self-audit tool has been developed for RAS and ACATs to measure the quality of assessments using the National Screening and Assessment Form, to support coaching and professional development of assessors. The framework also includes a standardised survey undertaken by assessment providers to measure a person's satisfaction with their assessment experience.

6.3 Quality and value for money

The current assessment workforce comprises 17 RAS with a workforce of around 850 full-time equivalent (FTE) assessors and 80 ACATs with a workforce of around 970 FTE assessors[13]. Under a streamlined assessment model, it is envisaged that assessment providers would be responsible for delivering 'aged care assessment' encompassing home support and comprehensive assessment as well as potentially residential care funding assessments.

Future arrangements for a new national assessment workforce must deliver a streamlined, high quality assessment experience to senior Australians, leading to better and more sustainable outcomes.

It is important that relevant clinical assurance is in place so that assessments deliver appropriate outcomes by identifying individual needs and assisting people to access relevant services. Achieving quality and sustainable outcomes could take into consideration:

- Quality (e.g. independent, holistic, clinically appropriate and timely assessment by an appropriately skilled workforce);
- Sustainable outcome-focussed assessment (e.g. applying proportionate assessment and a wellness and reablement approach); and
- Case management (supporting people to access relevant services on a time limited basis) and scheduling reviews where required.

It will also be important to consider how a national assessment workforce will achieve efficiency, as required by Commonwealth funding rules in relation to value for money. Achieving value for money could take into consideration:

- Service coverage across metropolitan, regional and remote locations;
- Contestability in service provision (including cost of assessment);
- Economies of scale and the number of contracted assessment providers; and
- Innovation in service delivery models (e.g. through technology and team-based approaches which maximise workforce capability).

Question:

9. What assurance mechanisms should be put in place for a national assessment workforce to ensure the achievement of quality assessment outcomes for senior Australians?

10. What should be considered in the design of a streamlined assessment model and a national assessment workforce to achieve efficiency and deliver the best value for money?

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[13] Unpublished data, 2017-18

7. ASSESSMENT IN A HOSPITAL SETTING

In 2017-18, more than one third of comprehensive assessments were conducted by ACATs in a hospital setting[14]. Of the hospital assessments that resulted in an approval for care types under the Act, most approvals were for residential care (31%), followed by residential respite (29%), flexible/transition care (26%) and home care (14%)[15].

ACATs undertaking comprehensive assessments in a hospital setting can also refer older people for non-health related CHSP services where appropriate[16], in conjunction with post-acute care.

Consultation with the sector on future care at home reform identified a number of issues relating to hospital assessment for a streamlined assessment model:

- Assessor skills, training and experience should be appropriate for conducting assessment in a hospital setting, where care needs may be more complex.
- The assessor role in a hospital setting currently supports pathways between aged care and health services (which may include specialist services such as geriatricians, balance and memory clinics).
- Assessment should enable timely discharge to ensure older people do not stay in hospital unnecessarily and are connected to appropriate aged care services.

Given the preference for many older people to live at home for as long as possible, there is a question as to what improvements could be made for people being discharged from hospital to home to better support a wellness and reablement approach.

Under a streamlined assessment model, arrangements for interim home-based services could be improved for older people during their recuperation period, in consultation between assessors, carers and service providers. Assessment for ongoing home-based services could then be finalised in a person's home once they have readjusted to their home environment and regained their functional independence, noting that it is already common practice for many ACATs to assess patients in their home following discharge from hospital for ongoing home care services.

> **Question:**
> 11. How should aged care assessment work for people in a hospital setting under a streamlined assessment model? What issues need to be considered?

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[14] Unpublished data, 2017-18

[15] Unpublished data, 2017-18

[16] The CHSP Program Manual (1 July 2018) outlines that CHSP services are not a substitute for early intervention or rehabilitation, subacute, transition programs or post-acute care provided under the health system.

8. ASSESSMENT IN REMOTE AUSTRALIA

The mainstream entry and assessment pathway is not always effective in remote Australia, due to:
- Lack of awareness, trust and engagement with My Aged Care;
- Entry pathways which are reliant upon phone and internet;
- Distance and cost of travel to conduct assessments;
- Limited availability of services and providers; and
- Challenges with delivering services where people live in multiple locations or are part of a mobile population.

There is a need for flexibility in service delivery models to accommodate the different geographical, social, economic and cultural contexts within remote communities[17].

A streamlined assessment model could include flexibility for assessment providers to find the best possible options in particular local contexts. Examples of flexible assessment approaches could include:
- greater engagement with local organisations to address barriers to access;
- partnerships with local organisations through outreach capability to locate older people, provide information and assist with referral and scheduling of assessments;
- subcontracting to local organisations to undertake assessments, particularly in Aboriginal and Torres Strait Islander communities, to conduct culturally appropriate assessments;
- collaboration with local health, community and disability services (under the National Disability Insurance Scheme) to share resources and integrate services; and
- utilising alternative modes of assessment (e.g. telehealth, webcam, phone) and engagement with local community and health workers and service providers to gather information to support an assessment.

