

Purpose of this form

Information about individual care recipients recorded in this form can be used to determine if a residential aged care service is eligible for specialised Homeless status and therefore payment of the specialised Homeless Base Care Tariff (BCT) under the Australian National Aged Care Classification (AN ACC) care funding model.

When this form should be used

It is recommended that this form be used by residential aged care services that are seeking a determination for specialised Homeless status for any care recipients who entered the residential aged care service **on or after 1 October 2022**.

Specialised Homeless base care tariff

BCTs are the fixed funding element payable to residential aged care services from 1 October 2022 under the AN-ACC care funding model.

The specialised Homeless BCT is payable to eligible residential aged care services that specialise in the provision of care to homeless persons.

Determination of specialised Homeless status and therefore payment of the specialised Homeless BCT is contingent on whether the following eligibility requirements are met.

Care recipient requirements:

On the day before the application is made, at least 50% of non-respite care recipients must have met the following requirements:

- demonstrated complex behavioural needs, for example a relevant behavioural diagnosis, and
- social disadvantage associated with their background as a homeless person, for example, eligibility for the maximum basic rate of Australian Social Security pension or benefit.

It is recommended that approved providers of residential aged care services retain the appropriate evidence for each care recipient it has identified as meeting the criteria to furnish on request by the Department.

Approved provider requirements:

- The approved provider or one of its key personnel have demonstrated experience in providing or the capacity to provide specialist homeless programs, and
- The residential aged care service is providing specialist homeless programs or has given an undertaking to begin providing specialist homeless programs within 3 months of the application being made.

Specialised Homeless Status – Care Recipient Assessment Form

Instructions for completing this form

If using this form, an appropriate health professional and/or representative of the residential care service should complete Part A (Care recipient details) and Part B (Service details). The completed form should be retained within the residential aged care service for record purposes as it supports their application for specialised Homeless status.

If a residential aged care service is determined to have specialised Homeless status, this form can also be used for all new care recipients that may meet the care recipient requirements listed above to ensure a service maintains the threshold of at least 50%, for the 3-year period.

Homeless Supplement pre-1 October 2022

Approved providers would have used Services Australia Form AC024, on any day prior to 1 October 2022 to demonstrate a residential aged care service's eligibility for the Homeless Supplement. In these cases, these forms should also be provided with the application for specialised Homeless status, if they are relevant.

Revoking specialised Homeless status

If a residential aged care service does not continue to meet the eligibility requirements, the specialised Homeless status can be revoked by the department's delegate under section 64Y of the Aged Care (Subsidy, Fees and Payments) Determination 2014.

Privacy notice

Personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles and is being collected by the department for the primary purpose of determining a residential service's eligibility for a Specialised Homeless status.

If you do not provide this information at the request of the department, then the department may not be able to assess the residential aged care service's eligibility for a specialised Homeless status.

You can get more information about the way in which the Department manages personal information, including our privacy policy, is available at

www.health.gov.au/resources/publications/privacy-policy.

Further information and assistance

For any questions regarding this form, including the department's Privacy Policy, please contact the department by telephone on (02) 6289 1555 or free call 1800 020 103, or complete the online enquiries form at

www.health.gov.au/about-us/contact-us/general-enquiries.

