

ESSENTIALS PAYMENT



From the Ageing and Aged Care Payments Team

March 2003

Do you have an idea for an article?

Email the Editor at Payment.Essentials@health.gov.au or send a facsimile to (02) 6289 5004.

Past issues can be accessed via our web page at: <http://www.health.gov.au/acc/rescare/payessdx.htm>

Editor

New Form to Replace Current '2624' Form

Why a New Form ?

Over the last couple of years the Commonwealth and State and Territory governments have been working to improve both the data collected by the Aged Care Assessment Teams (ACATs) and the methods of data collection. The collection of this data, which covers all ACAT assessments, not just those resulting in completion of a '2624' form, is important for the management of the Aged Care Assessment Program (ACAP) and provides useful planning information based on client demographics. The revised data collection set (known as the Minimum Data Set version 2 (MDSv2)) will facilitate:

- policy and program development and strategic planning activities
- improved program management and local/regional area planning
- consistency and comparability of ACAP data with other relevant information in the health and community services field.

To streamline the process of gathering the required information, the Commonwealth has developed the new Aged Care Client Record (ACCR), for use by ACATs.

In redeveloping the form, attention has also been given to ensuring relevant information is available to service providers.

The ACCR will gradually **replace** the current Aged Care Application and Approval '2624' and Minimum Data Set version 1 (MDSv1) forms, which will both be phased out in 2003.

How will it affect service providers?

There should be minimal effect on service providers as the new forms are phased in.

The ACCR is longer than the current '2624' because it also replaces 'in-house' forms used by the ACATs to collect additional data on client assessments, including those not resulting in recommendations for residential, Community Aged Care Package (CACP) or Extended Aged Care at Home (EACH) services. As such, it is not increasing the information collected during the assessment process, rather it is designed to streamline the data collection process and reduce double handling.

The new form contains all the essential approval information currently collected through the '2624'. Some of the questions may be phrased slightly differently in line with revised data definitions, but the essential information is still there.

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New Form to Replace Current '2624' Form

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'Section B' of the 2624 Form reworked by ACAT and Provider Representatives

A workshop was held in Canberra on 5 December 2002. The purpose of the Workshop was to further develop/refine Section B of the current '2624' form, which will become Part 5 of the ACCR. ACATs and provider representatives have determined what information will be included in Part 5 of the ACCR. While this information is not needed by Commonwealth or State/Territory Governments for data reporting purposes, it is information that is used by ACATs and aged care providers, and has been included at their request.

Participants were given a compilation of Section B and other additional information that (some) ACATs currently pass onto appropriate providers, as the basis for promoting discussion at the workshop.

It was noted that, like the '2624' form, the ACCR is not designed to be a comprehensive intake/screening or assessment tool.

Of the utmost importance was the need to ensure that information included in Part 5 is used by ACATs and is needed by providers, nationally.

Changeover from '2624' to ACCR.....

Supplies of the '2624' form will be maintained until ACATs have received MDSv2 training and begin using the ACCR. '2624' forms will then be phased out in each State/Territory. The '2624' form will continue to be accepted by the Department for approximately 18 months after the last print run has occurred. This will enable existing supplies to be exhausted and allow for '2624' approvals to lapse.

Introduction of the ACCR will be staggered across States/Territories from April 2003. This is to accommodate ACAT MDSv2 training schedules and Commonwealth/State systems developments, which are currently underway. Further details regarding implementation dates in your State/Territory will be advised.

Yes...but what about Electronic Transmission of ACAT data....any news?

There are a number of projects currently being developed to allow for electronic transmission of ACAT data, both at the Commonwealth and State level. Of the utmost importance is the need to ensure privacy concerns are addressed.

In the long term, these projects will allow ACATs to cut down on duplication and get information to the people they need to get it to in a more efficient manner. Stay tuned for further updates.

Commonwealth ACAP Contacts

New South Wales

Michael Kennedy (02) 9263 3897

Tasmania

Peter Limb (03) 6221 1420

Australian Capital Territory

Sally Moten (02) 6274 5148

Victoria

Paul Maher (03) 9665 8280

Northern Territory

George Bilicki (08) 8946 3461

Western Australia

Sherylann Horobin (08) 9346 5424

Queensland

Kevin Conway (07) 3360 2852

South Australia

Kathy Palframan (08) 8237 8274

Central Office

Cindy Gibson (02) 6289 5696

Carmel Martin (02) 6289 5435

The revised ACAP Operational Guidelines 2002 can now be accessed via:

<http://www.health.gov.au/acc/acat/acapopgu.htm>

Submissions to the Review of Pricing Arrangements in Residential Aged Care

The Minister for Ageing, the Hon. Kevin Andrews MP, has appointed Professor Warren Hogan to conduct a Review of Pricing Arrangements in Residential Aged Care. This Review provides an opportunity for all interested individuals and organisations to make a contribution to the shaping of future arrangements for the funding and financing of residential aged care.

The Terms of Reference require the Review to report to the Minister by the end of 2003 and to make recommendations on:

- the appropriate future public and private funding arrangements, including appropriate future indexation arrangements for the industry
- performance improvement in the industry, including the use of appropriate performance indicators
- long term financing of the industry.

