

The Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel (SDAP)

Application Form

Approved Provider / Service Provider	
Service(s) name	
Contact Name	
Email Address	
Telephone Number	

Form Instructions

There are two parts to the SDAP application that are required to be completed before assistance to be considered through the program:

- Part A –Endorsement of Application and Aged Care Service Details
- Part B Application for Assistance

Please note: this application form requires handwritten signatures and therefore is intended to be paper based.

Questions and Completed Applications can be submitted via email to the Department of Health at:

SDAP@health.gov.au

Part A –Endorsement of Application and Aged Care Service Details

Endorsement

This application must be signed by persons who are empowered to give assurances and commitments on behalf of the organisation.

In signing this endorsement, you are affirming that this application has the full consent and support of your organisation's Board of Directors, or other equivalent relevant authority.

Name:	
Signature:	
Position held in the organization:	
Date:	
Aged Care Service Informati	on
Please provide the followin	g information for each aged care service requiring assistance.
Name of Service:	
Location / Address:	
Contact Name and Position:	
Email Address:	
Telephone Number:	
Alternative Contact Name and Position:	
Email Address:	
Telephone Number:	

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Please provide the following information for each aged care service included above.

Service Name	Home Care Packages				Commonwealth Home Support Programme	Residential Care	National Aboriginal and Torres Strait Islander Flexible Aged Care Program
	Level	Level	Level	Level 4	No. of Clients	No. of Residents	No. of Clients
	1	2	3	4		Residents	

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Ageu	care	serv	ice 5	ldII	Pron	ıe

Please provide the following information for each aged care service included above.

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Name of Service:	
Name of Chief Executive Officer:	
Name of Aged Care Services Manager:	
Name of Aged Care Services Coordinator:	
Number of Care Workers:	
Number of Support Staff: (Cooks, drivers, administration staff)	
Other: (Role Type and Number of Staff)	

	Part B - Appl	ication fo	or Assist	ance		
B.1. Have you discussed the need	for assistance w	vith your De	partment c	of Health's s	tate office?	
			Yes	□ No		
B.2. Provide a detailed description relevant. For example, an upcomi		=	-			
For examples of the type of assistance a Self-Assessment Tool	vailable through SC	OAP, view or <u>SI</u>	OAP Factshee	t_complete th	ne <u>Aged Care (</u>	Quality Standards
B.3. In addition to this application issues? For example, receiving ass			-	-	ction to add	ress these
Click to write here						
B.4. Has your organisation ever e	ngaged a contra	ctor directly		assistance	with aged o	care services?
B.4. Has your organisation ever e		□ N	0		with aged o	care services?
B.4. Has your organisation ever e		□ N In In		months	with aged o	care services?
B.5. If yes, what services did the c	☐ Yes	□ N In In U	the last 12 the last 2 y nknown	months rears		
B.4. Has your organisation ever end. B.5. If yes, what services did the commanual, policies or procedures, end. Click to write here.	☐ Yes	□ N In In U	the last 12 the last 2 y nknown	months rears		
B.5. If yes, what services did the comanual, policies or procedures, experiences	☐ Yes	□ N In In U	the last 12 the last 2 y nknown	months rears		

B.6. If the application for assistan	ce is a result	of a visit from the	e Aged C	are Qu	ality and Sa	fety Commission:
Do you have a copy of the	Quality Revi	ew Report? 🛚	Yes		No	
If you have a copy of the Quali	ty Review Repo	ort please attach it to	o the appli	ication f	orm.	
.7. Do you receive additional fur	nding for age	d care services? F	or exam	ple, Inc	ligenous Em	ployment Incenti
, , , , , , , , , , , , , , , , , , , ,			Yes	, ., . 	No	, , , , , , , , , , , , , , , , , , , ,
If yes, please list here.						
Click to write here						
.8. Is there anything else you wo	ould like to ac	ld to support the	applicat	ion?		
			Yes		No	
If yes, please detail here.						
Click to write here						
.9. Is accommodation available o	on site (or wi	_	•	_		Member during
ne project?			Yes	Ш	No	
.10. Are there any local issues or						
or example: community celebrat	tions, cultura	l events, wet sea	son and	other a	ccess issues	
	,					
	,		Yes		No	
Event /Issue/Consideration	Date	Comments	Yes		No	
Event /Issue/Consideration			Yes		No	
Event /Issue/Consideration			Yes		No	
Event /Issue/Consideration			Yes		No	
Event /Issue/Consideration			Yes		No	

Frequently Asked Questions

What type of help does SDAP provide?

SDAP provides a broad range of assistance and support. Assistance can range from developing unit costing to reviewing care plans to delivering training on the Aged Care Quality Standards or updating policies and procedures. If it relates to service delivery, business or financial management of aged care services SDAP generally provides assistance and support.

Who provides the assistance and support?

These services are provided by a team of professionals who have experience in delivering aged care in remote locations, including culturally appropriate care for Aboriginal and Torres Strait Islander people.

What does a project involve?

Depending on the amount of assistance and support your organisation requires, projects are generally conducted over a 12 to 18 month period. The bulk of the project is delivered offsite, however throughout the project the panel member will visit your service often for a period of 2-4 days.

How much does SDAP assistance cost?

SDAP assistance is free to eligible aged care service providers, however you will be required to make staff and resources available to SDAP panel members throughout the project, and have a willingness to receive the support and respond to the suggested changes in a timely manner to ensure there are limited delays to the project.

How do I know if our organisation needs assistance?

If you are unsure if your organisation needs SDAP assistance, consider the following questions:

- Does your organisation have sufficient examples and evidence to demonstrate that it is meeting the Aged Care Quality Standards?
- Does your organisation's policies and procedures assist you to deliver quality aged care services or are there gaps?
- Does your organisations financial management policies and procedures assist you to manage the financial aspects of delivering aged care or claim appropriately for the services that are delivered?
- Does the senior executive or the Board fully understand their obligations and responsibilities as an aged care approved provider?
- Does your organisation have its staff ratio and skills mix right?
- Is the new or existing Aged Care Manager/Director of Nursing feeling overwhelmed and in need of assistance and support?
- Are there any aged care reforms that have not been fully implemented or understood in your organisation?

If you have answered yes to any of questions above, then an SDAP project may be of assistance to your organisation.

How do I know what type of assistance our organisation needs?

We understand that you may not know what type of assistance your organisation needs, to help us determine what that is, in your application include information on the challenges or issues your organisation is currently facing. For example - identified gaps in service delivery or policies/procedures; financial viability issues; inability to implement recent aged care reforms; or the lack of organisational governance or reviewing care plans. Where possible provide information of how the issue was identified and, if any, what steps your organisation has taken to rectify them.

If your request is because of an Aged Care Quality and Safety Commission Report or a Notice of Non-compliance, the issues raised in the Report or Notice should be listed in your application, or simply reference the Report/Notice and attach it to the application form.

What if I need assistance in completing this application?

The SDAP team (sdap@health.gov.au) or your Department of Health state office representative can help you complete the application form. State Office contact details can be found at: Health State and Territory Offices

Following the submission of this application, a Department of Health state office representative or an SDAP team member will contact you to discuss your application and ensure all of your needs have been considered.