In developing a streamlined assessment model, the Department will consider an appropriate funding model to address the higher costs of remote assessment and to support flexible assessment approaches. The future performance framework for assessment will also consider appropriate performance measures in remote areas.

> **Question:**
> 12. How can a streamlined assessment model support timely, high quality assessments in remote Australia? What flexible assessment approaches would you support, and why?

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[17] Humphreys, J. & Wakerman, J. (2002) Primary health care in rural and remote Australia: Achieving equity of access and outcomes through national reform - A discussion paper.

9. WELLNESS AND REABLEMENT

Nationally, it is expected that RAS and ACAT assessors approach all assessments with a wellness approach, to ensure they work with all people to maximise their independence. In delivering assessment services, RAS and ACAT assessors should consider reablement approaches, which include time-limited goal-directed interventions that assist people to reach their desired outcome to adapt to some functional loss, or regain confidence and capacity to resume an activity.

A wellness and reablement practice in assessment practice involves:

- a focus on strategies and approaches to support older people to remain independent in their home;
- identifying those who are motivated to undertake activities of daily living that would benefit from reablement strategies and interventions; and
- a greater role for assessors to guide and monitor individual support strategies and reablement interventions for a time-limited period (in consultation with older people, their carers and service providers), before determining whether/what ongoing support is required.

In practice, a wellness and reablement approach in assessment and service delivery has not been consistently and effectively applied across Australia. Providers are at varying points in the journey of adopting wellness and reablement approaches.

The adoption and successful implementation of wellness and reablement is dependent on many factors, including a cultural change and engagement from all those involved in a person's aged care journey. As outlined in the Tune Review, the aged care sector has called for more support – including leadership, training and practical support – to embed reablement within current practice.

A national assessment workforce brings the opportunity to unify the approach to delivering reablement practice in assessment. Strategies could include:

- Consistent training across Australia, as part of the My Aged Care Assessment Workforce Training Strategy;
- Programs of professional development, mentoring and knowledge sharing to encourage a wellness and reablement approach;
- Utilising team-based multidisciplinary approaches to support reablement practice; and
- Improving reablement functionality in the My Aged Care system.

The approach to reablement practice for a national assessment workforce is being informed by trials in the lead-up to 2020. The trials of a reablement-focused assessment model in identified RAS sites will support senior Australians to access time-limited services prior to receiving ongoing services through CHSP or other types of aged care.

> **Question:**
> 13. How should wellness and reablement be further embedded in assessment practice under a streamlined assessment model? What strategies do you support and how should they be implemented?

10. LINKING SUPPORT

Where a vulnerable older person's circumstances may be impeding their access to aged care services, the aged care assessment workforce can assist in linking people to the various services they require so they can live in the community with dignity, safety and independence[18].

Depending on a person's needs, circumstances and preferences, linking support can include: information and tailored advice; guided referral; service coordination; advocacy; case conferencing; establishing connections with local providers and providing assistance with administrative tasks (e.g. making appointments or completing forms). It can involve referral to the Assistance with Care and Housing Subprogram within CHSP (where the person has insecure housing arrangements or is homeless) or referral to support services outside aged care.

Under a streamlined assessment model, linking support could continue as a role of the national assessment workforce, consistent with the current scope and responsibilities of assessors. This recognises that linking support should be available to vulnerable older people regardless of the type of assessment. This linking support would complement the additional supports to be trialled as part of the aged care system navigator trials.

Strategies to improve linking support could include:

- Strengthened compulsory training which equips assessors with the skills to identify and appropriately support vulnerable older people.
- Utilising team-based approaches which incorporate specialist clinical and case management expertise, to support assessors to manage complex cases.
- Improving networks, relationships and referral pathways between the national assessment workforce and local service systems, to improve assessor knowledge and understanding of different service pathways for vulnerable people. Examples may include engagement and partnerships with health and community services, Primary Health Networks, outreach services, system navigation services and providers in remote areas.
- Improving functionality in the My Aged Care system.

> **Question:**
>
> 14. How can more effective and consistent linking services to vulnerable older people be delivered under a streamlined assessment model?

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[18] The National Screening and Assessment Form assists assessors to identify vulnerable older people with complex needs that may require linking support. Indicators may include homelessness, mental health concerns, drug and alcohol issues, elder and systems abuse, neglect, financial disadvantage, cognitive decline and living in a remote location.

11. ADDITIONAL COMMENTS

The Department welcomes your additional comments on a streamlined consumer assessment model for a new national assessment workforce.

> **Questions:**
>
> 15. What do you believe are the key benefits, risks and mitigation strategies of a streamlined assessment model for aged care?
>
> 16. What implementation and transition issues will require consideration in the design of a streamlined consumer assessment model?

Future updates on reform to aged care assessment will be published on the Department's website and communicated to the sector via e-mail. Please visit the Department's website to subscribe to announcements and the Aged Care Providers eNewsletter to keep up to date.

Following receipt of comments, the Department proposes to publish a short paper summarising the key issues and feedback received from stakeholders.

Thank you for your input