In developing these recommendations, the Minister has asked that the Review have particular regard to the:

- effectiveness of the current and alternative funding arrangements in providing quality care and accommodation
- level of efficiency in the industry
- long-term sustainability of the current and alternative funding arrangements.

Written Submissions

All interested individuals and organisations are invited to make a submission. Submissions may present views on a single issue in a short letter or email, or they may canvas a wide range of issues in more detail. Submissions will become publicly available on the Review Website unless marked confidential or accompanied by a request to delay release. Any sensitive information that is not to be made publicly available should be provided under a separate cover and clearly marked confidential.

The closing date for submissions is Friday 28 March 2003. Submissions should if possible be emailed to: pricing.review@health.gov.au in order to facilitate their placement on the Review Website. Alternately, submissions can be mailed to The Aged Care Price Review Taskforce, MDP 76, GPO Box 9848, Canberra ACT 2601.

An information booklet on submissions can be printed from the Review Website: www.health.gov.au/acc/rescare/acprtask.htm or obtained by calling the Review on (02) 6289 4555. Background and Issues papers will also be placed on the Review Website as they become available.

Financial Data Submissions

To ensure that recommendations are made on the basis of clear evidence of the current state of the industry, the Review is also seeking detailed financial information from providers. In order to ensure the confidentiality of any financial information provided, the Review has contracted KPMG to organise the financial data submission process.

This process is seeking specific information relating to the financial performance of aged care homes, which will then be collated and de-identified by KPMG. At no time will the Review, the Department or any third party have access to the original information. All original data will be destroyed by KPMG at the completion of the Review in December 2003.

If you have not yet been contacted by KPMG, please call Mr Chris Emery or Mr Andrew Haynes at KPMG on (02) 6249 1877.

Eligible Oxygen Supplements

To claim the standard rate of funding for eligible oxygen treatments, the aged care home must complete an 'Application for Eligible Oxygen Treatment and/or Enteral Feeding Supplement' - 1888(0101) form. This form needs to be lodged with your local State/Territory Office of the Department. The eligibility criteria is set out on the form and is as follows:

1. An approved provider of residential care services must have provided or be providing oxygen to a care recipient with a prescribed medical need.
2. Written medical certification of the care recipient's need must be attached to the completed application form.
3. An oxygen supplement cannot be approved if the care recipient's need is short-term or episodic.

A higher supplement may be approved where the costs incurred are at least 25% above the standard supplement. An application for the higher level supplement can be obtained from the Department by contacting Mrs Anna Vanderplaat on (02) 6289 5116.

When claiming the standard or higher supplement, it is most important that an original of the doctor's certification is provided indicating the ongoing need of each resident for whom oxygen funding is being claimed.

Update on the Draft National Model Documentation System

The Documentation Working Group, facilitated by the Ageing and Aged Care Division, was established to develop a model care documentation system for residential aged care. This system aims to simplify care documentation in aged care homes and provide an evidence-based approach to assessment. A draft was developed and made available for the aged care sector to provide comment and feedback to the working group. The draft was intended to elicit input from the wider aged care sector including peak and professional bodies, care staff, providers and the Department's State and Territory Offices.

Thank you to everyone who provided feedback on the draft national model care documentation system during the consultation period. The feedback received has been both constructive and instructive. The responses were generally supportive of the concept and direction with suggestions for changes. This feedback has assisted the Working Group to further develop the draft model prior to trialling the system in the next few months.

If you require any further information on this project you should contact Dr Joanne Ramadge, Clinical Advisor in Aged Care on (02) 6213 4821, or by email on joanne.ramadge@health.gov.au or, Eva Mehakovic Assistant Clinical Advisor in Aged Care on (02) 6213 4269, or by email on eva.mehakovic@health.gov.au

Results of 2002 Aged Care Approvals Round

On 26 November 2002 the Federal Minister for Ageing, the Hon. Kevin Andrews MP announced the outcomes of the 2002 Aged Care Approvals Round (ACAR).

A total of 6,561 new aged care places worth \$144 million in recurrent funding have been allocated to 350 providers nationally. The 6,561 places comprise 2,206 high care and 3,373 low care places as well as 982 Community Aged Care Packages (CACP). For Extra Service, 25 applications have been approved for 448 high care and 340 low care places.

In addition, \$34.32 million has been made available in 75 capital grants for a range of services across Australia and more than 1,500 new places will be allocated in 2002/2003 for Innovative Trials, Extended Aged Care at Home, Multi-Purpose Services and emergencies. The Federal Government will provide a total of \$4.3 billion for residential aged care in 2002/2003.

In announcing the Regional Distribution of Places in June 2002 a number of key priorities were identified, namely, bed readiness, dementia and respite care and improving access to aged care services for people with special needs.

Applicants who were able to demonstrate they would be able to provide quality care in a short timeframe featured significantly in the final allocations. Of the places allocated, 713 were expected to be operational before the end of the year and a further 1,511 places were expected to be operational within 12 months.

In addressing the key priority of improving access to aged care service for people with special needs, the Minister was delighted to announce that almost 50 per cent of the new aged care places have been allocated for older Australians living in rural and regional areas.