PART A: Resident details	3. Care recipient complex behavioural needs	
Family name:	Does the care recipient have complex behavioural needs for example a relevant behavioural diagnosis?	
First given name:	 Refer to the detailed descriptions of the Aged Care Assessment Program (ACAP) codes on page 3. An assessment of a care recipient behavioural needs can be made by any health professional acting within their approved scope of practice. 	
Second given name:		
Date of birth:	Tick all that apply	
1 1	ACAP code 0500 ACAP code 0550	
Gender:	ACAP code 0510 ACAP code 0560	
Male Female Other	ACAP code 0520 ACAP code 0570	
	ACAP code 0530 ACAP code 0580	
Resident (Care Recipient) ACMPS ID or Aged Care ID:	ACAP code 0540	
Date of entry:	4. Care recipient challenging behaviours Does the care resident:	
Care recipient homelessness	 display any of the following challenging behaviours which require ongoing management and prevention, and/or 	
A homeless person is someone who either has a history of homelessness including if the person, immediately prior to entering care at the current or a previous residential aged	 require intensive assistance with continuing to perform activities of daily living including initiation of and assistance with any of the following? 	
care service:	Tick all that apply	
 was living in a public place or temporary shelter; short-term crisis, emergency or transitional accommodation; boarding house; rooming house or private hotel; or supported community 	Episodic catastrophic behaviours such as severe physical and verbal abuse, violent mood swings, aggression	
accommodation, or	Is considered at high risk of leaving	
had no recent housing address, orhad a long history of unsuccessful tenancies or	without warning with ongoing staff intervention required to prevent this from occurring Personal care and hygiene matters (for	
unstable housing arrangements.		
Does the recipient have a history of homelessness? Yes No	example, shows aversion to showering and washing hands, has problems with toileting and dressing, requires assistance or guidance with meals)	
2. Care Recipient income	Social and recreational activities, with	
Is the resident eligible for any of the following?	significant one-on-one staff intervention necessary to enable the resident to	
 The maximum basic rate of Australian Social Security pension or benefit as defined in the Social Security Act 1991, or 	participate in community activities	
 Service pension or disability pension as defined in the Veterans' Entitlement Act 1986. 	Any other challenging behaviour not mentioned above but relevant to this application.	
Yes No		

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PART B: Service details	Aged Care Ass	essment Program (ACAP) codes
Residential aged care service NAPS ID: Residential aged care service name:	Below is a list of the <u>ACAP codes</u> to be used to identify the mental or behavioural diagnoses associated with the resident. The mental or behavioural diagnosis associated with the following disorders can be diagnosed by any health professional acting within their approved scope of practice.	
Declaration by residential aged care provider representative	ACAP code 0500	Dementia in Alzheimer's disease including early onset dementia, late onset dementia, atypical or mixed type or unspecified dementia.
 I declare that: I am authorised to sign on behalf of the aged care service I have obtained the care recipient or authorised representative's consent to disclose to the department personal and sensitive information for the purposes of determining a residential aged care service's eligibility for specialised homeless status. I confirm that I consider all specialised homeless care recipient and approved provider criteria are met, and the care recipient meets the description of a homeless person with additional care needs the information recorded in this form is complete and correct. I understand that: giving false or misleading information is a serious offence. Authorised person's full name: 	ACAP code 0510	Vascular dementia including acute onset dementia, multi-infarct dementia, subcortical vascular dementia, mixed cortical and subcortical vascular dementia, other vascular or unspecified dementia.
	ACAP code 0520	Dementia in other diseases classified elsewhere including Pick's Disease, Creutzfeldt-Jakob disease, Huntington's disease, Parkinson's disease, human immunodeficiency virus (HIV).
	ACAP code 0530	Other dementia including alcoholic dementia or unspecified dementia (such as presenile and senile dementia).
	ACAP code 0540	Delirium including delirium not superimposed on dementia, delirium superimposed on dementia, other delirium or unspecified delirium.
	ACAP code 0550	Psychoses and depression/mood affective disorders including schizophrenia or other psychoses (such as paranoid states)
Authorised person's contact phone number: Authorised person's signature:	ACAP code 0560	Neurotic, stress related and somatoform disorders including phobic and anxiety disorders (such as agoraphobia and panic disorder), nervous tension/stress or obsessive compulsive disorder.
Date:	ACAP code 0570	Intellectual and developmental disorders including mental retardation, intellectual disability or other developmental disorders (such as autism, Rett's syndrome, Asperger's syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific developmental disorder of motor function such as dyspraxia.
	ACAP code 0580	Other mental and behavioural disorders including mental and behavioural disorders due to alcohol and other psychoactive substance use (such as alcoholism, Korsakov's psychosis (alcoholic)), adult personality and behavioural disorders, speech impediment (stuttering or stammering) or other mental and behavioural disorders not otherwise specified or not elsewhere classified (such as harmful use of non-dependent substances (for example, laxatives, analgesics or antidepressants), eating disorders (for example, anorexia nervosa or bulimia nervosa) or mental disorders not otherwise specified.

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